

**SUBMISSION TO PRODUCTIVITY COMMISSION INQUIRY:  
CARING FOR OLDER AUSTRALIANS**

**NSW GOVERNMENT**

**August 2010**

## 1. Purpose

The NSW Government welcomes the opportunity to make this submission to the Productivity Commission Inquiry: Caring for Older Australians. The primary contributors to this submission are the NSW Department of Human Services and the NSW Department of Health.

The fundamental principle underpinning the NSW Government's submission is that all older people are entitled to timely and equitable access to services which support their ability to remain as independent and healthy as possible and to participate in community life. The submission provides an overview of existing service provision and models of care in NSW and identifies some of the key features of a sustainable care and service system designed to improve service delivery and to meet the needs and expectations of older people, their families and carers.

## 2. Background

NSW is the most populous state in Australia, with around 7.17 million residents of whom approximately 1.03 million (around 14.4%) are aged 65 and over. Approximately 723,000 (around 10%) are aged 70 and over. The number of people aged 70 and over in NSW is projected to grow by approximately 35% to 980,000 by 2020 (NSW Department of Planning, 2008). The size and rate of growth of the older persons cohort underscores the importance for NSW of ensuring that public policy and service delivery arrangements anticipate and respond appropriately to the diverse interests, needs and preferences of older people, their families and carers.

The NSW Government is a large provider of services used by older people, including specifically targeted aged care services. Such services include but are not limited to:

- Hospital inpatient, outpatient and ambulatory care services, including community health services
- Specialised health and aged care services for older people, their families and carers
- Post acute hospital services
- Comprehensive assessment services by Aged Care Assessment Teams (ACATs)
- Transitional Aged Care services, both residential and community based
- State funded residential aged care services (small cohort)
- Longer Stay of Older Patients (LSOP) programs in public hospitals
- Multi-Purpose Services in rural areas
- HACC Community and HACC Health services
- Commonwealth community and flexible care packages
- Disability services
- Provision of aids and equipment for people with disability, as well as home modifications

The ageing population in NSW is already creating a changing profile of needs, with growing demands being placed on a range of health, community and aged care services. Ageing in place continues to be the goal for most people as they age. Issues relating to personal preference, safety, quality of life (including for carer/s), affordability, finite resource availability, and equity of resource allocation must all be weighed up in decisions about the most appropriate care arrangements for individual older people. These are rarely easy decisions, particularly where they reflect a progressive increase in a person's frailty and dependence on others.

In planning for the future end-to-end system of aged care in Australia, there is a need to ensure that the strengths of current service delivery arrangements are retained and incorporated in the national reforms of funding and governance structures in health and aged care. The emerging challenge is to meet the anticipated demands of a growing cohort of older people for smooth transitions between services as they are needed over time.

NSW has a range of innovative and successful health, housing, community care and support service models in operation that warrant close examination in the design of future service systems.

### **3. Challenges for the proposed aged care reform process**

All services aimed at supporting people to live as independently as possible in their own homes must be of acceptable and appropriate quality and safety. The means chosen for assuring this are important. It would be counterproductive to implement a regulatory system that proved to be inflexible and burdensome, and served to inhibit delivery of the breadth and variety of services required to facilitate independent living.

To guide planning, decision-making and implementation of national health, community care and aged care reforms, NSW strongly recommends the development of a set of national guiding principles to assist the transition to a new way of funding, organising and delivering health, aged care, primary care and disability services.

Any reform of the aged care system should be aimed at achieving better linkages and smoother transitions between services as and when needed by older people. It will also need to: promote well-being, including independence, through a person-centre, enabling approach; increasingly emphasise prevention and early intervention; give stronger recognition to the role and importance of carers; and provide holistic and seamless continuity of care across health and aged care service sectors. Evaluating these outcomes will be important.

#### *3(i) The definition of aged care*

In this period of reform it will be critical to ensure all parties are speaking the same language. In particular, there is an urgent need to address and clarify the definition

of aged care. The Productivity Commission's Issues Paper distinguishes care services for older people delivered in community settings and residential accommodation from care and rehabilitation provided in hospitals and community health care settings. This is not a distinction which is or should be immediately obvious to an older person. The differences between "aged care" and "health care", or even "aged care services" and "services used by older people" can be elusive, and arguably would mean more to policy makers, funders and providers than to consumers.

In the health care system, for example, the full array of health services – from emergency and acute hospital inpatient care, through subacute and ambulatory care, to domiciliary care – is available to and used by people of all ages. Older people typically have a disproportionately high rate of utilisation of these health services compared to their population share. In NSW, people over 65 years account for:

- 14.4% of the population
- 48% of acute inpatient bed days – projected to rise to 52% by 2011
- 36% of acute inpatient separations – at greater than average cost and increasing cost with age (the cost for those over 75 years is 60% greater than the average)
- longer average stays in hospital – 4.9 days compared to 2.7 days for people under 65 years (NSW Health data).

The resources required to provide the above health services are significant and represent a growing proportion of health budgets. Included in the wide range of health services used by older people is a subset of specialised clinical services for older people. Practitioners (doctors, nurses, allied health professionals) in Geriatric medicine provide specialised acute, subacute and ambulatory care services for those older people who have multiple co-morbidities and complex health needs.

The above information not only highlights the subtle difference between services used by, and services for, older people, but also underlines the importance of taking both of these categories into account when seeking to understand the full scope of needs and services associated with this age cohort. Concepts including wear and tear surgery, restorative therapy, quality of life years and advance care planning are all pertinent to redesigning an aged care system which will be accessible, affordable and sustainable in the years to come.

### *3(ii) Continuity of care and the linking of services*

The challenge for the new Local Hospital Networks (LHNs) and Medicare Locals will be to ensure that they facilitate the continuity of hospital and primary care services for older patients/clients. Health related sub-acute and post-acute care is often provided in a community setting. The structure, location and functions of the new

Aged Care One Stop Shops will be critical to ensuring streamlined access and smooth transitions between all government care services, and desirably with non-government services as well.

Older people require specific attention as they enter and exit health, aged and community care service networks. The links between the broader aged care services and older persons' health services are complex. Ensuring strong links between the new Aged Care One Stop Shops and the intake and assessment processes undertaken by specialist health services for older people will be crucial. One Stop Shops will also need to provide clear and comprehensive information to both consumers and providers about the responsibilities of each level of government and the services available from each.

### *3(iii) Intake and assessment*

Conceptually, the point of entry or intake to any system is the least differentiated screening point. As referrals are made and people start to work their way through a service system, information and services offered become increasingly specialised. It is the nature of more specialised services to become more 'silo-like' and the need for 'deep' connections between services emerges. Hence the process moves through a continuum of assessment: from screening and triage through broad and shallow assessment to narrow and deep (specialised, focused) assessment and finally to broad and deep (multi-domain, holistic) comprehensive assessment. This last process is conducted by geriatric medicine clinicians in inpatient, ambulatory and community settings and by Aged Care Assessment Teams (ACATs).

The placement of ACATs in the new structure (involving Local Hospital Networks, One Stop Shops and Medicare Locals) will need to be very carefully considered. Preservation of the ACATs' integral role in specialist health service provision for older people must be a priority, with due consideration being given to ensuring the required clinical governance arrangements, staff recruitment, training and support, flexibility and efficiency. The ACATs' role in ensuring that older people are not prematurely and inappropriately placed in residential aged care is a vital one, and in NSW, is carried out as an integral part of the ACATs' specialist care provision.

### *3(iv) Implementing the National Health and Hospitals Network Agreement - the HACC "age split"*

It will be important to ensure that age (and in particular, the shift in government responsibility at 65 years old) does not become an artificial barrier to accessing appropriate services for people with significant functional and/or cognitive disability and people with other complex care needs. Establishing a system of care circumscribed by the clients' ages presents the risk of creating a system which discriminates on age, with potentially significant impacts for people as they age. Older people are not a homogeneous group. Individuals within this cohort are differentiated along many continuums including degrees of physical vigour or frailty,

cognitive alertness or diminishment, independence or dependence. In the same way as any other age cohort, older people vary across multidimensional scales in relation to their physical and mental health, their cognition and social competence. There will be many 'grey' areas in moving to an aged care system where the State government has responsibility for the under 65 age cohort and the Commonwealth has responsibility for those 65 years and over. Service providers seeking to provide seamless care for the same clients over a number of years may be particularly affected by this reform.

Existing target ratios of numbers of Commonwealth subsidised aged care places per 1,000 aged population, whilst taking into account growth of the aged care population, are not a 'needs based ratio'. Rather, they are standard unweighted ratios applied equally across the Australian population. NSW is not aware of any robust research indicating that the target of 113 places per 1,000 people aged 70 years or over is sufficient to meet the care needs of that population. In light of the agreed "age split" at 65 years, will the target ratio now be applied to the 65+ rather than the 70+ population? Increasing age is a risk factor for increasing frailty. Should the target ratios more closely reflect the (generalised) requirements of sub groups of older people, for example those 65-74 years, 75–84 years and those 85 years and over?

It is pertinent to note that the average age of entry to permanent residential aged care is 82 years for both men and women and that in 2005, only 15% of people aged 80 years and older were in residential care (DoHA, 2008). The vast majority of older people live independently in the community with no formal support. Their health and personal care needs are met by general medical, surgical, dental, nursing, allied health, pharmacy and complementary therapy services, as well as personal and general support services (eg. hairdresser, home maintenance).

The availability of aged care places has a material impact on public hospital service utilisation, with a significant number of older people being accommodated in public hospitals in the absence of appropriate aged care services. This experience is especially prevalent in rural and remote areas.

### *3(v) Younger people with disability*

Dividing policy, funding and service delivery responsibilities between two levels of government based on an age limit for clients may also increase the vulnerability of, and jeopardise the wellbeing of individuals younger than 65 whose needs may more closely match those met by aged care services. Younger people with a disability often experience the signs and symptoms of ageing at an earlier age than the general population. The situation is complicated, however, by difficulties associated with distinguishing aged-related and disability-related needs. Of course, for the individual concerned and their family, addressing their needs – whatever their origin – is far more important than classifying them.

Access to aged care services may also be required for some younger people with rapid degenerative diseases, co-morbidities and other conditions characterised by premature ageing. Younger onset dementia is one example where the number of people affected is expected to increase over the coming years concomitant with population growth. A reformed aged care system will need to take this cohort into account. It will be important for the Commonwealth, States and Territories to work together to ensure that artificial barriers are not created and that younger people with a disability are not disadvantaged in gaining access to Australian Government aged care services when appropriate.

The application of an arbitrary age limit without reference to individual need would be problematic and would increase the risk of people falling through the cracks and missing out on required services and/or receiving inappropriate services that are poorly matched to their needs. People under the age of 65 years are especially vulnerable to this risk.

### *3(vi) A skilled, well-distributed workforce*

The reformed aged care system will also need a skilled, stable workforce that is responsive to changing demands and is supported by a strong volunteer sector. As aged care services and disability services often draw from the same workforce and cover the same geographical regions, the NSW Government believes it will be important to maintain a workforce with certain core skills in common. This is a strength of the current system and allows economies of scale to be achieved. In addition, many health and aged care services – for example, virtually all Home and Community Care (HACC) services - are dependent on a large volunteer workforce funded by relatively small ‘seed grants’ which allow delivery of a large range of services to older people as well as younger people with a disability (refer below).

Building and retaining a skilled and appropriately trained workforce will remain a major challenge into the foreseeable future. A reformed aged care system will need to employ innovative thinking and flexibility in terms of recruiting, retaining, training and supporting workers needed at all levels, including support workers who are able to enhance the capacity and encourage retention of workers providing direct care. The ageing workforce itself may be able to become part of the solution if mature aged workers can be encouraged to stay working in the aged and community care sector with the right levels and kinds of support (2010 NSW HACC Workforce Project, *unpublished*).

### *3(vii) Carers and volunteers*

The important role of carers and volunteers in supporting older people and the health and aged care sectors as a whole must continue to be acknowledged, sustained and facilitated.

Carers will need assistance in their own right with planning for the future, and support services to help them deal with their ongoing caring role as they themselves age (MHIRC, 2009). Aboriginal and Torres Strait Islander people are more likely than other Australians to be caring for another person with a disability, long term illness or problems related to ageing (ABS/AIHW, 2008). Furthermore, many Aboriginal carers have to contend with significant social disadvantages, such as lack of transport, compounding their difficulties accessing services.

### *3(viii) Meeting legislative guidelines*

There are lessons to be learned from how well the current aged care system meets the objectives of the Aged Care Act 1997 and Principles, and the Home and Community Care Act 1985.

In the context of residential care, both ageing in place and the provision of a 'home-like environment' present very real challenges to service providers and if not realistically managed, can put the practical delivery of clinical care at risk and impact negatively on client outcomes.

The Commonwealth, with support from States and Territories, has driven an ageing-in-place philosophy, and particularly in the residential aged care sector since 1997. There are now signs that the number of older residents seeking to move from low to high care in the same residential aged care facility has levelled off which may suggest the capacity of existing low care facilities has been reached and/or that more older people are ageing in place in the community and only entering residential care when they need high level care that cannot be provided in a domestic environment.

Supporting older people to remain healthy and independent for as long as possible in the community is also placing growing demands on the capacity of the health, community care and aged care systems to provide access to aids, equipment and home modifications in response to the increasing needs of individuals as they age. Continuing research and innovation in terms of the bundling of accommodation and support is essential. Gradual promulgation of agreed design principles for new dwellings or renovations could, over time, assist not only people with some form of disability to remain in their own homes but also the many people wanting to age in place.

As lack of access to transport is a major barrier to accessing services, accessible and affordable public and community transport is essential and will become a higher priority for governments and local communities as members of the 'baby boomer' generation are required to relinquish their driver's licences.

There are also practical limitations to clients exercising freedom of choice, particularly where demand outstrips supply. Assistance is needed for both clients and service providers to understand what is reasonable in terms of expectations

around choice, particularly when a preferred service or residential facility is geographically distant from the family and carers of the older person. With the shift towards client-directed care, more education will also be required to support clients, service providers and carers in the exercise of informed choice around options for accessing care. Aged Care Assessment Teams have historically played an important role in helping older people, their families and carers to understand their options and make informed decisions about care and arrangements.

One particularly important aspect of seeking to provide holistic care relates to addressing the needs of younger people with disability as they age. As the lifespan of people with disabilities continues to increase, a new group of aged care clients is emerging. There is a risk, in the absence of careful planning, of an alternative aged care system evolving for people who have a disability before they reach the age of 65 years.

The NSW Government therefore sees it as critical that the Productivity Commission ensures that its findings and recommendations from its two current Inquiries – investigating disability and aged care respectively – are consistent.

The NSW Government is also keen to see social exclusion addressed as an issue affecting the wellbeing of individuals and their capacity to remain healthy and independent as they age. The provision of flexible access to community and support services is critical to helping people maintain social networks and retain independence, particularly if their functional capacity is declining.

### *3(ix) Interdependence of service systems*

The service systems utilised by older people are interdependent such that changes in one sector have substantial flow-on effects on other sectors. For this reason, aged care policy will need to embrace community health, hospital, disability, social housing and transport policy and services. Given the projected ageing of the population, it will be imperative that service availability keeps pace with the increasing demand for services and that frail older people are not required to stay, for example, in disability services longer than necessary due to a mismatch in the allocation of Australian Government community or residential aged care places.

One source of funding is often not sufficient to sustain service delivery and, at a local level, discrete service provision within tightly defined programs is not always viable. Lessons should be learned from the experiences of HACC and disability services which leverage off each other to achieve economies of scale with multi-service options and cross-functionality. Further, all levels of government will need to work together to achieve coordinated policy directions and actions.

There will be many challenges inherent in integrating different but overlapping service philosophies and it will be important that the interface addresses differences

in the care and service delivery models employed in the health system (clinical model) and the aged care service system (social/community services model).

### 3(x) *Special needs groups*

The NSW Government recognises that there are specific challenges in ensuring that the aged care needs of certain population groups are appropriately met.

#### ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

The shorter lifespan of Aboriginal and Torres Strait Islander people makes it essential to identify rehabilitation and early intervention models able to be adopted within aged care services to better meet their needs. Culturally sensitive and flexible service and support options accommodating Aboriginal people's movement around the country are needed at the lower end of the care scale with access to other service models as the complexity of care needs increase over time.

The provision of culturally appropriate and cultural competent health and aged care services for Aboriginal people must also take account of their expectations and perceptions of such services. For example, assessment and care services can be seen as intrusive rather than supportive, depending on the way in which they are offered and provided.

#### OLDER PEOPLE WITH LOW INCOME LIVING ALONE IN PRIVATE RENTAL HOUSING

This group typically has difficulty paying for services and prescribed medication after meeting basic costs of living. Their access to aged care support services is easily compromised by transport difficulties and any cost of living increases (Commonwealth of Australia, 2010).

#### OLDER RESIDENTS OF SOCIAL HOUSING

Tenants of social housing require access to appropriate aged care services to ensure that their tenancies are sustainable. The services must be appropriate to the needs of a range of different population groups. Notably, older Aboriginal people are more likely to live in social housing than older people generally, and also face challenges in securing appropriate aged care services.

Older people in social housing have diverse needs for aged care services. As well as having low incomes, many have entered social housing as a consequence of disability, family breakdown, insecure accommodation and/or other social and health problems (Commonwealth of Australia, 2010). These life experiences and conditions mean that some tenants will have characteristics resulting in difficulties accessing appropriate residential aged care. For example, previously homeless people with high support needs can face challenges obtaining residential aged care.

## PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) COMMUNITIES

For people from culturally and linguistically diverse (CALD) communities, the significant challenge will continue to be around access to interpreters and the need for additional time to allow interpreters to build trust with their older clients, their carers and families. Given the diverse number of cultural groups within NSW, community based care must be delivered in flexible and innovative ways to take account of language and English proficiency differences, geographical dispersion, isolation, and community supports and infrastructure. While strong partnerships and community engagement within the different cultural groups will be important, aged care services for people of CALD communities may be better geared to strengthening individual and family resilience, including prevention and early intervention within their homes or those of their families.

## NON-METROPOLITAN COMMUNITIES

People living outside urban centres (including coastal towns with a high aged profile, rural areas and remote areas) can experience additional difficulties in accessing aged care and related services. This includes access to community transport.

### *3(xi) Planning and data systems*

The monitoring of services developed for and used by older people is essential for responsive strategic planning and accountability purposes. The current maintenance of separate data bases, for example, for the Aged Care Assessment Program Minimum Data Set (MDS) and the HACC MDS, limits the usefulness of routine performance and activity reporting for the purposes of accountability and transparency. Combining these data bases and using consistent data definitions will facilitate future monitoring of access to and use of services by older people and help identify any gaps in service delivery. Future planning and resource allocations in the reformed aged care system will need to be based on sound and accurate data and evidence. The reformed system should be sufficiently dynamic to encourage trialling of new approaches and adapting of current practice based on lessons from all Australian jurisdictions and internationally.

## **4. Recommended directions**

The NSW Government believes planning and change will need to occur at a number of levels in order to significantly enhance individual independence and positively impact on the support and well-being of people as they age. This includes recognition of the major potential role of the private sector in promoting healthy ageing and helping to manage future demand and cost pressures on government services (Industry Commission, 2007). The reformed aged care system will need to ensure that links between service delivery systems are seamless. Policy and service decisions made in areas such as transport, housing, the built environment and employment, while appearing to be separate from aged care, may well be stronger determinants of what aged care services are needed than an individual's functional

capacity. Planning must also take into account the future service needs of people with dementia.

#### *4(i) Person centred enablement as a guiding philosophy of care*

NSW is keen that efforts should continue to be directed towards ensuring that the aged and community care system is more person-centred, with a focus on the strengths of the individual rather than on deficits and diagnoses. Person-centred care in combination with an enabling approach that focuses on what the individual can do and wants to be able to do rather than on 'doing for' them is known to enhance their autonomy and independence (Ryburn et al, 2007).

#### *4(ii) Strengthening a preventative approach*

Health promotion, illness prevention and early intervention strategies are known to improve health outcomes for individuals, as well as being cost effective and having social benefits (Diefendorf and Goode, 2005; Valentine and Katz, 2007; Hebbeler et al, 2007). An increased focus on these types of interventions will necessitate a change in thinking that directs attention more towards factors that can contribute to healthy, independent ageing. Timely access to general practice and primary health care services is vital for older people, to monitor their health and wellbeing, assist them in maintaining wellness, support their (and their carer's) self-management of existing health conditions, and to take early steps to avoid, minimise or delay complications and deterioration.

#### *4(iii) Specialist health services*

As older people are high users of inpatient and non-inpatient health services, there will be a growing demand for specialist health services as core clinical services provided for older people. These clinical services span the spectrum from the emergency department, to inpatient acute and subacute care, to ambulatory settings, to domiciliary interventions through to residential aged care facilities. A reformed aged care system will need to coordinate care and manage the transitions in the older patient's journey between settings of care provision, with efficient and effective deployment of resources and improved patient outcomes.

It will be vital that the COAG health and aged care reforms avoid the risk of fragmenting existing specialist health services for older people. The challenge will be to ensure that the proposed aged care system maintains the historically close integration of health and aged care services in order to continue best practice management of complex older people with physical and/or cognitive impairments, whether in the inpatient, ambulatory or domiciliary setting. The viability of specialist clinical teams will also be an important consideration in the organisation of Local Hospital Networks.

Particular attention should be given to the valuable role of the Transition Care program. In addition to helping avoid premature admission to residential aged care,

this program makes an important contribution to patient movement through ambulatory settings and can extend the continuum of sub-acute (rehabilitation) services for older people, facilitating their successful return to independent living in the community.

Community care services also provide cost effective options for helping to support people's increasing preference to stay at home longer. Providing such supports as are currently offered through the HACCC program can not only avoid or delay premature admission to long term residential care but also significantly help support independence, social participation and social inclusion.

#### *4(iv) Consistency of assessment*

NSW supports the goal of streamlined entry and assessment and seamless transition of care for clients, and at the same time is aware that the 'no wrong door' approach will require work to ensure single entry points do not act as a disincentive to clients making contact through a range of access mechanisms. The assessment of an individual's needs, rather than the available services, should drive the delivery of appropriate services. Consistent use of tools and processes are needed to ensure similar outcomes for clients with comparable needs but NSW does not believe that achieving national consistency requires the adoption of a national assessment tool.

NSW supports the notion of ACATs being part of a 'virtual' One Stop Shop. Currently a significant number of referrals received by ACATs are for service information or basic services and they would be more appropriately handled by the One Stop Shop. However ACATs which are currently in health service networks need to maintain their access to clinical supervision, client medical records and the back-up of a specialist multidisciplinary team. NSW does not believe it will be possible to maintain the quality of ACAT services without these supports in place.

#### *4(v) Community goodwill*

It will be important for the Commonwealth, States and Territories to work together to ensure that appropriate transition arrangements are in place to support agreed changes to health services and community aged care in such a way as to provide for continuity of services and minimal disruption in the wide range of networks that have been developed in the health, community and aged care sectors over a long period of time. Significant investment has been made in NSW to develop the capacity of the non government not for profit sector, particularly in rural and remote communities where community involvement and volunteer input make a significant contribution. Any perceived threat to longstanding local relationships could result in community disengagement and loss of community goodwill, with far-reaching and potentially expensive consequences. In particular, one of the great strengths of a diverse service sector in which smaller service providers play a key role is its flexibility and

capacity to respond. This responsiveness provides a safety net for many frail aged people, enabling them to live more confidently at home.

#### *4(vi) Regulatory and fiscal implications*

The proposed reform of the aged care system will need to have an optimal mix of government and industry regulation with a reduction in red tape forming an important component of streamlined service provision. Standardised procedures and consistent reporting requirements across jurisdictions and agencies will be an important goal, and should be phased in over time.

The NSW Government believes that, in assessing the fiscal implications of any change to aged care roles and responsibilities, the Productivity Commission should undertake a Social Return on Investment (SROI) analysis, including a consideration of social capital, to complement a traditional cost-benefit or cost-utility approach. Such an analysis would minimize the risk of losing the social capital, volunteers, local initiatives and small investments which will be important to achieving a viable aged and community care system in the future.

### **5. Conclusion**

The core design of any new aged care system must place the client/consumer and their family and carers at the centre of the service structure. A redesigned aged care system will need to preserve links with hospitals and community-based health and care services so that the full gamut of health, community and aged care services funded and/or provided by State governments (and the non-government sector) are maintained, strengthened and effectively linked to and integrated with Commonwealth-subsidised aged care services.

The agreed split of responsibility for Home and Community Care Services will challenge the new system to meet the needs not only of older people but also people with a disability along the life-time continuum of care and services. There are likely to be many grey areas making service delivery difficult if too rigid a line is drawn around the 65 years old age limit for clients.

In light of the significant challenges presented by the increasing number of people with dementia, in terms of family implications, financial impact and service demands, it will also be important for an end-to-end aged care system to ensure that people with dementia regardless of their age, continue to have access to dementia services, including assessment, diagnosis and ongoing management, carer education and community support.

Given the many practical reasons for linking disability and aged care services including the potential economies of scale, particularly in rural areas, a workforce with more common shared skills should be encouraged.

Both formal and informal links between aged care services and health services delivered to older people will be critical if the reformed system is to achieve seamless delivery of care between health and community care services and Commonwealth funded Aged Care services across and between all settings.

The NSW Government is keen to work with the Australian Government and other States and Territories to help build comprehensive flexible aged care services, and to strengthen the ability of local communities and mainstream services to meet the various needs of people as they age. Individual circumstances are different and decisions about policy and service delivery must not assume a one-size-fits-all approach.

The NSW Government would welcome a visit to NSW by the Productivity Commission as part of its Inquiry to view and discuss the reforms currently underway in this State, and to further discuss the challenges and options outlined in this submission.

## BIBLIOGRAPHY

Aboriginal Affairs NSW (2009) *Two Ways Together Report on Indicators 2009*, Sydney: NSW Government.

Access Economics, *Keeping Dementia of Mind: incidence and prevalence 2009 – 2050*. 2009, Alzheimer's Australia.

Aged Services Learning and Research Centre & Southern Cross University (2009) *Reablement of Older People in North Coast NSW, Report to NSW Department of Ageing, Disability and Home Care, July 2009*, Sydney: Department of Ageing, Disability and Home Care, retrieved 6 July 2010 from world wide web:  
<http://www.dadhc.nsw.gov.au/NR/rdoonlyres/39C1876A-27F6-4C70-ABAD-CAD56D4F64E1/4640/ReablementReport.pdf>

Australian Bureau of Statistics (ABS) (2007), *General Social Survey 2006: Summary of Results (ABS Catalogue no. 4159.0)*, Canberra: Commonwealth of Australia, retrieved 26 July 2010 from world wide web:  
[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/9EBEEE90D2746F45CA2572E20013BD17/\\$File/41590\\_2006.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/9EBEEE90D2746F45CA2572E20013BD17/$File/41590_2006.pdf)

Australian Bureau of Statistics (ABS) / Australian Institute of Health and Welfare (AIHW) (2008), *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander People, (ABS Catalogue no. 4159.0) / (AIHW Cat No. IHW)*, Canberra: Commonwealth of Australia.

Australian Government, Department of Health and Ageing (DoHA) (2008), *Ageing and Aged Care in Australia. Part 2: Caring for Older Australians – Overview*, Canberra: Commonwealth of Australia, retrieved 15 June 2010 from World Wide Web:  
<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-publicat-aged-care-australia.htm~ageing-publicat-aged-care-australia-pt2>

Australian Institute of Health and Welfare (AIHW) (2007) *Older Australians at a glance, November 2007*, 4<sup>th</sup> edition, Canberra: Australian Institute of Health and Welfare.

Diefendorf, M. & Goode, S. (2005) "Minibibliography: The Long Term Economic Benefits of High Quality Early Childhood Intervention Programs", *The National Early Childhood Technical Center (NECTAC) Clearinghouse on Early Intervention and Early Childhood Special Education*. Revised December 2005. North Carolina: Chapel Hill.

Elton (2009) *Aged Care Assessment Program in NSW: Key Stakeholder Consultations-Round Two Report 2009*. NSW DOH

Hales, C., Ross, L. & Ryan, C. (2006) *National evaluation of the Aged Care Innovative Pool Disability Aged Care Interface Pilot: Final report*, Canberra: The Australian Institute of Health and Welfare, retrieved 1 July 2010 from world wide web:  
<http://www.aihw.gov.au/publications/age/neacipdacip/neacipdacip.pdf>

Hebbeler, K., Spiker, D., Bailey, D., K., Mallik, Nelson, L., S., Scarborough, A., Simeonsson, R. & Singer, M..(2007), *Early Intervention for Infants and Toddlers with Disabilities and their Families; Participants, Services, and Outcomes, Final Report of the National Early Intervention Longitudinal Study*, Menlo Park, CA: US Office of Special Education Programs, SIR International, Menlo Park, CA, Section 5, p. 5-13.

Home Modification Information Clearinghouse (HMIC) (2009) *Australian National Dialogue on Universal Housing Design, Submitted by lyndalmillikan on Mon, 09/11/2009*, retrieved from world wide web on: 25 June 2010:

[http://www.homemods.info/news/2009/11/australian\\_national\\_dialogue\\_universal\\_housing\\_design](http://www.homemods.info/news/2009/11/australian_national_dialogue_universal_housing_design)

Industry Commission (1997) Private Health Insurance. Report No.57. 28 February 1997, Canberra: Australian Government Publishing Service, retrieved 2 July 2010 from World Wide Web:

[http://www.pc.gov.au/ic/inquiry/57privatehealth/inquiry\\_documents/57privatehealth/57privatehealth.pdf](http://www.pc.gov.au/ic/inquiry/57privatehealth/inquiry_documents/57privatehealth/57privatehealth.pdf)

Keyzer, P., & Carney, T., (2009). *Outcomes of the Queensland impaired competence planning pilot project*. Brisbane: Bond University.

Kent, J., Payne, C., Stewart, M. & Unell, J. (2000). *External evaluation of the home care reablement pilot project*. Leicester: Centre for Group Care and Community Care Studies, De Montfort University.

Lewin, G. & Vandermeulen. S. (2009). A non-randomised controlled trial of the Home Independence Program (HIP): an Australian restorative programme for older home-care clients in *Health & Social Care in the Community Journal*. Perth: Centre for Research on Ageing, Curtin University of Technology and Silver Chain.

McNelis, S & Neske, C. with Jones, A. & Phillips, R. (2008) *Older persons in public housing: the policy and management issues, AHURI Final Report No.121, August 2008*, Melbourne: Australian Housing and Urban Research Institute, Swinburne-Monash Research Centre.

Men's Health Information and Resource Centre (MHIRC), School of Biomedical and Health Sciences, University of Western Sydney (2009) *Older Men and Home and Community Care Services: Barriers to access and effective models of care*, Sydney: MHIRC, University of Western Sydney, <http://www.dadhc.nsw.gov.au/NR/rdonlyres/08E45F97-0A09-4915-9FE4-AB6E1CC4243E/5242/FINALREPORTHACC SERVICES AND OLDER MEN.pdf>

NSW Department of Planning (2008). *New South Wales State and Regional Population Projections, 2006-2036*, 2008 release.

NSW Government (2010). *Investing in a Better Future. NSW State Plan 2010. March 2010*, Sydney: Department of Premier and Cabinet, retrieved 21 June 2010 from world wide web: <http://www.nsw.gov.au/sites/default/files/pdfs/chapters/State-plan-2010-web.pdf>

NSW Government, *Stronger Together – Full Plan: A new direction for disability services in NSW 2006-2016*, NSW Department of Ageing and Home Care, retrieved 25 June 2010 from world wide web: <http://www.dadhc.nsw.gov.au/NR/rdonlyres/93E65784-353B-4E01-8858-303F4B247A76/1986/StrongerTogetherPlan2.pdf>

Parsons, M. (2008) *Community health and disability service developments for older people in New Zealand*, Presentation to the Department of Human Services, Ageing, Disability and Home Care's Future of Ageing Seminar Series, February 2008, Sydney, retrieved 1 July 2010 from world wide web: <http://www.dadhc.nsw.gov.au/NR/rdonlyres/30BBE880-23D4-4F0B-A381-30B72B097A69/3425/DrMatthewParsonspresentation.pdf>

Pierce, G., & Bigby, C., (2007). *The policy challenge of ageing parents of adults with a disability*. Paper presented at the Festival of International Conferences on Caregiving, Disability, Ageing and Technology. Toronto.

Ryburn, B., Wells, Y., Foreman, P. (2007) *The Active Service Model: A conceptual and empirical review of recent Australian and International literature*. Melbourne; Australian Institute for Primary Care, La Trobe University.

Tinetti, M., Baker, D., Gallo, W., Nanda, A., Charpentier, P. & O'Leary, J. (2002). "Evaluation of restorative care versus usual care for older adults receiving an acute episode of home care" in *Journal of American Medicine Association*, Connecticut. 287, pp.2098-2105.

Valentine, K. & Katz, I. (2007) *Cost Effectiveness of Early Intervention Programs for Queensland*, November 2007, Queensland Council of Social Service inc.

Commonwealth of Australia. Department of the Prime Minister and Cabinet (2010). *Social Inclusion in Australia: How Australia is Faring*. Australian Social Inclusion Board. Canberra, ACT: Social Inclusion Unit, Dept. of the Prime Minister and Cabinet.

Withall, A. and B. Draper, '*What is the burden of younger onset dementia in Australia?*' *International Psychogeriatrics*, 2009 21(SUPPL.2,s26).