

23 April 2021

Hon Stephen Wade MLC
Minister for Health and Wellbeing
GPO Box 2555
ADELAIDE SA 5001

Dear Minister

Thank you for the opportunity to discuss the report of the Royal Commission into Aged Care Quality and Safety at the Aged Care Roundtable on Friday 26th March 2021.

I attach for your information a more complete analysis by our colleagues at COTA Australia of the Royal Commission's report.

As we discussed at the Roundtable, there are some areas of substantial overlap between report recommendations and areas of State Government interest, responsibility or investment. The areas include –

1. Ageism – Whether we like it or not, there is an overlay of ageism in the low expectations that have plagued aged care and that will continue to tempt under investment. South Australia's Plan for Ageing Well 2020-2025 recognised that ageism creates a barrier for ageing well. It is also at the heart of elder abuse, but it impacts everything from health service decision-making to employment decisions.
2. Workforce – Meeting the needs for a rapidly expanded, skilled and adequately paid workforce is both a promising job strategy and a strategy fundamental to improving the availability and quality of aged care.
3. Country aged care – As the biggest investor in rural aged care in SA, I am sure the State Government shares our view that the report of the Royal Commission lacked an appreciation for the pressures on aged care in rural Australia. This includes the recruitment and retention of quality staff and the evolution of next generation service models that facilitate viability.
4. Oral health – We have spoken previously about the importance of oral health services as we age and the proposal in the report about a seniors dental scheme could do with some encouragement!
5. Palliative care – Quite rightly this is an area of focus for your government right now.
6. Acute service interface – We commend the various trials and pilot programs that will create a better range of options for all people than simply an ambulance trip to a hospital. Older people will benefit at the point that these programs improve patient flow for all people but will also benefit given some of those programs will create better options for them in some instances. As we pointed out in our State Budget submission this year, we would urge that these are reviewed and accelerated and that the pathways become much clearer.

7. Housing – We cannot improve access to care at home – whether aged care, palliative care or hospital substitution - if we do not prioritise low cost housing for the 9,000 older South Australians in housing stress. We commend the work on affordable options but these are out of the reach of a growing group of people, many of whom are women.

We anticipate that both the State and Federal Budgets will address the needs of an increasingly vulnerable group of older South Australians. A good start will be in the areas covered by the Royal Commission's report.

Please let us know how we can assist.

Yours sincerely



Jane Mussared
Chief Executive