



PARLIAMENT OF AUSTRALIA  
HOUSE OF REPRESENTATIVES

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## **MEDIA RELEASE**

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### **Matter of Public Importance- Aged Care**

The adequacy of the Government's aged care policy was debated yesterday in Parliament and Tony Windsor's contribution as recorded on Hansard is attached.

Mr Windsor; New England) (3.59 p.m.) —In speaking to this matter of public importance, I think that there are going to be two very important political issues for us, and they are at both ends of the age spectrum. Obviously, care for the aged is going to be a critical issue as we move through the next 20 years. I do not think that anybody would deny that it is going to be a dilemma for governments in terms of funding, and the aged care lobby group is going to be quite powerful in the way that it could impact on the political process. The issue at the other end of the spectrum is providing affordable housing for our young people. If those two dilemmas are not addressed by governments of various persuasions, they will face some political heat further down the track.

Obviously, coming to grips with an ageing population is a dilemma for any government—particularly when we view the demographics and what is going to happen in terms of that ageing group. There is a hump that we are going to go over, where there could be quite a lot of capital expenditure incurred and then there will be empty accommodation further down the track. It is a dilemma that governments do have to deal with.

I would like to pay a compliment to the former Minister for Ageing, Kevin Andrews, and I wish the new minister well in her portfolio. The former minister was starting to address some of the key issues in the ageing portfolio—particularly those in regional areas. One of the things that I was pleased to see was that he was starting to look at is the process by which the formula is imposed—the number of people aged over 70 per thousand head of population—and starting to revisit that process, given that a lot of people do not access facilities until they are in their late 70s, or even in their 80s, and there is a changing usage pattern. I would encourage the new minister to maintain that review process in relation to the formula.

Being a country member, one of the criticisms that I have in relation to the formula is the way in which it takes very little regard of distance, remoteness and smallness. There are a number of things that I think are having a positive impact in relation to that, and I will mention those in a moment. But I think, in any review of the distribution of aged care beds—whether they be high care, low care or care at home—those factors of distance, remoteness and smallness should be taken into account. In regional areas in particular, they do have an impact on the viability of communities and the capacity of those communities to maintain the wisdom of their elderly in the environment in which they lived their younger lives. People do make decisions much earlier if they believe that they are not going to be able to remain in the community in which they have lived their lives and raised their families. They make decisions to move to places where facilities may be far better.

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In relation to that issue, when the former minister, Kevin Andrews, came to my electorate, I did some numbers on the size of his electorate, particularly taking into account the aged care formula, and I found that his electorate is something like 100 square kilometres—a typical urban electorate. It has a similar number of voters to the electorate of New England, and essentially the same formula was used to determine the number of aged care beds. I checked on the electorate of the new Minister for Ageing and found that her electorate is about 93 square kilometres, so the figures are fairly similar. The electorate of New England is 500 times bigger than those two urban electorates, even though the aged care formula is not significantly different, and I do understand that there are some minor variations in relation to that theme. The electorate next door to me—the electorate of my good friend the member for Gwydir—is 1,500 times bigger, but it still has to essentially use that same formula. So I would encourage the government, in revisiting that formula, to look at the distance and remoteness factors.

On the positive side is the multipurpose service model that the government has looked at. It is one way in which there can be a combination of aged care—federally funded beds and acute care, state funded beds in smaller communities—that recognises the economic disadvantage of smallness. I think that model has been working quite effectively. Some people believe it has been an attack on the system in some ways, and country people in particular are taking a while to get used to it. But I think it has been a positive step forward, and I commend the current Minister for Ageing, who is at the table, for her involvement recently in the Tingha MPS. The Commonwealth government has come to the party on that, as has the state government. I compliment the community of Tingha, which has a large Aboriginal component and is a very active community, for the work that they did in obtaining an MPS.

I compliment the former minister, Kevin Andrews, for his assistance in relation to another small community, called Bundarra, through the Uralla Shire Council. One of the questions that is often asked is: who pays for aged care? The council of Uralla was prepared to put its money where its mouth is and has put half a million dollars into a potential facility. The state government has put some money in and the Commonwealth government has put some money in, and there is a shortfall of about \$80,000 to complete the arrangement. It is not an MPS, and it probably could be used by some small communities to work off the back of some of the major communities in terms of a satellite model. So there are positive indications out there at a government level.

The electorate of New England is fortunate in its multipurpose service model, which was essentially developed by a former member for New England, Ian Sinclair, after he left the political scene. The then New South Wales Labor Minister for Health, Craig Knowles, asked Ian to chair a committee to look at how we could provide acute care and aged care services in smaller communities, and the MPS model has come out of that.

The electorate of New England has been the recipient of seven or eight MPSs over a period of time—some of which are still in the planning but have been committed to by governments at state and federal level. Those communities are: the Walcha community; the Guyra community; the Bingara community; the Barraba community, some of the money for which has been private money that has been put in; and the Emmaville community, which is a small community in the north of my electorate which possibly has the best care facility anywhere in regional Australia. The impact that that has had on its capacity to attract a doctor and other medical services is enormous—it is not only the delivery of the aged care and acute care services; it is those other services that flow. Other communities are the Tingha community, which the current minister has had something to do with as well; and the Warialda community, which is not far from Inverell and is also in the planning processes for an MPS.

There have been some positives, but I think there are some clouds on the horizon as well. Everywhere I go I am told that the administrative costs of running aged care facilities are enormous; it is something like 30 per cent of the income that they receive. I know that we have to have accreditation and those sorts of things, but I do not know whether we want the cleaning lady also checking on the grades of each—I cannot think of it now—

Ms Ellis —The RCS.

Mr WINDSOR —Yes, the RCS; we do not want the cleaning ladies checking on people as to their degree of frailty et cetera. I know that, as soon as a government drops its eyes in terms of the accreditation process, it will be condemned if something goes wrong in a particular facility. I think the provisions of facilities are very important. Maybe we have just got to try to cut back on the administrative costs and apply some of that money in other directions. As I said, the formula application is something that does need to be looked at.

In conclusion, I note that a lot of disabled people are now living into older age. There are certain models being developed within certain communities—I have some within my own electorate—that are keen to look at mixing and matching in relation to aged people with disabilities. That is something the government needs to put on the agenda. It can use the community to help drive that process, because I think there are some very good ideas out there that could assist the government in relation to the costing of those facilities. (*Time expired*)

The DEPUTY SPEAKER (**Hon. I.R. Causley**)—Order! The discussion is now concluded.