

Australia's population is ageing. The proportion of Australians aged over 65 years has grown from 8 per cent of the total population in 1970-71 to 15 per cent in 2015, and is projected to grow to approximately 25 per cent by 2055.

As Australians age, many will experience chronic illnesses, disability, and/or physical or cognitive decline. They will require varying levels of care and support through aged care services.

The Commonwealth government has stated Primary Health Networks (PHNs) will be given responsibility for aged care. However, the role of PHNs in aged care is yet to be clarified. It should include needs assessment, commissioning of services to meet identified needs, and a focus on reducing preventable hospitalisations.

Aged care services are provided by a mix of public and private (for profit and not-for-profit) organisations and include a range of health and social care services delivered in the community and in residential aged care facilities. Currently, more than one million Australians receive formal aged care services, and this number is expected to grow to more than 3.5 million by 2050.

Eligibility for residential aged care services is assessed via Aged Care Assessment Teams (ACAT). Eligibility for the Commonwealth Home Support Programme, introduced on 1 July 2015, is assessed via Regional Assessment Services (RAS), except in Victoria and Western Australia where state government arrangements are in place. Ten of the 13 RAS are also aged care service providers. While RAS complements ACAT, they are likely to be combined in the future as aged care reforms are rolled out.

The aged care sector struggles with variable quality of care and service, and workforce shortages are exacerbated by low wages, while some workers are insufficiently skilled.

AHHA POSITION:

- ✧ Every older person should be able to live well, with dignity and independence, as part of their community and in a place of their choosing, with a choice of appropriate and affordable support and care services when they need them. Appropriate services must be available to vulnerable groups including Aboriginal and Torres Strait Islander peoples, older veterans, LGBTI people, people from CALD backgrounds and those with cognitive impairment.
- ✧ Governments must ensure aged care is designed around the needs of older people and their carers; and must work with service providers to ensure consumer directed and centred care.
- ✧ Conflict of interest occurs when organisations determine need, assess eligibility for services and provide those services. The current RAS arrangements where service providers are also assessors should not continue, particularly if this role also assumes responsibility for ACAT. PHNs should oversee assessment or services must demonstrate an operational separation of these functions.
- ✧ To ensure best use of resources and to meet evidence-based regional need, PHNs should have responsibility for determining service need and commissioning those services to ensure a demand (or market) driven distribution of services.
- ✧ There must be close integration between the primary, acute health and aged care sectors, and better collection and use of data, including connection of My Health Record and My Aged Care. Services should be easy to navigate so older Australians know what care and support is available and how to access these services.
- ✧ The Commonwealth Government must commit appropriate funding to the community aged care sector to ensure older Australians are supported to live healthy lives at home.
- ✧ A long-term aged care workforce strategy is required, with a focus on skills, training, appropriate remuneration and holistic care. The formal aged care sector is complemented by a significant informal care sector. Informal carers must have access to adequate services and support.

For information: Alison Verhoeven, Chief Executive, 0403 282 501

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