



AGED CARE ASSOCIATION AUSTRALIA

27th Annual Congress

DEVELOPING THE AUSTRALIAN MODEL FOR THE FUTURE

Robyn Batten
Executive Director
UACVT

17 November 2008



WHY WE DO NEED TO CHANGE

Demographic changes:

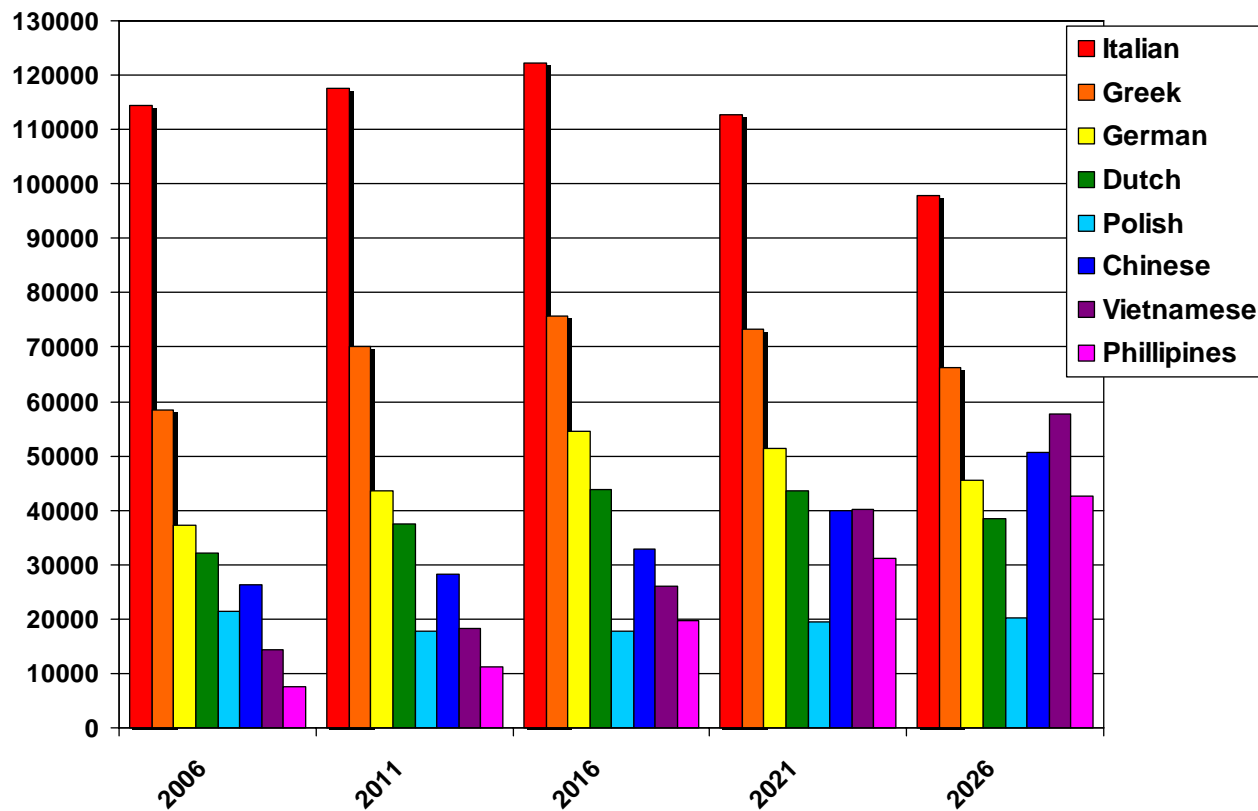
- ↪ More older people
 - Over double the number aged over 65 years by 2050
 - By 2021 a 75% increase in people aged over 85 years
 - By 2047 fourfold increase of 85+
- ↪ Increased percentage of culturally and linguistically diverse population



WHY WE DO NEED TO CHANGE

Demographic Changes

CALD in Australia (65+): The future



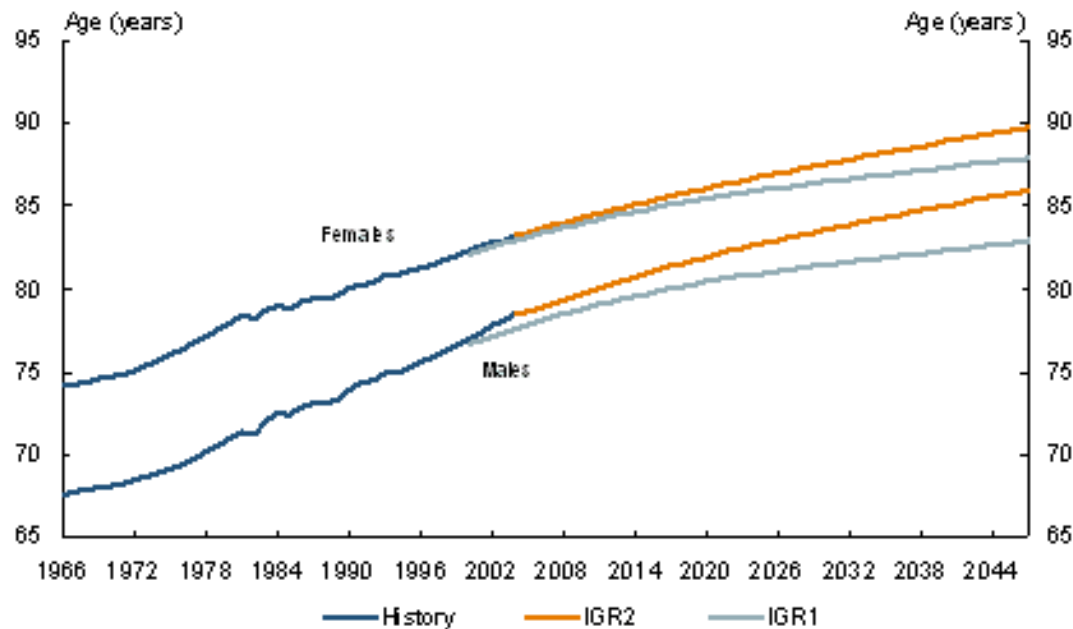


WHY WE DO NEED TO CHANGE

Living longer

(Source: Federal Treasury Intergenerational Report 2007)

Life expectancies





WHY WE DO NEED TO CHANGE

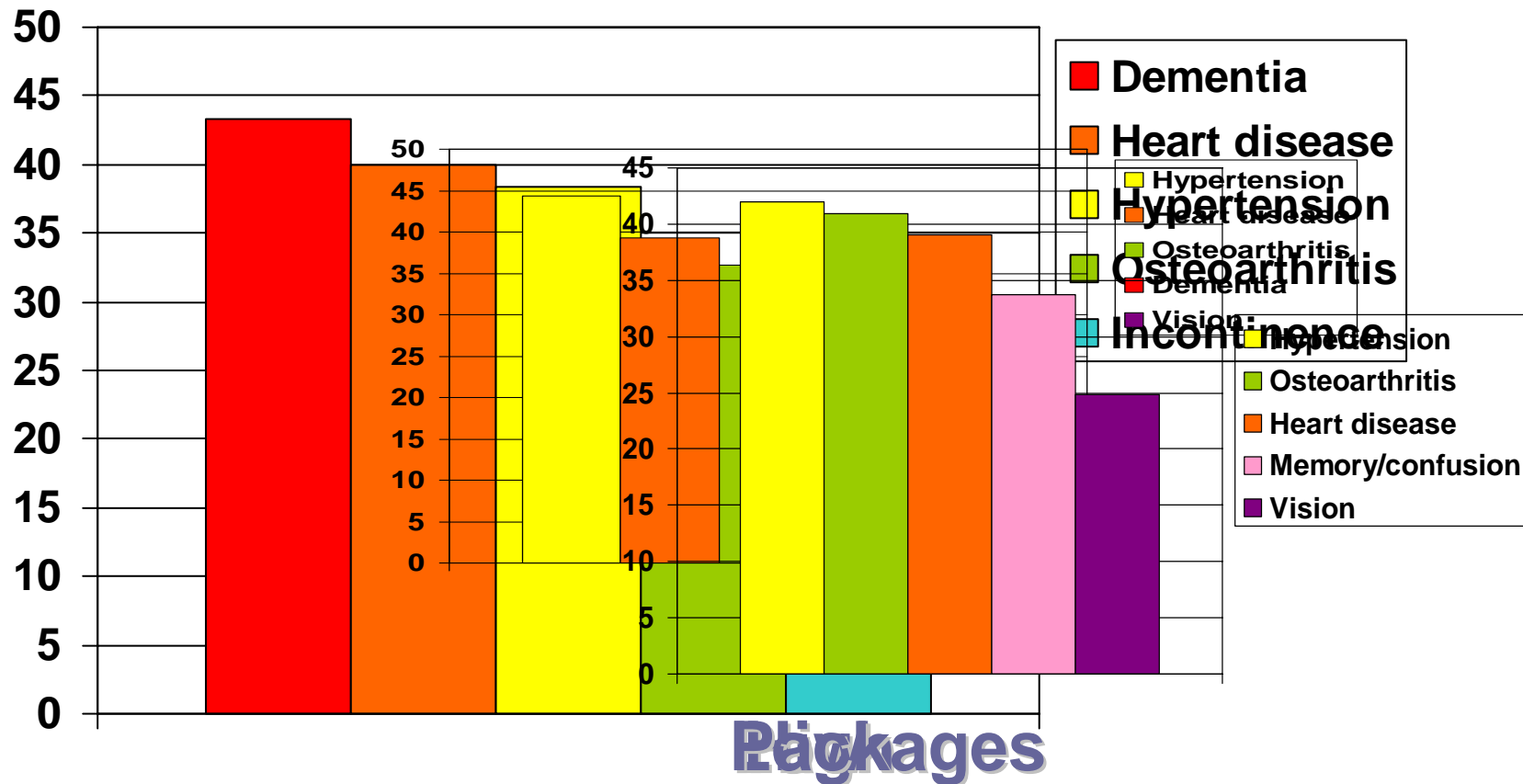
Changes in Health Status

- ↪ Exponential increase in people with dementia
 - Number of people with dementia to quadruple over next approx 40 years
 - Dementia major reason for Aged Care Assessment Program recommendation to packaged or residential care



WHY WE DO NEED TO CHANGE

Health conditions : ACAP recommendations to residential and packaged care





WHY WE DO NEED TO CHANGE

Changes in Health Status

↪ As people live longer increases in chronic diseases:

- Cardiovascular disease
- Osteoarthritis
- Cancer
- Diabetes



WHY WE DO NEED TO CHANGE

Change in Health Status

Depression and mental health issues

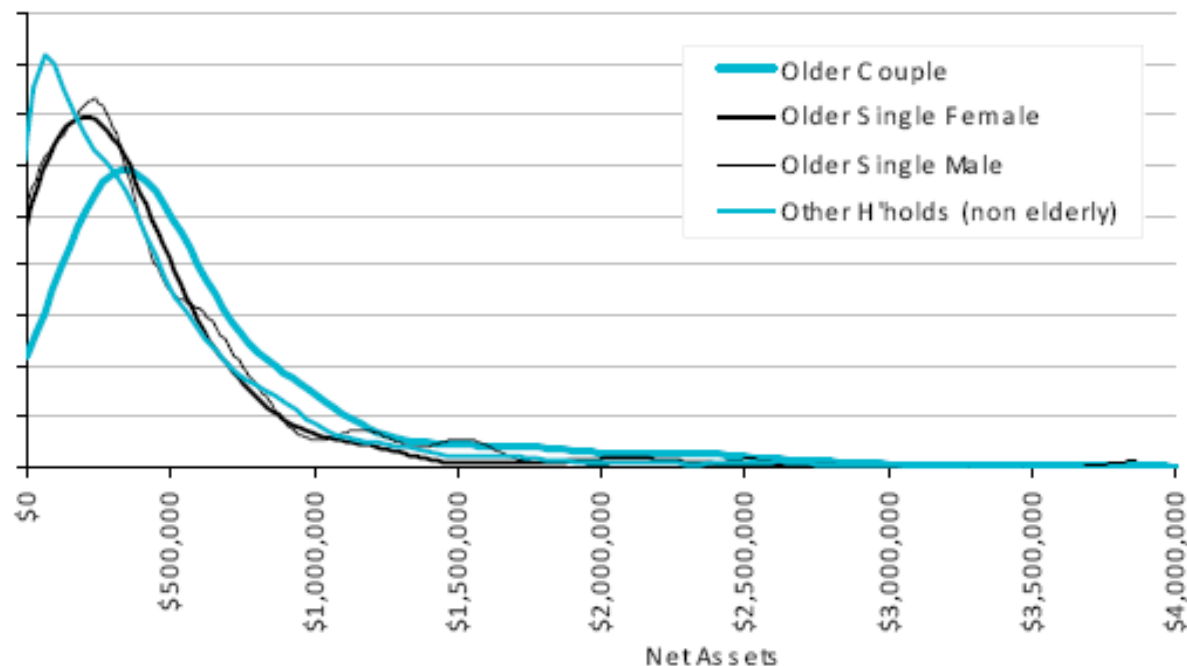
- ↪ Growing problem of depression and mental health issues in older age
- ↪ High suicide rates for males 70+
- ↪ Depression
 - Over 50% of care package recipients reported experiencing mild or severe depression (Baptcare 2008)
 - 61% of care recipients had a carer and two thirds of these carers reported record high levels of carer strain (Baptcare 2008)
- ↪ Purpose, meaning, dealing with loss and decline
- ↪ Boredom in old old age



WHY WE DO NEED TO CHANGE

Ability to Pay

Growing Wealth



- (a) Distribution of wealth up to \$4 million (distribution smoothed using Kernel Density Function)
(b) Households classified by age of household reference person. Older households have reference person aged 65 years and over

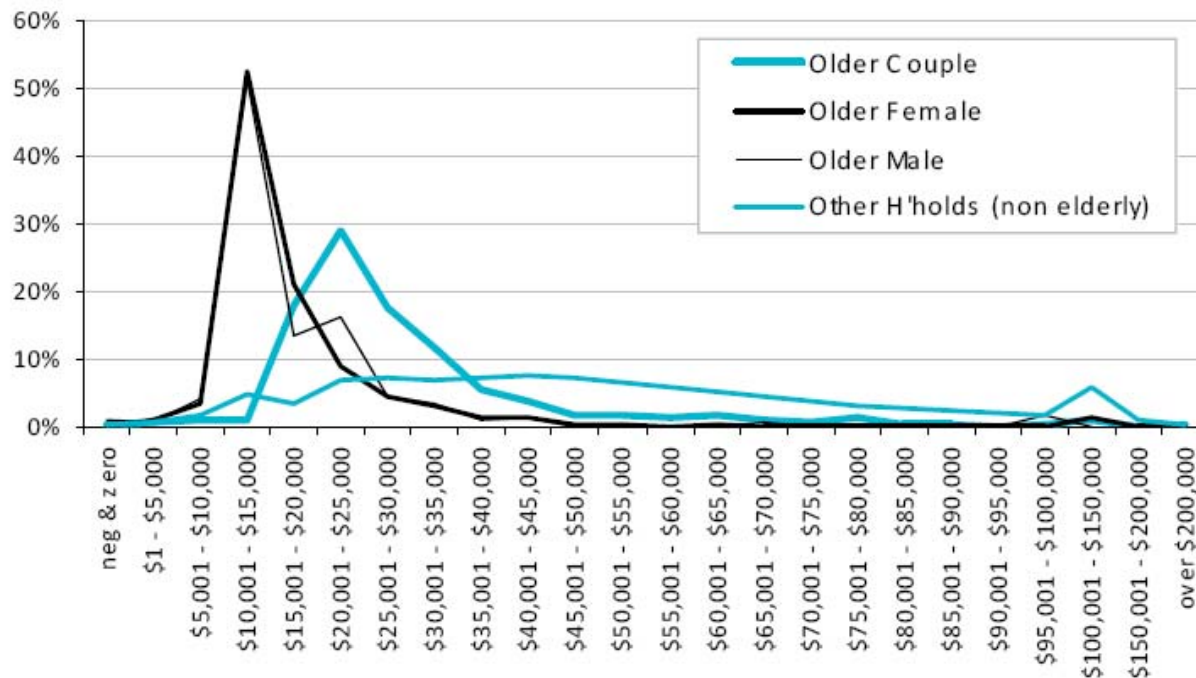
Source: ABS, Household Expenditure Survey Confidentialised Unit Record Files, 2003-04 (Cat No 6540.0, HES03B)



WHY WE DO NEED TO CHANGE

Ability to Pay

Asset Rich but Income Poor



- (a) Gross income less income tax. Income shown is annualised current income.
- (b) Households classified by age of household reference person. Older households have reference person aged 65 years and over

Source: ABS, Household Expenditure Survey Confidentialised Unit Record Files, 2003-04 (Cat No 6540.0, HES03B)



WHY WE DO NEED TO CHANGE

Changing Consumer Preferences

- ↪ Preference to live independently as long as possible
- ↪ More discerning and looking for services responsive to personal preferences
- ↪ Location, amenity, value for money and quality of service, drivers of choice more so than organisational allegiance
- ↪ Geographical and community connections important drivers of decision making



AUSTRALIAN MODEL FOR THE FUTURE

A New Service System

Uniting Aged Care Victoria & Tasmania

- A leading provider of the full range of aged care in Victoria and Tasmania.
- Over 1,800 bed licences
- Over 450 aged care packages
- Over 470 independent living units
- Day Programs
- Day Therapy
- Over 2,000 staff
- Major capital development program.
- UnitingCare 12% of all aged care services in Australia



AUSTRALIAN MODEL FOR THE FUTURE

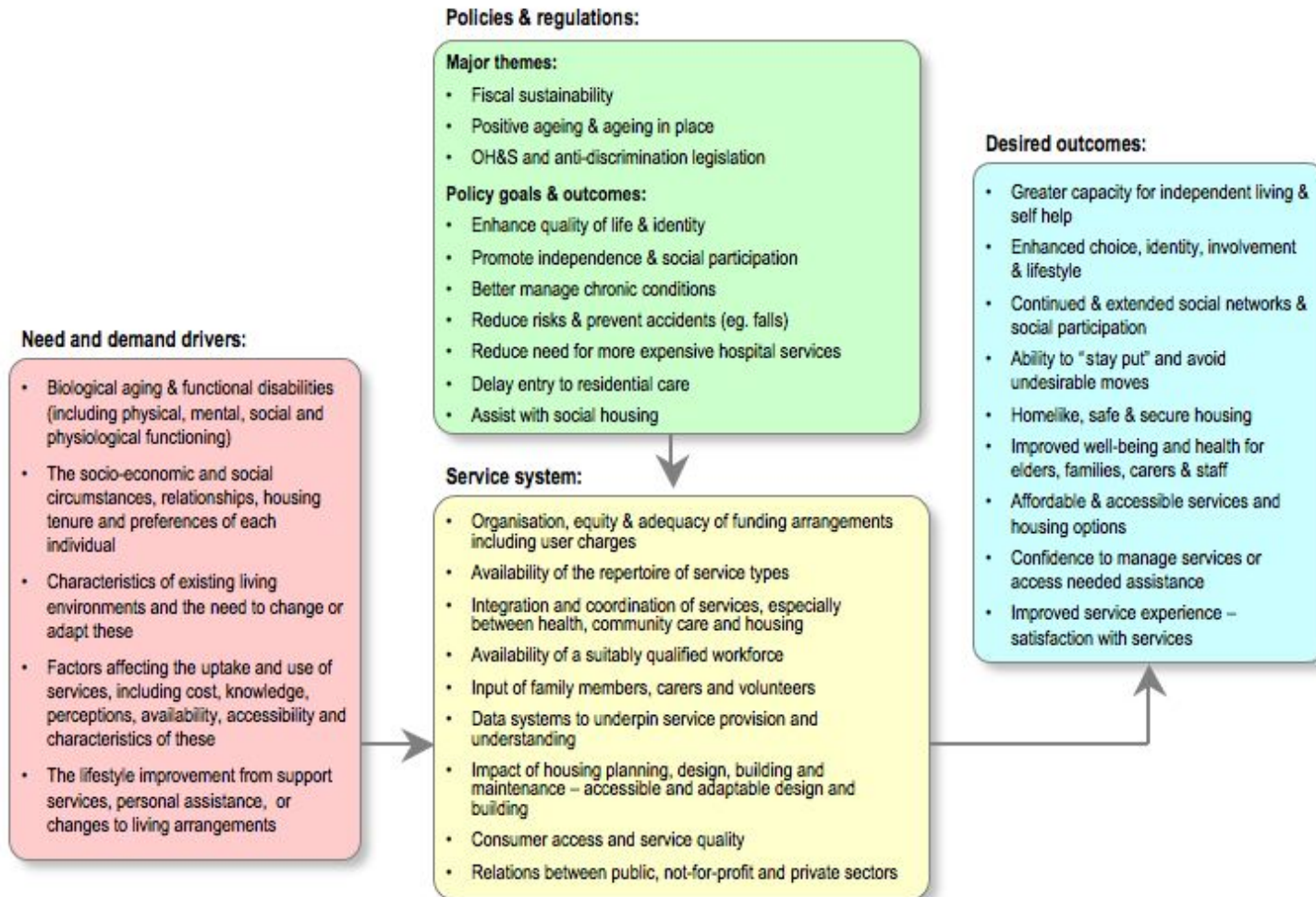
A New Service System

What do we define as a service system?

- ↳ Upper level framework, processes and systems that will enable us to deliver value to our clients.
- ↳ Not constructed to meet current funding arrangements or built environments, ie, predominately residential facilities.
- ↳ We aim to promote a new attitude to ageing.
- ↳ Shift the balance by actively promoting:
 - Flexibility and people directed services
 - Personal independence and choice
 - Communities of interest
 - Home like environments
 - Inclusiveness – consistent with UCA ethos



AUSTRALIAN MODEL FOR THE FUTURE





Our new Service System is made up of:

Level 1: Upper level framework:

Describes UACVT's:

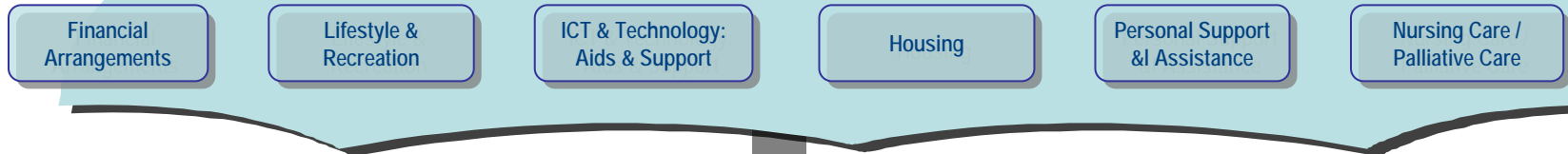
- Raison d'être
- Philosophy and approach
- Value proposition
- Value creation process & supporting systems
- Competitive positioning



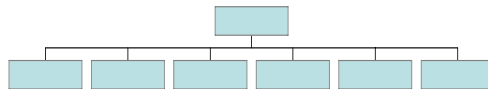
Defines why we exist, what business we are in and our future directions.



Specifies how we build our brand, strengths and capabilities. Defines success.



Level 2: Service Systems & Management Arrangements



- Business structures
- Management processes and systems
- Organisational arrangements and groupings



Defines roles and responsibilities. Gets the right people in the right jobs.



Organises functions, staff and accountabilities. Allocates resources.

Level 3: Individual Service Delivery Models, Policies & Procedures

For example:



Defines how we do what we do. Delivers services to clients and attracts new clients.



Builds the capabilities needed to deliver results and for ongoing improvement.

etc.



AUSTRALIAN MODEL FOR THE FUTURE

Model of Care

Direct client services – 6 interconnected service streams

Housing

- Fundamental need
- Affordable and accessible for older people is a major challenge
- Need to explore and deliver a range of designs and financing options
- Humanitas in Netherlands, apartments for life, more than 95% of older people never need institutional settings.



AUSTRALIAN MODEL FOR THE FUTURE

Model of Care

Lifestyle and Recreation

- Everything that enhances life and well-being
- Wide range to meet diverse needs and to cultivate communities
- These services can be facilitated no matter where the older person lives



AUSTRALIAN MODEL FOR THE FUTURE

Model of Care

Personal Services

- Services enabling an individual to remain independent, healthy and active
- Many provided under current community programs
- Provision in partnership or referral to other providers.
- Includes meals, cleaning and personal hygiene.



AUSTRALIAN MODEL FOR THE FUTURE

Model of Care

Care Services

- Meeting the next generation's need for non-institutional care in a residential setting.
- Chronic disease management including preventative/self management programs
- Dementia care
- Palliative care



AUSTRALIAN MODEL FOR THE FUTURE

Model of Care

Information and Communication Technology & Functional Aids

- Home adaption for limited mobility
- Technological solution - sensors and monitoring devices, communication assistants, on-line ordering of care.
- On-line chronic disease monitoring and management pathways



AUSTRALIAN MODEL FOR THE FUTURE

Model of Care

Financial Arrangements and Packaging

- Financial planning
- Realising capital assets to fund lifestyle



AUSTRALIAN MODEL FOR THE FUTURE

Conclusion

The Australian Model for the Future must:

- Be based on careful demographic analysis
- Be responsive to changing expectations of older people
- Break out of the community care: residential care paradigm.
- Reconceptualise the service system
- Develop suites of options in housing and care which 'mix and match' according to individual needs.
- Government to 'unbundle' funding and enable consumers to determine preferred care options and a range of financing options.