

SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE

INQUIRY INTO AGED CARE

TERMS OF REFERENCE

On 23 June 2004 the Senate referred the following matters to the Senate Community Affairs References Committee for inquiry and report by 30 September 2004:

- (a) the adequacy of current proposals, including those in the 2004 Budget, in overcoming aged care workforce shortages and training;

Key Concern: Increase in workforce numbers and appropriate training is required in the area of nutritional support for older people.

Poor nutrition can lead to an increased risk of falls, fractures and infections, poor wound healing and poor recovery from surgery and longer hospital stays. Malnutrition may also lead to decreased appetite, dental problems, depression, apathy and even dementia.¹ Protein-energy malnutrition can be hidden as a cause of weight loss when present with other factors such as cancer, chronic airways disease, Alzheimer's, Parkinson's, diabetes, depression and particular medications and nutritional intervention is proven to be helpful.² The main nutritional risk factors are acute or chronic disease, polypharmacy and social isolation.³

It is now thought that 25 to 30% of independent older people are at risk of nutritional problems and that this proportion increases to 41 to 57% in those where frailty or illness has led to the need for support services or hospitalization.⁴

Supports that currently exist include client and carer education regarding healthy eating, some shopping and meal services, and some access to Dietetic care. These options are provided in an adhoc manner and require extensive upgrade to function at an acceptable level to reduce morbidity and mortality.

Training for health workers, including those who assist in client and carer education, shopping, cooking and meal delivery services needs to be extensively upgraded. Competencies in this area require input from dietitians and community based supports are required to ensure optimal practice in the community care setting.

¹ Woods.B. Identifying and planning assistance for home based adults who are nutritionally at risk. Vic. DHS2001

² MilneAC, Potter J, Avenell A Protein and energy supplementation in elderly people at risk of malnutrition. Cochrane Database of Systematic reviews. 2002:CD003288.

³ Position of the American Dietetic Association Nutrition, Ageing and the Continuum of Care , ADA Vol 100 No5 2000

⁴ MilneAC, Potter J, Avenell A Protein and energy supplementation in elderly people at risk of malnutrition. Cochrane Database of Systematic reviews. 2002:CD003288.

- (b) the performance and effectiveness of the Aged Care Standards and Accreditation Agency in:
- (i) assessing and monitoring care, health and safety,
 - (ii) identifying best practice and providing information, education and training to aged care facilities, and
 - (iii) implementing and monitoring accreditation in a manner which reduces the administrative and paperwork demands on staff;
- (c) the appropriateness of young people with disabilities being accommodated in residential aged care facilities and the extent to which residents with special needs, such as dementia, mental illness or specific conditions are met under current funding arrangements;
- (d) the adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly; and

Key Concern: An increase in nutrition-focused HACC services is required.

In South Australia, the trend toward people remaining in the community with supports has increased, as has the numbers of older people receiving meal assistance through meal preparation, Meals on Wheels, shopping deliveries and community meal services. It is estimated that 68% of people receiving Home and Community Care (HACC) support could not live alone without meal assistance.⁵ According to the HACC minimum data set 2002 there were over 60,000 people using HACC services (aged over 55 years) in South Australia. Over 8,000 clients used social support service (may include assistance with shopping); over 4,000 clients received centre-based meals, and almost 300 received assistance in the home with cooking/preparation of meals (other food services). It is estimated that over 5,000 people receive home delivered meals through the HACC Program (predominantly through Meals on Wheels, but also smaller ethno-specific meal providers).

This is, however, thought to be an inadequate level of service. Location of food outlets, financial resources, distance to transport and shops, individual knowledge, skills and preference, time, mobility and social supports all impact upon an older person's ability to access and eat nutritious food. This situation is complicated in times of illness, or if frailty is already present. HACC services are able to bridge some of this gap, if targeted at nutritional support. This is likely to impact morbidity and mortality rates more generally.

For those receiving Meals on Wheels type services many are unaware that this is only one meal and is not intended to provide a person's total daily nutritional intake, yet many report this as being their main source of food often using it for two meals each day. There has been an increasing trend toward the outsourcing of meal preparation in the aged care sector with meals becoming a catering

⁵ Appetite for Life -DHS Tasmania 2001

function rather than an integral part of health care planning. The health message of eating better not less needs more promotion and requires appropriate supports in terms of services to accompany it.

(e) the effectiveness of current arrangements for the transition of the elderly from acute hospital settings to aged care settings or back to the community.

consideration of dietetic care at pre-admission, admission, during care, in discharge planning and on follow up are essential to ensure good nutritional health in older people who are moving between levels of care, and particularly to those returning to the community. Simple screening for nutritional risk at points of transition is required. Currently, this is not a standard approach in all facilities. Additionally, supports in the form of readily accessible client and carer education materials, improved nutrition targeted HACC services and increased awareness of nutritional risk and its management among hospital, aged care and community based care providers is essential.

Written submissions are invited and should be addressed to:

**The Secretary
Senate Community Affairs References Committee
Suite S1 59
Parliament House
Canberra ACT 2600**

Closing date for the receipt of submissions is 30 July 2004.

The Committee prefers to receive submissions electronically as an attached document - email: community.affairs.sen@aph.gov.au

Submissions become Committee documents and are made public only after a decision by the Committee. Persons making submissions must not release them without the approval of the Committee. Submissions are covered by parliamentary privilege but the unauthorised release of them is not.

Following consideration of submissions, the Committee will hold public hearings. The Committee will consider all submissions and may invite individuals and organisations to give evidence at the public hearings.

Information relating to Senate Committee inquiries, including notes to assist in the preparation of submissions for a Committee, can be located on the internet at http://www.aph.gov.au/senate/committee/wit_sub/index.htm

For further details contact the Committee Secretary, Phone: (02) 6277 3515, Fax: (02) 6277 5829.

E-mail: community.affairs.sen@aph.gov.au