

Ngairé Brennan  
Kiama Downs NSW 2533

Submission to the Productivity Commission.

I have worked in the Aged Care for many years and offer the following and I offer the following points for consideration of the Productivity Commissions *Caring for Older Australians* Public Inquiry.

- Access to an aged care assessment for all older people who request an assessment by Aged Care Assessment Teams (ACAT). Presently waiting lists for assessments vary from region to region and also over time. There is a push now for KPIs to met rather than a holistic, person centred approach. Over the past 6 years, it has not been uncommon for these ACAT waiting lists to exceed 16 weeks. During the past few years a number of approaches have been engaged to reduce the waiting time in South Eastern Sydney Illawarra Area Health Service and include:
  - An additional clinician for limited time (18 months) resulted in reduced waiting times to 6-8 weeks; however the reduced wait time was unsustainable and wait time increased within 12 months
  - NSW Health in 2009 employed contracted clinicians for approx 8 weeks to do aged care assessment to reduce waiting lists. This was project was time limited and although ACAT waiting lists were reduced, the waiting time for assessment was not significantly reduced nor were there extra services available. This approach only moved the 'wait list' from waiting to be assessed to a wait list to access for services.
  - Shoalhaven/Illawarra ACAT are now reducing the waiting time for assessment by triaging at intake. During triage older people are deemed ineligible for ACAT assessment if they do not require assistance with personal care ie showering. This is in breach of the Packaged Community Care Guidelines that include a requirement of needing personal assistance with a variety of activities. Personal care is not mandatory.
- A system where the Government funding for aged care is allocated to the person. This would provide portability and allow for people to move and take the funding with them. Funding should increase with the level of assessed care needs. For example; an older person is deemed eligible for an aged care services from a low level HACC service such as domestic assistance. This level of care is sufficient to meet the needs until an event resulting in an increased care needs when a Community Aged Care Package is deemed to be appropriate to meet the increased care needs and the person wishes to remain in the community. and , the funding should increase as care needs increase
- Government funding for community services should increase in line with CPI as a minimum
- Care recipient contributions to care packages should either be abolished with Government funding increasing to offset this contribution, or the care recipients required to pay their contribution.

- Adequate pay to attract and retain aged care workers.
  
- Consider introducing an accommodation bond for residents in high care facilities. Under the current system, bonds are only chargeable in low care facilities and extra services (not extra care) facilities. The current system that provides access to residential care for people with assets under a deemed threshold should remain. An introduction of bond payments when entering high residential high care would aid in providing capital to ACFs to better maintain and upgrade their facility and provided added money for resources including staff.

I hope my comments provide some further insights into the industry.

Regards

Ngaire Brennan

30/07/2010