Andrew Thorburn: the man on a mission

With few operators wanting to tackle the complex end of aged care, the HammondCare CEO is seeking to scale its services in both the residential aged care and home care space to meet the growing demand for dementia and palliative care services.

WORDS BY LAUREN BROOMHAM

The forecasts suggest the aged care sector is on track to be swamped by ageing customers without the products or services to satisfy them within 36 months.

With too few staff or Home Care Packages available, the opportunity exists now for HammondCare – and other established operators – to scale their businesses to meet demand.

With the number of Australians living with dementia set to double by 2050, there is a big question mark over who will be supporting this cohort as their condition progresses.

As we have reported in The Weekly SOURCE, some residential care operators are already saying they cannot accept residents with specialised dementia care needs.

Despite at least 50% of aged care residents entering residential aged care with some form of cognitive

impairment, aged care staff are not required to undertake specialised training in dementia care – or demonstrate that they understand how to support people living with dementia.

With hospitals and aged care homes close to full occupancy, many people living with dementia will be staying in their homes or retirement villages – a challenge for both operators and staff who are unprepared for both the social need and regulatory risk.

You must ask the question: who will support these residents – and train the staff that care for them?

HammondCare CEO Andrew Thorburn is on a mission to ensure the answer is the 93-year-old Christian charity.

HammondCare is already widely regarded as Australia's leading dementia care provider.

DCM Group Editor Lauren Broomham (left) and Andrew Thorburn (right)

Its Government-funded Dementia Support Australia (DSA) has worked with an estimated 98% of RACs since 2016, while its Dementia Centre regularly provides consulting advice on best practice dementia design to other aged care providers.

The organisation also has significant resources in the palliative care, mental health and research space.

Now Andrew hopes to lead the way by sharing its expertise with other aged care and retirement village operators.

"Providers have to up their game in terms of care, and that will be through people like us," Andrew told SATURDAY.

"We have some specialities that we think can scale through joint ventures and strategic partnerships, through acquisitions, through greenfield sites, through technology, through advisory channels like telehealth.

> **"Operators need what we have, which is the right expertise in dementia care, mental health and palliative care, so if we can package those services, we can help them."**

Same mission, new focus

These partnerships could range from training staff in dementia care or an on-site dementia consultant to even building some of its care cottages at a retirement village to support residents living with dementia – similar to Group Homes Australia which is in talks with village operators to develop group homes on their sites.

"We are already speaking with some retirement living/seniors' living providers. Some with 200 units, to some with over 2,000 units," said Andrew.

> **"Those providers are grappling with how to enable their residents to age in place as their care needs increase. They do not want to send their residents to a care home 30 minutes away. Is there a role for us to play?"**

He said HammondCare would also consider opco-propco deals where aged care providers retain the physical asset and the land and HammondCare is the operator.

On the service side, the CEO sees a greater need for palliative care and telehealth services, particularly in

rural and remote areas where access to specialists is low.

HammondCare already has a successful telehealth chronic pain service funded by NSW Health that sees a team at its Greenwich site deliver services over 1,100 km away to patients living in the Far West of NSW.

As a Not For Profit, some of these services would be offered for free while others would be on a fee-for-service basis.

"It really depends on situation/need, although our mission and motivation drive us to help as many people as possible," added Andrew.

Since joining the organisation in June last year, the CEO has led a review of its Next Chapter strategy, launched post-COVID under previous CEO Mike Baird, to reflect this change of approach.

> **"It's exactly the same mission, but a different vision for this next phase which will be focusing on complex care for older people, specialising in dementia and palliative care," Andrew explained.**

Modular care cottages on the cards

In line with this, the organisation has separated its services into four units with plans to expand across each stream:

- **residential aged care;**
- **home care;**
- **hospitals and health care;** and
- **advisory care,** which includes its DSA service, which operates across 34 offices nationally, supporting aged care providers and carers in the community on helping residents and loved ones with complex behaviours due to their dementia diagnosis.

A member of HammondCare's executive team, Mark Peacock, has also been appointed to explore where there is need in the sector and where there is scope for partnerships.

While these development relationships are expected to take some time to progress, the provider is actively seeking opportunities now.

HammondCare already has a partnership with SA Health to build and operate a dementia care village in the Adelaide suburb of Daw Park.

The organisation has also been looking at the potential to build modular care cottages which can get on the ground much faster than a traditional aged care build and are more financially viable for a partnership model.

But with residential aged care continuing to face capital constraints and planning and construction challenges, Andrew acknowledges the real demand will be for care – including complex dementia and palliative care – at home.

Showing the DCM Group team around HammondCare's palliative-focused Neringah Hospital and Wahroonga aged care service, he pointed to the experience of his own mother and neighbours, all aged in their nineties, who want to stay living at home.

Home care requires scale and digital readiness

Andrew sees that home care will be the key growth channel for the organisation over the next five years – and operators will need to digitised and either large or specialised to be viable.

"Home care is the ultimate solution to be able to provide quality care, but you need to have scale," he underlined.

"You need the clinicians, the technology, the research, the logistics – the business must be completely integrated."

Case in point: HammondCare has just switched to a new Salesforce-backed system in January to manage its clients and workforce.

How would the CEO – only the fifth to take on the role since HammondCare was founded in 1932 –like to leave the organisation positioned when he hangs up the gloves?

"I would like to ensure that the mission remains alive and strong," Andrew concluded.

"I want us to be delivering complex care at scale, particularly in the home with a strong capability in dementia care and palliative care.

"And I would like us to be well respected as a provider that works with others and is generous with our time and resources to help other providers and the people that they are serving."

With 100,000 Baby Boomers now hitting 80 every year, HammondCare is well-placed to ensure this vision becomes a reality.

Andrew in the Wahroonga aged care service's supermarket