The interface between Health & Aged Care

Viki Brummell

Network Manager

Aged Care & Rehabilitation Services
Clinical Network

20 November, 2014

Defining "interface" & "integration"

- **The definition of "Interface"**

-place or area at which different things meet and communicate with, or affect each other

- is a surface that forms a common boundary between two things or a point of interaction between two components or systems.

- a boundary across which two independent systems meet and act on or communicate with each other

- **The definition of "Integration"**

-process of attaining close and seamless co-ordination between several departments, groups, organizations, systems, etc.

NSW GOVERNMENT

Health
Hunter New England
Local Health District

Hunter New England Local Health District

- Provides services to around 850,000 people, including 20% of the state's Aboriginal population
- Employees 15,500 staff including 1500 medical officers
- Is supported by 1600 volunteers
- Spans 25 local council areas
- Is the only LHD in NSW with a major metro centre, several large regional centres and many smaller rural and remote communities within its borders

NSW GOVERNMENT

Health
Hunter New England
Local Health District

Where does Health & Aged Care interface?

- First and foremost, older people and their carers & families are the centre of what we all do

- Aged Care Assessment (ACAT) for Residential Care, Respite, Home care Packages 1-2 & 3-4, and Transitional Aged Care Program eligibility

- Access to Emergency Department e.g. ACE

- Access to acute inpatient services

- Access to sub acute services e.g. rehabilitation, palliative care

- Access to ambulatory services e.g. Specialist clinics, Allied Health, Dementia

Where does Health & Aged Care interface?

- Various interagency type meetings e.g. Community aged care Package provider meetings & ACAT; New England Aged and Community Service Association meetings

- Care co-ordination meetings/care planning

- Discharge planning – Discharge planners, Aged care Services in Emergency Teams (ASET), Acute to Aged Related Care Service (AARCS).

Relationships as well as informal & formal structures are the key!

How do we "interface"?

- Patient/client/resident specific case discussions between health workers and aged care workers – face-to-face, telephone, email
- Direct service provision by health to older patient/client/resident – ED, inpatient, clinic
- Telehealth and Scopia consults
- Meetings- face-to-face, telephone, email, videoconference
- Again, *relationships as well as informal & formal structures are the key!*

NSW GOVERNMENT

Health
Hunter New England
Local Health District

ACI Building Partnerships: Framework

- The ACI Aged Health Network will launch in late November:

"Building Partnerships: A Framework for Integrating Care for Older People with Complex Health Care Needs"

- The Framework aims to support LHDs and local partnerships of agencies to redesign and implement improved models of care for older people

ACI Framework: components

- Components of the older persons health journey include:
  - Initial contact/access
  - Management and planning
  - Crisis/acute care
  - Specialist aged health care
  - Recovery/rehabilitation
  - Palliative and End of Life Care

ACI Framework: Making integration happen

- The Framework describes the key elements of successful integration:

- System design principles

- Making Integration happen by:

(i) Engaging older people, their carers and families

(ii) Supporting providers to deliver care

(iii) Aligning policy, resources and performance incentives

HNE LHD Services which interface with aged care

1. **Aged Care Assessment Teams:**

- Assess for eligibility for Commonwealth funded Aged Care Services e.g. Residential Care, Respite, Home Care Packages (Level 1-2 & 3-4), Transitional Aged Care Program

- 3 teams in HNE LHD:

Aged Care Assessment Team	Number of assessments in 2013/14
Hunter	6,482
Lower Mid North Coast	1,564
New England	1,636

NSW GOVERNMENT

Health
Hunter New England
Local Health District

2. **Transitional Aged Care Program (TACP) Services**

-Meets the needs of older people at the completion of an acute hospital stay

-Provides time-limited support and low-intensity therapy

-Requires an ACAT assessment

-Aim is to optimise the functional capacity of the older person and determine their appropriate long-term care requirements

-6 teams in HNE: 2013/14

Note:

(i)Upper Hunter and Lower Hunter Services have now amalgamated into the HVC TACP service
+ Residential beds are now "flexible" places

NSW GOVERNMENT | **Health**
Hunter New England
Local Health District

HNE LHD Services which interface with aged care

TACP Service	Places
LMNC	28
GNC	54
Peel	18
Former LHC	37
Former LHC Residential	6
Tablelands	10
Former UHC	10
Mehi	10
Total	173

Services - continued

3. Aged Care Services in Emergency Teams (ASETs)

- In place since 2002 + enhancement funding in 2006

-Specialist service for older people with complex needs in the Emergency Department.

-Comprehensive assessment, care co-ordination and discharge planning

-Relationships with community aged care providers and Residential Aged Care Facilities to ensure a smooth transfer from ED

-Advocacy

Health
Hunter New England
Local Health District

NSW
GOVERNMENT

Services - continued

4. Acute to Aged Related Care Service (AARCS)

- Commenced in 2006

- Early identification of older people with complex care needs in inpatient settings who require a co-ordinated & managed approach to identifying, planning and accessing community or residential care services on discharge from hospital

- Assist older people and their carer/family to access appropriate services in order to facilitate a timely discharge from hospital

- Comprehensive assessment and care planning

- Actively engage with aged care providers to ensure a smooth transition from inpatient setting

NSW GOVERNMENT

Health
Hunter New England
Local Health District

Services - continued

ASET & AARCS FTE (as at March, 2014)

Facility	Service	FTE
Armidale Rural Referral Hospital	ASET	1.0
	AARCS (includes Tablelands)	0.84
Tamworth Rural Referral Hospital	ASET	1.72
	AARCS	0.92
Belmont Hospital	ASET	1.67
John Hunter Hospital	ASET	3.7
	AARCS	1.12
Former Royal Newcastle Centre	AARCS	0.58
Maitland Hospital	ASET	1.53
	AARCS	3.24
Kurri Kurri Hospital	ASET	0.21
Mater Hospital	ASET	2.0
	AARCS	1.08
Lower Mid North Coast Cluster	ASET	1.67
	AARCS	1.08
Tablelands Cluster (Inverell)	AARCS	0.35
Mehi Cluster	AARCS	0.62
Peel Cluster	AARCS	0.46
Hunter Valley Cluster	ASET	1.68
	AARCS	2.02
Greater Newcastle Cluster	AARCS	0.81

Services - continued

- **Activity data for ASET & AARCS 2012/13 & 2013/14 – number of people seen**

Service	2012/13	2013/14	Target
ASET	13,977	14,084	13,877
AARCS	6,393	6,717	5,973

NSW GOVERNMENT | **Health**
Hunter New England
Local Health District

Services - continued

5. Aged Care Emergency (ACE) Model of Care

- Aims at avoiding a transfer to hospital, where possible, for residents of Aged Care Facilities

- If transfer required, admission process facilitated via clinical handover

- Supports General Practitioners and aged care staff

- Operating across Hunter Medicare Local geographic area (includes Taree)

- Operates at Tamworth Rural Referral Hospital and Armidale Rural Referral Hospital

- Rollout plan for District Hospitals includes components of the ACE Model of Care

- Partnerships with Ambulance, RACFs, HML

And…

- General Practice – GPs, Practice Nurses
- Ambulance
- Private health care providers e.g physiotherapy

Commonwealth Future Directions

1. **My Aged Care** Telehone:1800 200 422

Email: www.myagedcare.gov.au

-Provides information about services, eligibility and assessment, financial information

-To undertake standardised screening then refer to either services directly, Regional Assessment Service or ACAT

Commonwealth Future Directions - Cont.

2. Regional Assessment Service (RAS) Tender

- RAS to commence July 2015

- Will undertake assessment for older people for access to basic community support services funded under the Commonwealth Home Support Program (CHSP) replacing Home and Community Care (HACC)

Commonwealth Future Directions Cont.

- RAS are based on Commonwealth aged care regions and aligned to LHDs either on a one-to-one basis or one LHD to one or more aged care planning areas as in HNE LHD e.g. Hunter, New England

-Tenders must be submitted for a minimum of two aged care regions, contracts to be for 3 years 1 July 2015 to 30 June 2018; open & competitive tendering process

-Assessments to use the National Screening and Assessment Form (NSAF), will provide an individually tailored plan

Commonwealth Future Directions Cont.

3. Aged Care Assessment Team post 30 June 2016

- Currently in NSW ACATs operated by LHDs

- ACAT assess eligibility for Commonwealth funded aged care services e.g. Residential, Respite, Transitional Aged Care and Home Care Packages (these replace the former Community Aged Care Packages, Extended Age Care at Home and Extended Aged Care at Home – Dementia)

- ACAT assessment not required for Commonwealth Home Support Program

Commonwealth Future Directions -Cont.

- Focus on client/carer independence, community connectedness, social & emotional wellbeing

- To match & refer clients to appropriate Commonwealth Home Support Program services

- To link more vulnerable clients with multiple care needs with services

So we will have a new "Interface" between health and aged care for some services

Challenges to overcome

1. Creating a truly person and carer/family centred health and aged care system.

3. Recognising that *"no man is an island"* and that in order to best support older people with complex care needs and their carers/families, an integrated approach to service delivery is required incorporating the social determinants of health.

4. Putting Policies, Clinical Guidelines, Education modules into practice consistently across health and aged care.

5. Increasing access to aged care services for older Aboriginal people