

Australia 2020 Health Stream - Health Priorities for Ageing and Aged Care

How were the priorities identified?

2020 participants in the health stream who have particular interests and expertise in ageing and aged care were asked to submit the priorities they wanted to raise.

Members of the Australian Association of Gerontology were circulated and offered the opportunity to submit their priorities

2020 submission from a number of not-for-profit agencies and peak bodies were taken into account.

Seven priority areas were consistently identified from these sources and it is likely that further input would consolidate these priorities rather than generate many additional priorities. These seven priority areas are by no means exhaustive and their identification is in no way intended to limit discussion of other ageing and aged care issues at Australia 2020.

It is hoped that this paper will provide a starting point for all participants in the health stream give other streams an indication of the ageing and aged care priorities identified in the health stream.

1. Make ageing and aged care a priority in a National Health and AGED CARE strategy for the future

The lack of attention to aged care in the Background Paper immediately calls for ageing and aged care to be recognised in all elements of a national health strategy for the future.

1.1 Address attitudes towards older people as users of health and aged care services

A shift in attitudes, from passive tolerance, at times bordering on benign neglect, to active recognition of equitable access for older people to all segments of the health system as well as aged care services is the main priority for 2020. Such a shift is fundamental to combating attitudes that suggest older people are not entitled to the same care as others, as seen in efforts to “get them out of acute care beds”. Equivalent efforts should be made to minimize hospital admissions for people of all ages and to discharge them promptly to further services as required.

Changing attitudes to health care for older people and aged care is part of a wider view of a future Australia in which there are high expectations of all of its citizens. In this view, older people and others share an expectation that they can be productive and contributing members of society. This new vision of ageing includes the expectation that good health and good opportunities can be achieved by older people owning their own futures, by businesses and community creating opportunities for older people, and by Governments fostering the vision.

Enabling older people realise this vision in their own eyes and the eyes of the wider community will foster attitudinal change, which will in turn contribute to realising the vision. If these goals are to be achieved, older people must have the information and skills they need to run

their lives well, yet all too often, information is not available or sends negative messages about ageing. Second, and more specifically, older people need to be able to participate fully in making decisions about their health and care, including Advance Care Directives.

Fostering positive attitudes is also a starting point for overcoming the negative images of aged care that pose barriers to attracting staff and equipping them with the skills necessary to deliver the range of care needed by frail aged people.

1.2 Address disadvantage as well as recognising diversity in ageing

The extent of economic and social disadvantage among older people has been clearly shown in the Senate Community Affairs Report “A decent quality of life: inquiry into the cost of living pressures on older Australians” released in March 2008. This report provides extensive evidence of the vulnerability of some segments of the older population, especially very old, single women and renters, and the negative impacts of this vulnerability on their health and well-being.

Aged care programs have recognized and responded to diversity in culturally and linguistically diverse communities, in indigenous communities, rural and remote areas, and among carers, and will continue to respond to changes in these needs. But aged care programs do not provide a response to the day to day impacts of cost of living pressures on those older Australians who have low and fixed incomes and limited assets.

Action in response to the Recommendations of the Senate Report is a high priority to address the negative consequences of these pressures on both access to specific health services, notably dental care and pharmaceuticals, and the wider impacts on quality of life of older people and the losses they experience over the later life course.

2. Promote active and healthy ageing

While chronic disease management has to be improved for all age groups, high priority has to be given to middle aged and older people as reducing chronic disease among these age groups will generate the greatest return to individuals and the health care system in the shortest time and pave the way for longer term strategies. Chronic obstructive pulmonary disease and diabetes have been identified as particular priorities.

A concerted, national healthy ageing program is needed with a focus on priorities in which effective interventions are available, to achieve health gains well beyond present piecemeal approaches. As well as dealing with ageing-related chronic conditions, this program should aim to ensure that older age groups are recognized in all health promotion initiatives.

Ensuring adequate funding for health promotion and preventative health measures will avoid unnecessary expenditure later not only for costly acute care but will also moderate the flow-on to aged care.

3. Enhance access to assistive technology

The potential to support older people's health and well-being in their own homes, or in residential care, through the use of assistive technology is well documented but has yet to be realised. Appropriate, barrier free housing, in age-friendly communities, is important in this regard.

A national program similar to the Pharmaceutical Benefits Scheme would provide the means of delivering assistive technology that will enhance independence for those with disabilities of all ages and remove cost barriers that currently limit access to even basic aids and equipment.

Australia has lagged behind many other countries in supporting development and adoption of assistive technology and in comparison to its expertise in other areas of health technology. An R&D effort is required.

4. Extend the scope of aged care in a long term national health and aged care strategy

With an ageing population, consideration of a national health strategy for the future must include aged and community care. Caring effectively for older people involves good services in both the health and aged care sectors and requires good links between them. Aged care services are not mentioned in the Background Paper for the Health Stream, yet if we get aged care wrong, we will not get the best results from our overall system of care. Aged care services could play a significantly enhanced role in the future if appropriately resourced to do so. Three sets of priorities are identified to this end.

4.1 Recognise the changing roles of aged care providers and realise their potential capacity to deliver a wider range services

The changing roles of aged care services in delivering care to an increasingly older population have to be recognised so that providers are not restricted to a set of narrowly defined aged care services. Agencies with the capacity to extend the range of services they provide should be supported to realise this potential and actively contribute to reshaping the overall health and aged care system.

Action to address recognized problems in the present system has been slow in coming, and two priorities are flagged for immediate attention: a common assessment system that provides a range of approaches appropriate to the individual's level of dependency and care needs, and an enhanced quality assurance system, with rationalising of compliance and regulatory measures, including reporting and quality standards, to avoid duplication and unnecessary red tape

As with the health care system generally, resolving jurisdictional hurdles that prevent rational and coherent service delivery is an important part of this development but other planning and funding measures are also required.

The full potential of the aged care sector will only be realised if a wider view of the sector is taken. Strategies for the future need to go beyond fixing the present system and continuing to provide more of the same. Imagination is needed to envisage the shape of the aged care system of the future and then practical strategies developed to realise this vision.

4.2 Fill gaps and extending the range of services

The first step to extending the role of the aged care sector is fill gaps in the present range of services so that older people needing care have more choice about the appropriate settings in which they can receive different levels of care.

Some aged care agencies are already involved in providing services that assist recovery and rehabilitation of older people following episodes of illness involving hospitalisation, in palliative care and other shorter term interventions, but initiatives have been piecemeal. Examples abound of services that are available in one area under one program, but not available in another area under the same or even different programs.

A fully effective community care system is essential to maintaining people in their own homes as they age, and a fully effective residential care system can stabilise older people's health and reduce the need for hospital care. Ensuring a real continuum of care requires reducing the sharp demarcations between programs, including between residential and community care.

Steps to greater effectiveness through extending the role of aged care providers need to be taken selectively to maximise the potential of providers with differing capacity across the range of community and residential care services and to promote integration between services.

Filling the gaps and extending the range of services requires additional funding and other support, not cost shifting from one part of the aged care system to another.

4.3 Workforce development

There needs to be specific recognition of, and action to address, the workforce shortages faced by aged care services within the wider picture of the future health workforce. With a finite or declining workforce, aged care faces shortages of nurses, allied health professionals and certificate-trained care workers, and also geriatricians and specialists in other areas for which population ageing will generate increased demand.

Review and revision of the existing Aged Care Workforce Strategy is a starting point for identifying a range of strategies that have to be implemented to achieve short, medium and long term gains in the aged care workforce. Assistive technology and information technology are important complements to other workforce initiatives.

Competition between sectors of health and aged care, and the services sector more widely, has to be addressed by providing not only salary parity but also cross-sector training and skills recognition.

5. Implement measures to ensure sufficient and sustainable funding

If the aged care system is to play its key role in the care of older people, it must be well-resourced in a sustainable fashion. A failure to invest in aged care will result in higher costs elsewhere.

Funding from a combination of government subsidies and user payments has, over the past ten years, failed to keep pace with rising costs. This failure has meant a steady, measurable erosion in hours of care per resident in residential care and per client in community and home

based care. Indexing of subsidies has to take fuller account of the actual cost of providing care.

The persisting shortfalls in capital investment in residential care indicate that present arrangements are inadequate and that many providers face severe constraints in their capacity to raise capital.

A new funding regime has to be nationally consistent and include equitable contributions on the basis of capacity to pay in a way that does not restrict access for those who have limited capacity to pay. In considering options for new funding arrangements, priority attention has to be given to a social insurance for aged care, particularly the capital component. This scheme should be developed in conjunction with social insurance for catastrophic, non-compensable injury.

6. Involve stakeholders in policy development

A wide range of stakeholders need to be involved in reshaping aged care in a future national health strategy to ensure that policies and programs are created on the basis of research and experience, and not on myths and misconceptions.

Continuing engagement with the Australian Association of Gerontology and the Australian Society of Geriatric Medicine, as well as industry and consumer peak bodies, will make a critical contribution given their roles in research and professional education. Senior public servants need to engage with stakeholders through attending conferences and participating in other activities that will expose them to thinking about ageing at national, state, regional and local levels within Australia, and internationally. Well-informed debate also requires timely and full release all research and consultancy reports and reviews conducted by Commonwealth agencies.

A high priority for promoting stakeholder involvement is the establishment of a national Ministerial Advisory Committee similar to those which already exist at state level, with wide representation and responsibilities for investigating all aspects of the ageing of Australia's population.

7. Dementia

Last but by no means least, providing care for people with dementia and supporting their carers will remain a continuing challenge to 2020.

Addressing this priority will require elaboration and expansion of the existing range of dementia care services and their funding levels, continuing bio-medical and applied research and evaluation, and transfer of research into practice.