Hills Positive Ageing Project

…. facilitating collaboration, reform and networking

Submission to the Productivity Commission Inquiry

Caring for Older Australians

July 2010

1. BACKGROUND

The Hills Positive Ageing Project (HPAP) is based in the Adelaide Hills and encompasses three local government areas. It is one of South Australia's HACC funded collaborative projects which also attracts support from the Adelaide Hills Community Health Service and each of the participating councils.

The HPAP Taskforce is a network of some 80 people and organisations involved in the planning for and provision of aged care services across the Region, all of whom are concerned with the promotion of health and well-being of our older residents.

The challenges arising from, in particular, the changing demographic are understood by the Taskforce and recently led to it developing a longer term plan based on wide consultation with members of the community and service providers.

We recognise that, to maximise a person's ability to age positively, improved access to a broad range of flexible, affordable and appropriate health services is crucial and we support the reform of the *health system*.

We also acknowledge not only the importance and impact of other social policy areas in this, but also the role of the built environment, including universal/adaptable housing design, and community attitude.

The opportunity to make the following comment to the Inquiry is appreciated.

2. THE SERVICE DELIVERY FRAMEWORK

The strengths and weaknesses of the current system have been identified in previous reviews and are, for the most part, universally recognised. The current system does not meet *current* needs, and weaknesses are exacerbated in 'rural' areas. Of particular concern, regardless of the service delivery framework, is the insufficient allocation of funding for community and residential care to make it viable for providers and insufficient support, particularly access to ongoing respite, for carers.

Our comments include:

- Aged care is not well integrated within the health care *system* (it is viewed as 'separate' or lesser) or with the social services sector
- There is fragmentation and lack of continuity, but 'voluntary' service provider networks, partnerships and collaboration have resulted in improved outcomes in this area.
- Community care costs have risen much higher than CPI increases resulting in reduced hours of service for clients. Complexity of care needs of clients has also increased requiring significantly more time for care coordination.
- The aged care system is complex and very difficult to navigate – for stakeholders and for consumers, and clients often overwhelmed with information

- There is uneven access to community aged care across our region, particularly EACH & EACH D creating pressure on HACC services to provide continued support and creating access blocks for basic HACC services.
- TCP and GEM program provide more flexibility, are adequately resourced and have strong focus on rehabilitation and promotion of independence
- Access to planned residential respite is difficult – diminishing number of beds in residential facilities designated for respite only; resulting in carers unable to book ahead for holidays as respite can only be confirmed at the last minute
- Access to, and availability of, ongoing community respite is limited – this is an issue especially for carers of people with dementia and results in carer burn out or premature admission to residential care. (The Buddy Program for people with challenging behaviours has a wait list of approx 20 - max. caseload for Hills 10 -, community respite house Willow Fern is at capacity and the small HACC program at AHCHS also has a waiting list)
- Access to affordable residential care - ability to pay fees is a real issue for many older people, eg 94% of ACAT clients in Hills and Fleurieu (1500) in 2008/09 had pension only income
- Emerging evidence of increased avoidable crisis situations (ACAT no longer conducting annual reviews and opportunities for monitoring and advocacy diminished)
- GPs often not aware of broader health or social support to refer clients to for assistance
- Consumer Directed Care is a great ideal and should be promoted – people should have the right to determine the nature of their care and to be supported in that, but expectations of clients to organise affairs, make decisions and advocate for themselves are sometimes unrealistic (examples include people under stress or with cognitive impairment not opening mail and people not accepting services they have been waitlisted for) with potential for abuse and exploitation
- Housing affordability is a growing concern
- There has been an increase in the number of people diagnosed with dementia, particularly under the age of 65 – a concern as there are few services available in the region to meet their specific needs. Local services work in partnership with Alzheimer's SA and refer younger onset clients to their metro based programs
- There are approximately 1300 people with dementia in this region (at least 550 of whom are in early stages and living independently at home) with the majority receiving no services and many not diagnosed.
- Early intervention programs for people with dementia have been shown to increase the time people can remain at home, and support and information for carers and family at this stage is important – currently Alzheimer's SA and local HACC services would only be seeing a very small proportion of this group. It is imperative that EI programs for people with dementia and their carers are established to improve outcomes for this increasing target group

- Currently many people with dementia and their carers are referred to services in the region at mid to late stage dementia in crisis when the carer is already stressed or burnt out and the person with dementia is beyond benefiting from strategies to assist with maintaining independence
- While most agencies ensure training in elder abuse and neglect and engage support of ARAS, Guardianship Board or Public Advocate etc with consent; there are situations in the community that remain unresolved because the elderly person is unwilling to confront family or the elderly person requires legal advice or representation which they are either unwilling to accept or unable pay for
- The aged care sector is caring inappropriately for people with a disability in the absence of adequate resources for people with a disabilities – when proposed reform of Commonwealth assuming responsibility of care of all over 65 occurs, the aged care sector need training in working with people with disability
- People with disabilities are living longer and currently the disability sector is not well resourced or skilled in caring for older clients – concern that when proposed reform of Commonwealth taking on responsibility care of all over 65 occurs that there may still be a shortfall in resources

3. FUNDING AND REGULATORY ARRANGEMENTS

- Funding should be allocated on assessed need rather than a per capita formula
- Population based planning and resource allocation rather than competitive submission based system may address geographic inequities in community aged care
- While funding for CACP/EACH has CPI related increases the actual cost of service provision has risen at a greater rate (ie salaries, cost of travel/petrol, meeting quality standards) and so average hours of service provision have been reduced.
- Some older people are unwilling to accept CACP/EACH because of the cost (17% of pension), while there are provisions to waive fees costs are still a barrier to services for some.
- Affordable residential care (low care and high care) is an increasing issue and is resulting in people continuing to live in the community but at risk

4. GOVERNMENT ROLES AND RESPONSIBILITIES

- The proposed changes in government roles and responsibilities *should* benefit aged care users
- We are unsure of the need for, or the benefits of, 'improving competition between the Australian, state and territory governments'
- Adequate resources will be needed for the regional integrated planning and funding framework
- A common system entry point for *all* aged care services will, providing it is well designed and resourced, redress many of the weaknesses of the current system as identified above (see recommendations below)

5. WORKFORCE REQUIREMENTS

- The key future workforce challenges as outlined in the Issues Paper are recognised and endorsed
- The key reform challenges for informal carers and volunteers are recognised and strongly endorsed
- It is widely accepted that remuneration for human service provision, and particularly aged care service provision, is an issue
- Higher skilled workers often move out of the sector
- The workforce of informal carers and volunteers is diminishing
- Aged care is generally not seen as a career choice – due to its often part time nature is more often considered to be a 'lifestyle' choice.
- Attracting the next generation of aged care workers will require competitive remuneration and flexible full time / part time opportunities
- Career progression and academic recognition within the industry is limited
- Aged care often not seen as important or inviting as a consequence of ageism and the status of the aged care sector
- An increase in remuneration for workers cannot come at the expense of services
- Funding for services should recognise the support and professional development needed for volunteers and informal carers

6. REFORM OPTIONS / RECOMMENDATIONS

6.1 The introduction of a single point of entry and initial comprehensive assessment tool for people across all aged care services

We believe a well-designed and resourced single point of entry will go a long way to addressing some inadequacies of the current system, including equity, reducing confusion and providing ongoing support – with opportunities for increased productivity. It needs to cater for referrals to and information about community, NGO's, local government and government sectors.

The service will provide:

- Integrated and comprehensive assessments for community (including HACC) and residential care
- Support for consumer choice
- Integral and ongoing advocacy and support
- Ongoing assessments and communication with people on waitlists
- Information

6.2 Promotion of independence should be an integral part of all early intervention programs.

Members strongly support promotion of independence as integral to early intervention programs and advocate for adequate resources to reorient existing services

6.3 Community Care recipients have the option of determining how resources allocated to their care are used

- Advocacy should be an integral part of the program and a role for the single point of entry service

- Barriers and constraints to flexibility and choice need to be identified and removed
- Providers need more flexibility on how/what services are provided enabling them to better meet needs
- CDC participants should be 'screened' for success

6.4 The creation of more affordable housing options for older people

- Support the model of Local Government owned and managed independent living units, especially when linked to the Community Services department and especially in rural areas.
- Retirement villages and independent living units should have a designated proportion of Government subsidised options for eligible people

6.5 Improved process for dealing with elder abuse

- Leadership from the Australian Government to work with the States and Territories to develop/negotiate:
  - National Guidelines on prevention and management of elder abuse
  - System for reporting of elder abuse and neglect, and
  - System for protection of older people living in the community

6.6 Improved outcomes for clients through GP referrals to other services and social support programs

- Recognise costs involved in upskilling doctors and practice nurses and reimburse for referrals or collaboration with other agencies. (The acceptance of current incentives for Team Care arrangements, ie collaboration with Allied Health, is compromised due to level of paper work required)