

## **Willoughby City Council Productivity Commission Inquiry into Caring for Older Australians.**

---

Willoughby City Council (WCC) is a Sydney metro Local Government Organisation with a population of 63,726 across 23 square kilometres. WCC is situated in the northern Sydney region where population projections for older people are one of the highest in the nation with 14.4% of the current population of the 11 Local Government Areas (LGA) being over 65 years. 16.7% of the Willoughby LGA population are aged over 60 years.

WCC auspices a number of Home and Community Care (HACC) services:

1. Meals on Wheels
2. Linen Service
3. Social Support
4. Constant Companion (Emergency Response Service)
5. Lower North Shore (LNS) Multicultural Program for Older People (day care)
6. LNS HACC Volunteer Coordinator
7. Information and Advocacy
8. Counselling

In addition WCC has provided land and capital for partnerships to construct two aged care facilities, a dementia specific day care centre and provide a number of community facilities throughout the LGA that are essential for local older people. Council also provides rent subsidies for a number of organisations that provide services to older people in the area.

WCC has made a significant fiscal contribution to providing services and facilities to older people for many years and seek opportunities to expand these services if additional business models are available.

### **Community Aged Care**

#### Streamline service provision

Over time a complex and arbitrary system of funding HACC services has evolved in NSW and in each HACC Local Planning Area any number of organisations may provide the same service, each maintaining individual waiting lists. Consolidating the number of services that provide service types in each area would assist in decreasing duplication in infrastructure, management and waiting lists.

A standardised system would be ideal although difficult to achieve without major disruption to service provision. Local government organisations are situated throughout the nation and have local knowledge. It would be ideal for local government organisations to auspice a range of services for older people in the community. This partnership would require adequate funding from the Federal Government.

#### Provide less complex local information and consult locally

Due to the complex system of care available in NSW older people are unclear which organisation provides services in their area for community care. They most often call their local council for information and referral. Older people cannot manage automated phone answering systems, or being presented with a list of phone numbers to follow up and will give up on the process. These people decide to just try to manage as best they can and often only present to the health system at the acute care stage, earlier than would be the case if support services or allied health provision had been put in place in the community.

Council aged and disability workers, counselling or social support funded services have local knowledge and provide comprehensive information, referral and follow up. Due to the comprehensive local knowledge these officers acquire they have also been significantly involved in providing input to the regional strategic planning and HACC planning processes.

These positions have received HACC funding over recent years and should continue to be funded to provide this service. **Local knowledge is imperative for planning and to provide comprehensive information.**

If Commonwealth funded 'one stop shops' are developed there must be reasonable geographic areas considered for the 'one stop shops' to cover. Keep areas small, i.e HACC local planning areas at a maximum, to provide a realistic understanding of local services and facilities. There should also be a focus on staff training with call centre staff required to visit all services and facilities to have a thorough understanding of the service provided for referral purpose. Warm answering of calls and referrals should be a minimum standard.

#### Community Aged Care Packages (CACP) and Extended Aged Care Packages (EACH)

In Sydney's Lower North Shore waiting times for ACAT assessment and aged care packages have been unreasonably lengthy. **ACAT assessment waiting list times have traditionally been up to 9 months.**

**More alarmingly, Northern Sydney has had unmanageable and inhumane waiting list times for CACPs, EACH and EACHD packages. Waiting times range from 6 months to 18 months, with the EACH and EACHD recipients waiting the longest periods.**

Due to the lengthy waiting time for packages HACC service providers have been required to continue to provide services to clients who require a higher level of care. Duty of care requirements for HACC staff are often exceeded and older people assessed as requiring a high care level of service are struggling to survive at home. Many of these people pass away or are forced into care before their packages become available.

**A realistic distribution of packages is required across the state. Using smaller geographic areas to evaluate need is essential.** There needs to be a mechanism for additional resources to be available if waiting lists become longer than 2 weeks.

#### IT, accountability and measuring success

The current MDS system of accountability and measuring success has been problematic for many years. Additional training, tighter regulation and loss of funds for non compliance should be considered. Collection of data should be more reliable and valid for planning purposes. Data received through MDS is regularly unreliable.

**A comprehensive client management system is required** that is linked with other areas of the health system. **HSNET has failed in NSW.** Secure client information should be available throughout the sector.

#### **Residential Aged Care Facilities**

Older people require places in aged care facilities in the area of their choice, be it within the area they have lived for many years or close to family who have moved away from the family home. This choice has not been available for many. There has been a **shortage of beds in high care and dementia specific facilities in the Sydney's Lower North Shore area**, although no residential places have been made available by the Department of Health and Ageing in Northern Sydney in the 2008-2011 funding period.

It is clear that an **alternative analysis of need is required** to the current process. Smaller geographic areas should be determined rather than the Statistical Local Areas currently used to assess need. **Local knowledge should be included in the process.**

Appropriately trained staff, in particular an increase in the ratio of registered and enrolled nurse to resident, is required in aged care facilities along with a more robust method of

assessment of adherence to regulations under the applicable Act. **More regulation and quality control is required.**

**Funding and partnership opportunities for infrastructure** should be available to resolve the need for private investment, which results in higher costs for consumers. **Local government is well placed to take on a leadership role in such partnerships.**

**Ageing in place facilities**, with provision for high care and dementia, should be a minimum requirement for residential facilities. **Financial incentives should be provided to Local Government to plan and develop infrastructure for the ageing population, in particular the increase in people suffering with dementia.**

#### **New Initiative to be considered**

One of the strategies to assist the construction of aged care facilities in the local community is to make available interest free loans to local government. The majority of councils have land, however do not have the funds to construct a centre/building. Councils could contribute the land if state/federal government contribute the funds. Once the development is constructed and the aged care home units or service is sold, the interest free loan can be repaid.