

### Recommendation 23:

That the State Government undertake a review of the impact of the competitive tendering process on service users and service providers, and develop terms of reference for competitive tendering processes which includes benchmark measures of service quality, efficiency and effectiveness. This should also highlight the need to balance continuity of supply with ability to adapt to changing needs.

### Rationale

Competitive tendering, although offering some economic advantages to Government, may have unintended impacts on service users and providers. There is a difference between offering a tender for a new service and offering a tender for a service which is already established with existing service providers.

Where funding for an existing service moves from one provider to another, through competitive tendering, consumers may be disadvantaged. Equally the provider may have invested significantly in infrastructure and staff training without any recompense. Through having to change providers (which may include waiting periods, change of personnel, change of venue etc) the continuity of care for the service user may be compromised, reducing the efficacy of care.

Competitive tendering needs to focus on a much broader scope than just cost to provide the service. Measureable outcomes which can be benchmarked would assist in broadening this scope.

A longer-term approach would allow for service providers to invest in infrastructure and resources. The availability of other funding options, such as partnership and joint expressions of interest, would allow the sector some greater flexibility for new innovation.



## 5. Making South Australia Fairer for Older People (cont'd)

revision

### Recommendation 24:

That the State Government establish a \$4m funding program commencing 2009/10 (\$1m each year for four years) aimed at assisting residential aged care providers at existing and new facilities to reduce their environmental impact. The focus would be on water and energy conservation at residential facilities. Applications from aged care providers will be required to match the State Government contribution.



Colton Court, McLaren Vale,  
ACH Group

### Rationale

The Commonwealth Carbon Pollution Reduction Scheme (CPRS) will have a major impact on all aged care providers. The CPRS is a whole of economy reform which the Government intends to implement in 2010 and involves creating a new financial market to meet an environmental objective. The carbon price created by the CPRS will change the relative prices of goods and services across the economy.

The most immediate impacts on aged and community care will include:

- Increase in fuel costs for provision of care, particularly community care
- Increased primary production and transport costs of food
- Increasing utilities costs – electricity, gas and water
- Workforce costs
- Suppliers to the aged care industry

Energy usage and recycling water are becoming key environmental issues. Water and energy usage is high in residential facilities, compared to commercial buildings, as they are occupied 24 hours per day, 7 days per week, 365 days per year. The aged care sector recognises both the importance of these issues in a broader community context, but available funding in the first instance must be allocated to the care of residents. The sector does not have the financial capacity to undertake the necessary modifications in existing premises or to allocate the necessary funds to new developments without some assistance.

One recent example of support for reducing environmental impact, is the Victorian State Government which has recently funded a pilot program to assist a 72-bed facility to install solar hot water.<sup>14</sup>

<sup>14</sup> *Greening Grey Facilities*, Media Release, ACCV, 2nd May 2008

## G. Family carers

### ACS Vision for carers in SA

*A community in which carers have access to well-resourced programs, services and other supports to assist in their critical role of caring for a family member.*

### Background

Carers SA defines a family carer as someone who provides care and support for their parent, partner, child or friend who has a disability, is frail aged, or who has a chronic physical or mental illness. Care can be provided all day, every day; or for a few hours a week. Regardless of their situation, family carers have many needs in common. These include the need for information, for recognition, for physical and emotional support and respite, for training in the caring role, and for financial assistance.<sup>15</sup>

ACS endorses much of the sentiment in the Carers SA 2008-2009 budget submission and in particular the following recommendations:

#### Recommendation 25:

That the State Government develop a participation and partnership project to provide education and training for aged care service providers on carers and their caring role.

#### Recommendation 26:

That the State Government develop a carers' health program including a carers' health assessment tool; promotion of health checks through GPs; and develop mechanisms for carer engagement in health systems.

#### Recommendation 27:

That the State Government develop a health and well-being training program for carers including providing training resources in nutrition, health care management and injury minimisation.

#### Rationale

Carers SA provide the following compelling statistics: there are 227,700 family carers in SA including 41,290 (18%) in a primary caring role. By 2031 carer numbers will rise by 57% compared with 160% increase in the number of people requiring care. Primary carers are amongst the poorest of Australians with 37% reliant on government pension or allowance for their income.<sup>16</sup>

Carers will become even more essential to the success of aged and community service programs, as the demand for services increases and the funding for service contracts come under pressure from inadequate indexation or increases in general funding. However, carers themselves will be older and increasingly frail so that the informal support they bring to community services will diminish if funding is not made available in ways that are relevant and valuable to them.

The potential impact of the new Commonwealth Aged Care Funding Instrument (ACFI) for residential care is yet to be established; however, due to the funding being targeted at people with higher needs, people who would previously have moved to a residential facility may remain in the community longer, thus having a greater impact on family carers.

<sup>15</sup> *Family Carers Recognition and Support State Budget Submission 2007-2008*, Carers SA, 2007

<sup>16</sup> *State Budget Submission 2008-2009*, Carers SA, 2008

## 5. Making South Australia Fairer for Older People (cont'd)

### H. Rural and regional issues

#### ACS Vision for rural and regional aged care in SA

*Appropriate models of service and support for rural and remote areas that can be developed, implemented and supported.*

#### Background

Substantial attention has been given to demographic change in Australia but not specifically to its rural dimensions. A joint ACSA and National Rural Health Alliance discussion paper<sup>17</sup> outlines the issues: "Country Australians are already facing, to a larger extent than their city cousins, the consequences of an ageing population broadly foreshadowed for Australia's general future. Factors such as social isolation, fewer economic means to plan for retirement, and limited access to transport, residential and community care, medical and preventive health care mean that many rural older people are coping with these consequences by themselves. To date there has been little specific policy action to assist rural communities with the impact of these trends."



<sup>17</sup> *Older People and Aged Care in Rural, Regional and Remote Australia*. National Rural Health Alliance/ Aged and Community Services Australia, 2004, page 5.

#### Recommendation 28:

That the State Government consider the following actions recommended by ACSA and the National Rural Health Alliance in relation to State issues:

- Negotiate with Commonwealth colleagues to consolidate quality and accountability systems to enable integrated service models to operate efficiently and effectively, thus eliminating duplicative and/or inappropriate requirements.
- Support hospitals and health services to undertake improved discharge planning and to provide appropriate support for older people returning to their own home, or to a residential aged care facility, in a rural or remote area.
- Provide funding for improved transport services and facilities for older people in country areas, including for helping them to access services. This should include assisted transport for the elderly.

#### Rationale

In essence, different service models with appropriate funding levels are required for rural and remote areas. Providers cannot deliver the same level of service when workers have to travel extended distances. This creates inequities for rural and remote communities.

## I. Older people with diverse needs

### ACS Vision for people with diverse needs

*Recognition of the significant numbers of older people who have diverse needs and meeting those needs in a coherent and consistent manner.*

#### Background

There are significant areas of interface between ageing and other areas including disabilities, mental health, dementia, Indigenous issues and cultural and linguistic diversity.

Currently there is an array of different administrative processes for people to access services and programs relevant to their specific need. Often these processes are quite separate to the requirements for accessing support for older people. Older people with complex needs and co-morbidities do not fit into a single stream of service provision. This can result in increased costs for both individuals in accessing these services and service providers in developing and administering programs.

#### Recommendation 29:

That the State Government work with the aged care sector to develop a whole-of-government approach to providing flexible programs to meet individual needs for people who are ageing and have other diverse needs.

#### Recommendation 30:

That the State Government provide funding for appropriate training of aged care service providers in the needs of culturally and linguistically diverse (CALD) communities, given the rapid increase of older South Australians who are from a CALD background.

#### Rationale

The statistics around people with diverse needs who are ageing provide compelling evidence for a consistent approach to meeting the needs of these groups.

- By 2011, 20% of older South Australians will be from a CALD background.
- The life expectancy of people with disabilities has been increasing with advances in general health and medical treatments. In addition, some people with disabilities experience the onset of age-related conditions (such as dementia) at a much earlier age.
- The incidence of dementia is expected to increase. Currently one in every 100 Australians aged 65 has symptoms of dementia, rising to one in four for people over 85 years. As the population ages, the number of people with dementia will increase proportionally.<sup>18</sup>
- Chronic diseases are highly prevalent in Australia, reflecting the long-term nature of most of these conditions. The leading causes of chronic disease in Australia are: coronary heart disease; stroke; lung cancer; colorectal cancer; depression; diabetes; asthma; chronic obstructive pulmonary disease; chronic kidney disease; oral diseases; arthritis and osteoporosis.<sup>19</sup>
- There are increasing numbers of older people with mental health issues. The ABS reports that prevalence of mental health problems is approximately 10% of people aged 75 years and over. Organic mental health problems (cerebral disease, brain injury or other trauma leading to cerebral dysfunction and dementia) are more prevalent among those 75 years and over (affecting 1.9%), than among those aged 65-74 years (affecting 0.2%).<sup>20</sup>

<sup>18</sup> *Improving with Age – Our Ageing Plan for SA*, Government of SA, 2006

<sup>19</sup> AIHW Chronic Diseases - [http://www.aihw.gov.au/cdarf/diseases\\_pages/index.cfm](http://www.aihw.gov.au/cdarf/diseases_pages/index.cfm)

<sup>20</sup> <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4824.0.55.001>