ISSUES PAPER

CARE FOR OLDER PEOPLE IN THEIR HOME



The Illawarra/Shoalhaven region has a significant ageing population. The region is particularly attractive to older people as a retirement location due to the natural surroundings, proximity to Sydney and Canberra, and plethora of leisure and lifestyle activities.

The region has many respected, high quality and innovative aged care providers, as well as access to good healthcare and research institutions that are developing the region into a centre of excellence for aged services.

Currently however many older people are missing out on the care they require in their homes due to the undersupply of Home Care Packages (HCP) and the fact that Commonwealth Home Support Program (CHSP) providers are at capacity.

CHSP providers are at capacity because:

- People are unable to move to a HCP from CHSP due to undersupply of HCP packages.
- Co-contribution varies considerably within CHSP with some providers charging no co-contribution. When co-contribution is not levied, this leads to clients refusing to move from CHSP to HCP because they will have to pay, despite needing the increased level of service.

LOCAL SNAPSHOT

- Illawarra/Shoalhaven region has a higher than average population of people over 65 years of age, particularly in Kiama 18.8% and Shoalhaven 21.2% (NSW 13.8%).
- By 2031, the population of the region is expected to increase by 65,000,
 one in four of whom will be aged over 65.
- By 2021 there will be
 a 32% increase in the
 population 65+ and
 a 52% increase in the
 population 85+ (higher
 than NSW and Australian
 averages).
- As of June 2017, 785
 people had been
 approved for a Home
 Care Package but were
 not assigned a package
 (i.e. not receiving a
 package).



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 Wellness and reablement practice is still not embedded into practice, meaning people are receiving CHSP services for longer periods.

In addition, many older people are finding the current client communication system through the My Aged Care Portal and subsequent letters extremely confusing.

Many older people find the terminology difficult. Letters are not written in plain English, and the distinction between approved and allocated is unclear.

The impact is that people are not getting HCP or CHSP services when they need them. This is leading to:

- People going without the services they need, increasing vulnerability and preventable hospital admissions.
- People continuing to access CHSP services whilst they wait for HCP, thereby preventing others from accessing CHSP services.
- Families or others procuring private services, which are financially unsustainable, leading to financial stress.

RECOMMENDATIONS

- Ensure timely and adequate release of Home Care Packages to meet demand.
- Institute a transparent waiting list system where clients and service providers can see their position in the queue and understand the potential waiting times.
- Recognise that these aged care reforms cannot take place within the existing funding envelope.
 Government has a responsibility to deliver a sustainable aged care system.
- Clear, simple and transparent information provided to clients or advocates under My Aged Care to ensure they are fully aware of options.
- Consistent client contributions across all of the aged care system to ensure transparency and equity.

- Block funding for certain essential services including:
 - Centre based respite: An essential service that prevents carer burnout.
 - Community Transport: Essential, particularly in rural and remote areas, to ensure social connectivity and activity.
 - Meals on Wheels: Truly "more than just a meal" this service provides social connectivity and even security for people living alone.
 - Short-term restorative care: which provides a guarantee of services, reduces the need for ongoing interventions and prevents hospital admissions
 - Home modifications: A flexible and responsive system that prevents hospitalisations and enables people to remain in their homes longer.
 - **Support for carers:** To ensure this valuable resource is supported into the future.

