

Aged Care

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.

Aged care services must be high quality and responsive to the diversity of need, with independent monitoring, transparent public reporting and accountability upheld.

As high users of healthcare, care pathways for older people must be appropriate, coordinated and integrated to meet the complexity of their needs and associated vulnerabilities.

Australia's population is ageing. The proportion of Australians aged over 65 years will grow to approximately 25% by 2055. As Australians age, they will require varying levels of care and support through aged care services.

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 1.3 million Australians receive aged care services. The number of users of aged care services is expected to quadruple by 2050.

In 2016–17, Australian Government expenditure on aged care was \$17.1 billion. This consisted of \$4 billion on home support and home care, \$11.9 billion on residential aged care (for nearly 240,000 people), and \$1.3 billion on flexible and other aged care. Consumer expenditure was \$4.8 billion. Australian Government expenditure is expected to reach \$40 billion by 2028-29.

A ten-year reform plan was released in 2012 to create a sustainable, consumer-driven and market-based aged care system:

- My Aged Care has been introduced as a central gateway for accessing Australian Government-subsidised aged care services.
- Home care packages have been introduced, providing services between the Commonwealth Home Support Program (CHSP) and residential aged care.

Access to care is still a problem. The number of people waiting for home care packages is far greater

than the number of people receiving care at their approved level. Waiting times for home care packages are long (27% have waited more than 12 months since being approved). Data sources to accurately determine unmet demand in the community are lacking.

Variability in the quality of care and services exist in the aged care sector. Workforce shortages are exacerbated by low wages and insufficient skills of some workers. The formal aged care sector is complemented by a significant informal care sector.

The Commonwealth government has identified aged care as one of the key priorities for Primary Health Networks (PHNs).

AHHA POSITION:

- ✦ The Commonwealth must properly fund community aged care to ensure older Australians are helped to live healthy lives at home. Means-testing should be refined and applied consistently across the CHSP and home care packages.
- ✦ Current aged care reforms must be guided by consumer input, research evidence and the recommendations of independent reviews. The impact of changes must be monitored.
- ✦ Research is required to identify barriers to accessing home care and consumer directed care, including for vulnerable and special needs groups. Data sources must be established to quantify unmet community need.
- ✦ The introduction of a Single Aged Care Quality Framework is supported. There must be transparent monitoring and reporting for all Commonwealth-funded aged care services. The collection and public availability of meaningful information on provider quality must be prioritised to inform consumer choice.
- ✦ Conflict of interest occurs when organisations determine need, assess eligibility for services and provide services. Such arrangements must cease.
- ✦ Access to primary health care, including oral health care, must be prioritised. The capacity to support palliative and end of life care must continue to be built in the aged care sector.
- ✦ A workforce strategy focused on skills, training, staffing ratios, appropriate remuneration and holistic care is required. Informal carers must also have adequate services and support.

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