# Australian Government Productivity Commission Inquiry into Caring for Older Australians July 2010

### **Submission from Salisbury Council.**

The City of Salisbury welcomes the opportunity to comment on the 'Caring for Older Australians' Discussion Paper. The City mirrors the ageing population experienced across Australia and states its commitment to older residents in the document 'Priority Actions for an Ageing Community', copy attached. This document provides a strategic direction for Council to ensure that older residents are able to retain their role within the local community.

## Comments on the discussion paper:

The roles of different levels of government are mentioned within the Discussion Paper but there is little on the role of local government. In the current system local councils have a unique position through their interaction with older residents, as a provider of information and service provider of the HACC program. In addition there is no comment, in the discussion paper on the financial contribution local councils make to the delivery of service, either their contribution to the HACC program or the many ways that they support older people prior to entering into the 'funded system'.

# We would welcome a more systematic approach to all levels of government working together to support older people.

The Inquiry provides an opportunity to broaden the scope of support for older people with a greater understanding of the value of 'community development' approaches that can delay entry into the highly regulated and funded system.

Figure 1 in the document 'Models of care in the aged care system' is built on the foundation of 'Living in community with activity restriction but without formal services'. It would seem, given the demands of future demographics that this foundation level needs further investigation to develop its capacity ensuring that older people are supported in appropriate ways. However this approach needs consideration as part of the complete system of support available to older people and requires a funding source to ensure sustainability.

**Workforce**: It is widely acknowledge that there are serious issues in retaining a skilled workforce to respond to the industry growth. Workforce, both paid and volunteers in sufficient numbers, with sufficient training and adequate remuneration is essential to the sector. Urgent consideration is required to increase salaries and conditions of workers on par with professionals working in the health sector. In addition the training at entry level needs to be adequate to

equip workers to the demands of the sector – qualifications gained through compressed courses are not assisting workers or the sector respond to the demand.

Many low level support programs – usually funded through the HACC program rely heavily on volunteers and this area of workforce has been largely ignored in recent workforce studies. Lack of volunteers could have a serious impact on service delivery; particularly for many 'culturally & linguistically diverse' communities who rely almost entirely on the availability of volunteers to support older 'CaLD' people.

### **Community Care:**

• Are the aged care services that older Australians require available and accessible? (p. 13)

Accessibility relies on older people identifying their circumstances fitting within the current 'needs base' framework.

This system presents barriers to people who do not identify with the framework, people with language and culture other than English and people who do not understand the system.

Formalised 'Access Points' to the system has the potential to further limit access. A commitment to 'no wrong door' is essential to ensuring maximum inclusion for all older people.

The City of Salisbury in is the northern Adelaide metropolitan region. There is an overall population of approximately 117,000 and older people over the age of 65 numbered 13,088 in the 2006 census.

The Council HACC funded programs in the year 2009/2010 delivered a service to over 3,000 individual people. These service instances were 'low level' in line with the brokerage agreement with the Home & Community Care program. In addition to receiving a 'low level service' residents of Salisbury are supported by Council staff to transition to higher levels of care as their situations changes.

These figures represent one LG's informal access to the aged care sector. The majority of this group would never seek assistance through an 'Access Point', which relies on a phone or electronic approach.

**Needs based framework**: It is well documented that a 'needs based framework' will not support the ageing population into the future and serious consideration needs to be given to 'early intervention / community development' strategies similar to the WHO 'Active Ageing model'. This

would enable support for older people to remain healthy and connected to their community often with minimal environmental support.

### • Are there gaps that result in a loss of continuity of care? (p13)

A major gap is the lack of financial support for keeping older people healthy prior to requiring a service, including:

- Healthy Ageing programs, physical activity for all, tailored to capacity
- Health promotion to assist older people manage their ageing prior to

   or in early stages of chronic conditions
- Social inclusion initiatives in response to the demonstrated link between 'social isolation' and health status,
- Age-friendly environments which enable people to remain living and connected to their community – including adequate transport and accessible community resources
- Support for older people to have a voice in the shape of the sector

This level of service intervention is often taken up by Local Government, but would respond well to an integrated approach across all levels of Government to maximise healthy lifestyles for older people. In addition the strategies listed above should not rely on the variety of financial commitment by local councils or short-term grants. These strategies should be considered within funding commitments across the 3 levels of government.

# • Is there sufficient emphasis within the current system on maintaining a person's independence and on health promotion and rehabilitation? (p13)

Maintaining independence requires flexibility in applying a 'need based' system. Whilst this framework underpins the system, independence is maintained in relation to 'deficits' in health or ability.

Health promotion is available to manage chronic disease, through the Health system but there is limited funding for keeping healthy older people – healthy.

The current 'Home Assist' style program, located within local councils, support older people remain in their homes by providing access to subsidised maintenance services, domestic assistance, social support, shopping and transport. These low level services are essential to support older people retain independence and dignity.

### Objectives of the aged care system:

'Older Australians [should] receive high quality, affordable health and aged care services that are appropriate to their needs and enable choice and seamless, timely transitions within and across sectors. (COAG 2009)' (page15)

There is little evidence of the Health sector working collaboratively with the aged care sector. However with the shift to the Commonwealth funding both sectors there is an opportunity to integrate processes that ensure older peoples' care is consistent and meets the needs of consumers.

#### Roles of different levels of government

 Will the announced changes in government roles and responsibilities benefit aged care users and improve the administration of the aged care system?

There is concern in the service system that the split of funds will further complicate the support for people with a disability – particularly as they age.

In addition in South Australia there is concern that the high level of HACC funds supporting people with a disability will erode the funding for older people or create competition between two sections of the community who require support to live in and contribute to their community.

### Local planning:

The metropolitan region of Adelaide has four HACC funded collaborative projects with the following required outputs:

- Increase service providers understanding of the value of addressing issues which impact on the HACC target group within a broad human resource context
- Facilitate joint approaches to the planning and coordination of services at the local level to address the needs and preferences of the target group
- Develop creative and innovative ways of providing HACC services
- Increase networks, linkages and partnerships within the region
- Encourage the efficient and effective use of resources with the HACC sector.

The Northern Collaborative Project (NCP) has been instrumental in engaging local service providers in developing local solutions in response to a vision of the 'perfect service system' as described by a 'regional consumer reference group'.

The NCP has supported the consumer voice and provides regional structures and processes to enable effective consumer participation at a system level to drive service improvements.

The experience of local planning to develop local solutions has the potential to shape the system in response to local issues. In addition any refinement to the system needs to have capacity to support consumers in shaping a sector, which will provide for care with dignity.

A summary of the Northern Collaborative Project's consumer participation model is attached with this submission.

#### Conclusion:

The Discussion Paper provides a timely opportunity to focus on the support required for older people in the years ahead.

This submission expresses the experience of Salisbury Council operating at the low level of support for older people but also as the level of government most connected and in touch with their community.

Salisbury Council, as described in the strategic document attached is committed to support older residents to age in their local community.

The Councils core areas of commitment and influence include:

- Community Services, Health and Wellbeing
- Participation (Recreation, Culture, Volunteering)
- Urban Planning (Housing, Transport, Open Space)
- Employment & Learning

However these local interventions need to be integrated into a planned approach across all levels of government, which will result in better health and wellbeing for older Australians.