Continence Foundation of Australia

A New Program for In-Home Aged Care

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Introduction

The Continence Foundation of Australia (the Foundation) welcomes the opportunity to respond to the consultation on the new program for In-Home Aged Care.

The Continence Foundation of Australia is the peak body for promoting continence (bladder and bowel control) health. The expertise of the Foundation includes policy and advice to support reform, education, awareness, information, advocacy, continence service provision, and more importantly, experience of putting people at the centre of program design, which allows the Foundation to be best placed to represent the interests of individuals, carers, and health professionals in relation to continence, at national and state levels.

The Foundation delivers high-quality Commonwealth Home Support Program (CHSP) continence nursing assessments in the areas of Nepean, Blue Mountains, and Hawkesbury regions of NSW. The service aims to identify local health needs and work in partnership with the clients to deliver the best possible wellness and reablement outcomes in relation to supporting individual continence needs. This work is conducted through face-to-face assessments, supplemented by telehealth where appropriate, with a Registered Nurse with additional qualifications and experience in continence care.

The Foundation also provides free confidential advice information and support to older Australians with and without aged care or disability funding via the National Continence Helpline from Nurse Continence Specialists. These highly valued services show the importance of continence care to older Australians.

The Foundation's Submission

The Foundation welcomes the Government's intention to reform the In-Home Aged Care program in response to the recommendations of the Royal Commission into Quality and Safety in Aged Care. We particularly welcome this reform as having the potential to improve the equity of access to specialist assessment, management, and care for people experiencing incontinence, and enabling them to enjoy an improved quality of life.

We agree with concerns about the complexity of the in-home aged care system, and the difficulties the current suite of programs create for older people, their carers, and providers. Addressing these issues is urgently needed and will result in a more navigable and tailored program that will enable older people to remain in their homes as they age.

For people with incontinence, access to appropriate and qualified assessment, management and support is essential to maintain independence and well-being and continue living in their homes and communities. We believe that prioritising incontinence assessments and management under a single in-home aged care program is a necessary measure to empower recipients to remain independent in their own homes, and to decrease the risk of entering residential care, and developing incontinence upon admission to aged care.

The Foundation also agrees that access to services must be improved by addressing the long wait times currently being experienced. We also welcome the aim of addressing the concerns around administrative costs associated with care management, which will leave more funds for older Australians to access the services they need.

We support the use of grant funding for specialist services such as continence assessment and management, and see this as a mechanism to support referral to preventative services for recipients who may otherwise decline assessments which will improve their independence

The Continence Foundation of Australia supports streamlined access to assessment but maintains that this must include continued access to comprehensive and multidisciplinary health professional assessment, such as is provided by Aged Care Assessment Teams (ACAT). We hold concerns about the skills and capabilities of assessment staff under the new model to adequately recognise and respond to the identification of continence issues in older people.

We welcome the stated objectives of:

- *Services should be underpinned by a robust evidence base on how to meet a person's assessed needs and support independence, and*
- *Older Australians should have timely access to a full range of services that meet their assessed aged care needs.*

In conjunction with the introduction of revised Aged Care Quality Standards that will apply to in-home aged care as well as residential settings, and a greater focus on dignity, respect and a person-centred approach, we believe that the reformed In-Home Aged Care Program could, if implementation is true to stated intentions, increase the opportunities for older people to access timely essential continence services and enable all people who are living with incontinence to benefit from a specialist assessment and advice, without unduly impacting on their choices for in-home care and support.

Recommendations

The Foundation makes the following recommendations for strengthening the proposed model for the In-Home Aged Care Program:

1. **The Foundation recommends that consideration be given to alternative ways of delivering specialist services including continence services, including telehealth and brokerage models.**
2. **The Foundation calls for a focus on funding multi-disciplinary services or hubs, that can employ and support the skill development and training of staff, to ensure high quality services are available and accessible. We recommend consideration of Victoria's model of services (ie Sub-acute Ambulatory Care Services) located in each health region/service.**
3. **The Foundation recommends that the new model of assessment must include continued access to multidisciplinary health professional assessment such as is provided by ACATs. As incontinence is a high prevalence condition in older people, the Foundation also recommends screening at all levels of aged care assessment, not just for older people with more complex needs.**
4. **The Foundation has previously proposed options for the development of a national assessment workforce with expertise to appropriately screen and assess for incontinence issues, and recommends the following:**
    a) **A national assessment workforce should be made up of multidisciplinary teams of clinically experienced health professionals, which include a Nurse Continence Specialist and /or a Pelvic Health Physiotherapist, with individuals holding a post graduate qualification relevant to continence care.**
    and/or
    b) **Assessors should be required to undertake further VET-level study in continence promotion, care, and management.**

The Proposed Model of In-Home Aged Care

1. Equity of Access to Specialist Services for People with Incontinence

Incontinence is a highly prevalent issue for older Australians. It affects Australians receiving aged care services in the community and residential aged care services. In 2010, 1.17 million Australians aged 65 and over were living with incontinence in the community, many of whom would be accessing home-based aged care services.

For people with incontinence, appropriate assessment, management, and support is essential to maintain independence and well-being, and to enable them to continue living in their homes and communities.

We believe that prioritising continence assessments and management under a single in-home aged care program is a necessary measure to empower recipients to remain independent in their own homes, and to decrease the risk of developing incontinence upon admission to aged care.

Urinary and faecal incontinence are in the top four condition-related risk factors influencing admission to residential aged care. Faecal incontinence increases the risk of being recommended for residential care by 86%, (compared to 83% for a diagnosis of dementia)[1.] In addition, evidence shows that prevalence of incontinence increases with length of time in residential care. A Swiss study found the prevalence of urinary incontinence in women increased from 32% at admission to 49% at 12 months[2]. For men, the prevalence increased from 45% at admission to 57% at 12 months[2].

The home-care population which lives with incontinence is also at a significantly higher risk of health complications including falls, dementia, impaired function of daily living, cognitive impairment, longer periods of hospitalisation and mortality[3-6] indicating the considerable health needs of this population and requirements for appropriate supports.

Evidence shows that appropriate continence care, treatment and support can significantly reduce these risks, the need for more intensive care and support, and the resultant reduction in independence and wellbeing.

The Foundation supports the use of grant funding for specialist services such as continence assessment and management, and particularly welcome the potential for more people to be able to access this service under the new model.

Currently people on the Commonwealth Home Support Program (CHSP) are referred to continence services for assessment and development of a management plan, which can a make significance difference to the person's independence and wellbeing. However, people on Home Care Packages (HCP) have to prioritise this aspect of their care and support and decide whether or not limited package can cover the cost. As a result, many people may not get the specialist support that would improve the management of their incontinence and assist in overcoming barriers to their participation in the community.

We envisage grant funding will enable the prioritisation, and allocation of resources based on assessed need, and appropriate time and comprehensive planning for those that need it, in contrast to the current arrangements which vary depending on type of funding or package and regional availability.

While we see the proposed model as a mechanism to enable people to access specialist services they need, the Foundation calls for the consideration of alternative ways of delivering specialist services including continence services.

Older people in rural and remote areas are particularly at risk of not being able to access appropriate continence assessment and support, due to lack of trained staff, and specialist services. Options to resolve this may include increased uptake of telehealth, brokerage of skilled and trained Registered Nurses and consideration for Hub and Spoke models to support regional, rural and remote clinicians.

Telehealth options should be considered for at least some aspects of service provision, as studies suggest it has the potential to be an effective modality for providing healthcare.[7]. Telehealth can also be used to supplement local services, where a generalist nursing service may be available, but not a clinician with specific training and experience in continence.

Telehealth services have been successfully integrated into the Canadian health care system[8]. The recognised benefits of telehealth include reducing barriers to access (rural or remote location, mobility issues), saving on travel costs and allowing timely access to care.

In 2015, New Zealand launched the National Telehealth Service which provides an integrated platform for people to access virtual health information, advice, and support from trained health professionals[9]. A 2017 evaluation of this service found that the National Telehealth Service had significant potential to deliver improved users' experience and integration with the health system[10].

Use of a telehealth model in continence assessment (and management) has begun to be evaluated. The results are positive and further evaluation using this model would be warranted. A 2016 Australian study concluded that initial assessment and management provided by a Continence and Women's Health physiotherapist to women with self-reported stress urinary incontinence (SUI) via telehealth may be an effective solution to the lack of access to health professionals for women with SUI living in rural Australia[11].

Whilst telehealth may provide an adjunct, it will not suit all consumers in an aged care setting. In a recent study in New York, 82% of aged care participants in a telehealth study required assistance to access the service. 27% were unable to hear or see well enough to be able to participate at all via telehealth. With the highly personal nature of discussing incontinence, face to face services will maintain their importance.[12]

Consideration of Hub and Spoke models for continence services may also assist in reducing geographic inequity, as well as providing mechanisms for supporting rural providers in their service provision.[13] A Hub and Spoke model may also provide channels for creating culturally appropriate partnerships with at risk populations such as indigenous peoples.[14] They also create a greater sense of connectedness between local and specialised service types.[15]

In addition, as we address below, there needs to be commitment to quality service provision and appropriately trained staff to deliver essential continence services to meet the needs of older Australians and support their independence, health and wellbeing, and quality of life.

2. Qualified and skilled Continence Specialists

One barrier to achieving improved access to specialist continence services is capacity to meet the potential demand for these services.

We note that there is currently a lack of qualified health professionals available to meet demand for services, and this is likely to be exacerbated by the growth in the aged population and expansion of in-home aged care.

We are concerned that currently many people are being seen by health professionals who are not appropriately trained or skilled in continence assessment and management resulting in

poorer outcomes for the care recipients, including reliance on containment through the use of incontinence aids, rather than improving continence and introducing management strategies.

The Foundation calls for a focus on funding multi-disciplinary services or hubs, that can employ and support the skill development and training of staff, to ensure high quality services are available and accessible. We point to the current arrangements in Victoria, where multi-disciplinary services are located in each health region/service under the Sub-acute Ambulatory Care Services, ensuring appropriate services can be delivered to people regardless of where they are located.

This should be considered in conjunction with alternative options for delivery of services as identified above.

3. Assessment

The Foundation welcomes the reform of the assessment process, to ensure it is streamlined, easier to navigate and more accurately identifies the needs of older people.

While we support improved assessment processes, the Foundation maintains that this must include continued access to multidisciplinary health professional assessment such as is provided by ACATs. As incontinence is a high prevalence condition in older people, the Foundation also recommends screening at all levels of aged care assessment, not just for older people with more complex needs. This will help to ensure all older people's continence needs are appropriately identified and will contribute to appropriate referral to specialist continence health assessment as well as to the level of aged care support they receive.

We hold concerns about the skills and capacity of the assessment staff as identified in the proposed model to adequately identify continence issues and the need for a specialist assessment. We argue that the current My Aged Care assessment tool is inadequate to allow informed referral for triage and assessor allocation. In the current system, there are no questions regarding continence issues, with the existing My Aged Care assessment tool only asking a question about whether a client 'Can go to the toilet: without help, with some help or completely unable?' This is a very limited assessment and does not adequately determine clients' needs in terms of continence support. In the absence of further information about the streamlined assessment process that has been trialled, we cannot determine if the tool will be more appropriate to assess the continence status and needs of people requiring in-home aged care.

We would welcome the opportunity to review the streamlined assessment tool and provide feedback on its appropriateness to improve outcomes for people experiencing incontinence.

Given the lack of specialist training of current Regional Assessment Services (RAS) assessors, we query the level of competency of the proposed assessment workforce and seek clarification on qualifications expected of the assessors and the clinical supervision that will be provided.

The Foundation has previously proposed three options for the development of a national assessment workforce with expertise to appropriately screen and assess for continence issues:

1. A national assessment workforce should be made up of multidisciplinary teams of clinically experienced health professionals, which include a nurse continence specialist and /or a pelvic health physiotherapist, with individuals holding a relevant post graduate qualifications to continence care
   OR
2. Continence care, promotion and management needs to be included in the qualification - Certificate III in Individual Support (CHC33015) - so that assessors with VET-sector

qualifications can confidently and knowledgably screen and assess for continence care, promotion and management needs.
OR

3. Assessors should be required to undertake further VET-level study in continence promotion, care and management.

Assessors in Regional Assessment Services, who currently assess for entry-level support at home, are required to have VET qualifications in aged care and community services.

In the new streamlined assessment model, VET-trained assessors would not be adequately trained to screen and assess for continence issues in people requiring services under the *Aged Care Act 1997*, which is currently assessed by specialists in Aged Care Assessment Teams. The qualification that VET-trained assessors now hold is CHC33015 - Certificate III in Individual Support, which superseded: CHC30212 - Certificate III in Aged Care; CHC30312 - Certificate III in Home and Community Care; and CHC30408 - Certificate III in Disability.

There is no specific education regarding continence care and management in the Certificate III in Individual Support[16]. Further, there is currently no accredited training available that directly relates to continence promotion, care, and management up to and including the Graduate Certificate level.

4. Sustainable Funding

The Foundation welcomes the proposed reforms to funding arrangements, increasing transparency, flexibility, and sustainability of services.

We believe that the current arrangement of different fees under different programs creates an environment which dis-incentivises people to take up services they could benefit from, particularly preventative services such as continence care and incontinence management.

The Foundation welcomes the intention under the proposed model to address long wait times and the administrative costs associated with care management, which will leave more funds for older Australians to access the services they need.

We welcome the use of grant funding for specialised support services, such as incontinence services, as this will support the ongoing capacity of these services. In addition, we support the proposed long-term grants for services in thin or niche markets, including rural and remote areas. We would welcome the development of nationally efficient prices, and particularly the application of loadings for rural and remote areas, to ensure the true cost of delivering services to these areas is acknowledged and covered.

As a provider of services in regional NSW, we know that travel time and cost can adversely impact on the sustainability of services and the capacity of the organisation to meet demand. Any funding models should allow for costs for face-to-face services to be accessed equitably as practicable.

Quality Continence Care is essential

Incontinence describes any accidental or involuntary loss of urine from the bladder (urinary incontinence) or faeces or wind from the bowel (faecal incontinence). Incontinence is a widespread condition that ranges in severity from 'just a small leak' to complete loss of bladder or bowel control.[17]

Incontinence is common, particularly as people age, but only half of older people with incontinence seek help for their symptoms.[17] The most common reasons for not seeking help are the presence of mild symptoms, a belief that incontinence is a normal part of ageing and a

belief that nothing can be done about incontinence.[18-20] Additionally, those with incontinence often dismissed the condition as unimportant.[20]

There are many risk factors for incontinence in disabled and older Australians, these include, but are not limited to:

- comorbid medical conditions: diabetes, chronic pulmonary disease, congestive heart failure, degenerative joint disease and sleep apnoea;
- severe constipation and faecal impaction;
- neurological and psychiatric conditions: stroke, Parkinson's, dementia and depression;
- functional impairments: impaired mobility, including impaired hand dexterity and impaired cognitive function;
- medications; and
- environmental factors: inaccessible toilets, unsafe toilet facilities and unavailable caregivers for toileting assistance[21].

Incontinence continues to be largely unrecognised but significant health burden on older Australians and is a significant factor in admission to residential aged care. Previous Australian data has shown that incontinence is one of the top three critical factors in admission to residential aged care.[22] The most up to date publicly available data on condition related-risk factors influencing recommendations for admission into residential aged care found both urinary and faecal incontinence to be in the top four condition-related risk factors in influencing recommendations to residential care (39% and 86% increase in risk respectively) alongside confusion and dementia[23].

Incontinence has numerous detrimental effects on physical and mental health and quality of life with studies showing urinary incontinence was associated with lower quality of life in community-dwelling older adults.[24]

Incontinence contributes to social isolation and depression[25] and can be humiliating. Incontinence and its perceived stigma lead many to modify and restrict their activities, including by declining attendance at social events ranging from shared mealtimes to group activities and outings.

It is essential that incontinence be recognised as requiring specialist assessment, treatment and support, to ensure older people can continue to live in their homes and enjoy good quality of life.

Conclusion

The Foundation welcomes the proposed model of In-Home Aged Care in response to recommendations of the Royal Commission into Quality and Safety in Aged Care, older people, carers, and advocacy organisations.

We believe that prioritising continence assessments and management under a single in-home aged care program is a necessary measure to empower recipients to remain independent in their own homes, and will address inequities in access to specialist assessment, management and support.

We look forward to having input to the on-going process of reform for aged care, and to working with the Government to ensure best possible outcomes for people experiencing incontinence.

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