

## **Submission to Senate Select Committee on Health**

This submission is presented on behalf of the Southern Fleurieu and Kangaroo Island Positive Ageing Taskforce and has been endorsed by the Executive Committee of the Taskforce. The role of the Taskforce, which was established in 1999, is to work with services that support frail older people and their carers to facilitate service reform and improve service cooperation and coordination at the regional level. The work undertaken by the Taskforce aims to result in improved quality of life outcomes for older people. Taskforce stakeholders represent diverse sectors including community care, residential services and various levels of government. The Taskforce is currently funded by the Home and Community Care (HACC) Program and local Councils and is one of twelve collaborative projects operating in metropolitan and regional South Australia.

*This submission relates to the Committee Terms of Reference:*

***c. the impact of reduced Commonwealth funding for health promotion, prevention and early intervention***

***d. the interaction between elements of the health system, including between aged care and health care***

***g. health workforce planning***

***c. the impact of reduced Commonwealth funding for health promotion, prevention and early intervention***

Recent major aged care reform is contributing to the complexities of transforming health services. In the current context of unstable reform in health care, the planning and coordination processes are not in place to ensure that GP care, community based clinical care, community health development and social care programs are adequately linked. Medicare Locals were expected to fill this planning and coordination void to ensure that clinical and social care services in the community are linked, roles between different organisations are clear and understood, and ultimately the care received by people in their community is seamless.

Regionally, the Southern Adelaide-Fleurieu-Kangaroo Island (SAFKI) Medicare Local has provided a valuable role in planning and coordination of primary care services including identifying gaps to meet local health needs, supporting local primary health care providers, facilitating education and training, as well as contributing to the provision of front-line clinical services. SAFKI Medicare Local staff are actively engaged in the Southern Fleurieu and Kangaroo Island Positive Ageing Taskforce providing a valuable link and communication channel with GPs and clinical care services, and contributing to the identification of key primary health issues in the region.

The impending cessation of the Medicare Locals Program poses a significant risk to the strong partnership which has been established linking clinical care services and community health services. The interval between cessation of Medicare Locals and the establishment of the Primary Health Networks means a period of uncertainty in primary health planning and coordination. The expected significant reduction in the number of networks could result in a more generalised approach to planning and coordination of primary care services which may be less sensitive to local needs. The Primary Health Networks may have reduced capacity to actively engage at a local level which in turn may contribute to a less cohesive network.

***d. the interaction between elements of the health system, including between aged care and health care***

The 2011 National Health Reform Agreement identified that the Commonwealth's role in the funding and provision of primary health care services was expected to increase progressively, with Medicare Locals having a vital function in this.

Recommendations of the South Australian Review of Non-Hospital Based Services (2012) included a cessation of health promotion services offered by state government community health services, with expectations that Medicare Locals, NGOs and Local Government would assume responsibility for these activities. State government community health services now focus on community based clinical care that links closely with the work of GPs and aligns with the key policy objectives of chronic disease management, hospital avoidance and population health.

Reduced Commonwealth funding for health promotion, prevention and early intervention will directly impact on the capacity to enact a reablement and wellness approach to service delivery and may lead to continued increased demand for treatment services.

***g. health workforce planning***

Health Workforce planning is at risk of becoming more disjointed as links between service providers are stretched and valuable networks are strained. This will have an obvious flow on effect at a service delivery level. Workforce development and training in the aged care sector needs to be coordinated and flexible to respond to increasing regional needs.

Major issues related to health workforce planning which have been identified are the challenges related to attracting and retaining appropriately skilled health staff in regional areas. Providers of residential aged care services have expressed the difficulty in recruiting staff with relevant skills committed to aged care work, and also the retention of highly skilled staff. These challenges may be related to the physically demanding nature of aged care work, low wages, and inadequate recognition of the value of this work. Therefore, key priorities moving forward need to include consideration of workers' aptitude for this type of work, accessible quality training, appropriate remuneration, and valuing the role aged care workers provide.