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Mr Richard Beasley SC
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SYDNEY NSW 2000

Via email: submissions.hfi@specialcommission.nsw.gov.au

Dear Mr Richard Beasley SC

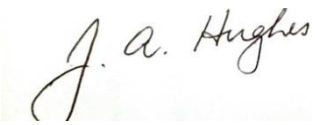
This submission is made by the NSW Ministerial Advisory Council on Ageing (MACA) in response to the *NSW Inquiry into the Funding of the NSW Health system*.

The purpose of the NSW MACA is to support and advise the Minister for Seniors, to achieve the objectives for healthy and productive ageing, consistent with the whole-of-government Ageing Strategy, for the people of NSW.

The submission seeks to put an ageing lens on considerations about the health system, hospital interventions, health funding distribution and the importance of person-centred community-based approaches to the care of older people in NSW.

We would welcome any future opportunity to meet with or discuss the submission with the Inquiry or its representatives.

Yours sincerely



Joan Hughes
Chair
NSW Ministerial Advisory Council on Ageing

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Deputy Chair

MACA NSW

The purpose of the NSW Ministerial Advisory Council on Ageing (MACA) is to support and advise the Minister for Seniors. It is important that all older people in NSW have healthy, active and better lives through a person centred, whole-of-government and whole of communities approaches.

In accord with the *Ageing Well Strategy (NSW*) MACA affirms that all people in NSW should be able to:

- Experience the positive benefits of living longer.
- Enjoy opportunities to participate in, contribute to and be included in their spheres of interest and local communities.
- Engage across generations to be connected.
- Maintain healthy, active, and fulfilling lives in ageing.
- Access high quality, timely and affordable services no matter where they live.

We believe that older people have the right to:

- inclusion and participation in all aspects of community life.
- have their voices and views recognised and valued in Government decision making.
- be respected for the diversity of their experiences and cultural backgrounds.
- appropriate, affordable, and equitable services, facilities and programs.
- choose where and how they live in housing which suit their choices and needs.
- dignity, respect, independence and choice.

AGEING POPULATION

Older people, defined as those aged 60 years and over, make up 17% of the NSW population. Most of these older people live at home and are engaged in their local communities. There is significant diversity among seniors, including gender, culture, language and ability. In NSW, the starting age at which anyone is deemed a 'senior' can vary from 60 years of age and onwards, or 50 years of age and onwards for Aboriginal people and Torres Strait Islanders. It is important to remember that seniors are not one homogenous group; how a person ages and their expectations of ageing can be impacted by a range of factors. The needs and hopes of people over 65, over 75 and over 85 can also be quite different. (*NSW Ageing Strategy*)

The focus of this submission is on *ageing well in community* and support for more proactive person centred and placed based approaches to primary health care. But it also recognises the current impacts of an ageing population on our health system, particularly in relation to hospital community transitions**.** The pressure on the health system will be even greater as the population ages, with a projection of 2.7 million people over 60 years in 2041.

DEFINITION OF HEALTH

Health is a state of *complete physical, mental, and social wellbeing* not merely the absence of disease or infirmity (*WHO*). This is relevant to the current NSW health system, which has a focus on acute and tertiary physical care, rather than a commitment and fiscal focus to a more holistic and preventive model of primary care for our ageing community.

OUR HEALTH SYSTEM: A CHALLENGING SNAPSHOT

The NSW Health system is challenging and needs to be remodelled, in terms of service delivery models, coordination of care across the health system, place based primary health care, workforce shortages and funding priorities.

The health system in NSW is structured around acute, episodic care, instead of primary and preventive approaches, despite the rising tide of chronic disease. As the PHN's have highlighted, the prevalence of chronic diseases is escalating, alongside an increasing ageing population, which is likely to put significant pressure on NSW Health systems now in the coming years. Multi-morbidity, the co-occurrence of multiple co - morbidities, further complicates healthcare, demanding complex, coordinated, and expensive treatments, especially among disadvantaged, older and First Nations people (*PHN submission 2023*).

The lack of focus on primary and preventive care is particularly evident in the surge in emergency department presentations. MACA does acknowledge the new investment in Urgent Care Clinics, recognising that emergency departments are overstretched and under resourced.

Falls are now the leading cause of both hospitalisations and deaths from injury in Australia, accounting for 77% of all injury related hospitalisations and 71% of injury related deaths in older people (AIHW 2022). People over 65 are more likely to experience more severe injuries associated with a fall and are 8 times more likely to be hospitalised, resulting in an average length of stay in hospital of 9.5 days (AIHW 2022). These extended hospital stays can also result in increased result of delirium, further complicating treatment progression and impacting on hospital staff workloads (ABC Report March 2024). In 2020 the Australian healthcare system spent $2.3 billion treating fall related injuries in older people, and alarmingly older people are twice as likely to be admitted to residential aged care after being hospitalised because of a fall (Centre of Research Excellence, Prevention of Falls). In many cases falls can be prevented, but this requires initiative-taking community-based programs that are appropriately funded to support older people to age well with access to age appropriate and holistic community-based programs that address the risks associated with falls in older people.

Without concerted efforts to redirect resources into primary and preventative care, the pressure on hospitals will continue to grow at an alarming rate as Australia's population ages, resulting in what is sometimes referred to as the "silver tsunami".

COVID

In the last few years, the NSW health system has also been significantly impacted by COVID. But of most concern has been the level of social isolation and loneliness which has affected our senior citizens. There has been an increasing level of loneliness and social isolation across all age groups. Whilst *loneliness* is a subjective feeling, *social isolation* is an objective measure of frequency of social contact/interaction, and it is evident that social isolation and loneliness are detrimental to a person's physical and mental health and wellbeing. As AIHW have noted, there were concerns before COVID-19, but these have been exacerbated in the subsequent years. People across all age groups appear to be having less social contact from 2001 to 2021. *(Post-COVID loneliness and social isolation (AIHW 2023).* Due to the interconnectedness of social isolation, poor physical and mental health, it is important that there is a comprehensive approach taken to better support older people as they age. Unfortunately, many of the current community-based programs tend to focus on one aspect of ageing, such as exercise, falls prevention, or memory clinics, rather than considering the multidimensional challenges of ageing, including social isolation, simultaneously.

The Health Workforce

There is a critical shortage across the health workforce but notably of GPs; allied health and community and disability support workers. There is also a high level of professional exhaustion/burnout and exodus. For example, 40% of psychologists leave the profession / retire early due to burnout and work conditions and workload issues (*APS Workforce Survey, 2023*). Allied health workforce, particularly in the ageing and adult disability sectors, suffers from structural complexity and burdensome regulatory requirements, alongside lower pay and negatives perceptions associated with the type of work. This has had significant impact on recruitment and retention in these areas and is further challenged in regional and remote communities.
The health system is currenly characterised by an era of 15 minute GP consultations; a crisis of supply and demand; inadequate funding of Medicare and poor affordability; systemic fragmentation and poor integration of public/private practice. Also, there are limited resources that specifically focus and encourage multidisciplinary approaches to enhance person centred care. Without structural change that better supports person centred care and values the interdisciplinary input of a range of health care providers, particularly allied health, it will be difficult to achieve the outcomes of the Aged Care Royal Commission, particularly those that strongly focus on reablement.

There are more thann 60,000 unfilled vacancies in Australia's Healthcare and Social Assistance industry. The *Australian Department of Health and Aged Care* recently predicted a shortage of:

- 85,000 nurses by 2025
- 123,000 nurses in Australia by 2030
- 10,600 GPs by 2031–32.

Regional Challenges

As the *National Rural Health Alliance* have noted in many of its submissions to government, the challenges of our health system are even more exacerbated for regional and remote communities by:

- Difficulty attracting, retaining, and sustaining the health and social service workforce. (75% female workforce).
- Increasing 'Corporatisation'.
- Difficulty attracting, retaining GPs and allied health professionals with up to 50% fewer GPs and health professionals per capita than metropolitan cities.
- Challenges accessing quality mentoring/supervision/training/ peer support.
- Under-employment.

HOSPITAL TO COMMUNITY

The current profile of older persons indicates:

- Most older people in NSW live in the community, with 4.4% living in residential aged care facilities (*RACF*).
- Over a 5-year period, older people who were aged care facility residents were more likely to use an ambulance or go to hospital compared to older people living in the community. Across all age groups, older people who were aged care facility residents had on average:

    - 7 times the rate of ambulance episodes
    - 4 times the rate of emergency department presentations
    - 6 times the rate of unplanned hospital admissions, and
    - More hospital admissions that were preventable (12% compared to 7% in the community. (*NSW Health*).

There are frequent stories about older people "blocking beds" in the public hospital system. However, in November 2023, it was estimated that 550 older people were in NSW hospital beds with no clinical need to be there (*SMH: 2023*).

While aged care is a federal responsibility, people in aged care are still citizens living in NSW. NSW needs to do more than simply focus its planning on how to get older people out of hospital beds. As of the end of December 2023, there were 88,618 people on the waiting list for elective surgery at a public hospital, many of whom will be older people.

Relative to states like Victoria, NSW has not increased investment in subacute care services in the last decade (especially geriatric evaluation and management [GEM], psychogeriatric and rehabilitation beds) in line with population ageing and growth. As a result, NSW has the wrong balance of investment. It has too much acute care and not enough subacute care. Many older people are going to aged care homes without any opportunity for rehabilitation designed to increase their functional independence and which could allow them to continue to live at home. With shortages of GPs in many regional and remote areas, access to Nurse Practitioners, Clinical Nurse Specialists and allied health professionals also needs to be expanded.

Hospital beds may not be the right place for people once they are stabilised and have no further capacity for functional improvement. NSW could be doing more to improve the interface with aged care and community services. For example, NSW could expand the Multi-Purpose Service Program to cover more geographic areas. NSW Health's investment into hospital avoidance programs such as Hospital in the Home (HITH) warrants expansion, as do programs that accelerate hospital discharge such as Transition Care.

Also affecting older people living in regional and remote areas of NSW is the low reimbursement rate for travel costs through the Isolated Patients Travel and Accommodation Assistance Scheme. This should be in line with the ATO rate, especially given the rise in petrol costs.

ORAL HEALTH: OLDER PERSONS' EXPERIENCE

Oral health deteriorates over a person's lifetime. Most oral health issues start early in life due to factors such as - poor nutrition, lack of regular dental checks, non-fluoridation of water supplies and then exacerbated by use of tobacco and alcohol and underestimating the importance of oral hygiene, as well as issues related to the affordability of private dental care long waiting periods for public dental care.

In older people, poor oral health, and more particularly, periodontitis (a severe form of gum disease) is associated with many highly prevalent health conditions and diseases, such as diabetes (in 2017-18 diabetes affected 10.2 percent of people aged 55-64, 15.5 percent 65-74 and 18.6 percent 75 plus). Approximately 23 percent of Australian adults have moderate to severe periodontal disease. The prevalence increases with age and there are higher rates in people with low income.

Close to 25 percent of Australian adults say they avoid some foods because of the condition of their teeth; for people on low incomes, it is about a third.

Poor oral health increases an older person's risk for loneliness and social isolation. These lived experiences are substantiated by Australian and International research.

About 20 percent of Australians have lost all their adult teeth and instead rely on dentures. Complete tooth loss is twice as prevalent among adults aged 75 and older (26 percent) compared with adults aged 65-74 (13 percent). Of those aged 65 and over with natural teeth, nearly half (47 percent) wear dentures.

Long waiting times for dental care exacerbate existing dental problems. Over one-third of all oral health treatments in the public dental system are for emergency treatment rather than routine care. Within the public funded dental services there is little to no focus on or resourcing of preventive care.

The cost of accessing private oral health services, especially for people without private health insurance, can exacerbate financial hardship with older people rationalising other expenditure on things like food and other health care needs. For many it simply results in getting the cheapest treatment (an extraction) rather than paying the cost associated with one better suited to supporting overall health and wellbeing.

The NSW Government in partnership with the federal Government needs to invest in and prioritise Oral health access and affordability for the Seniors population of NSW.

(*NCOSS submissions on public dental outreach services, prioritising locations with the highest need and most disadvantage. COTA Australia: policy on oral health)*

PRIMARY COMMUNITY HEALTH

NSW Health needs a different approach with a major realignment of health funding and more innovative models of primary health care.

Primary community health holds significant value in the overall well-being of individuals and communities. The community health concept encompasses a range of preventive, promotive and curative health services provided at the community level.

Community Primary Health care has proven in many studies to be cost effective, lowering ED presentations, shorter inpatient care stays and improving quality of life.

Many older adults live with overlapping complex health care needs, some of which are directly related to lifestyle choices, (poor diet/lack of exercise, lower physical activity) which with community support can be managed effectively while supporting the individual.

Our current health delivery models are unsustainable**.** For example:

- GPs: 48% GP's report their businesses are unsustainable. (*RACGP, Health of the Nation Survey 2022 (n= 3219)*
- NDIS: 83% have concerns regarding their ability to deliver disability services using the new price limits. 60% said they would be unable to deliver NDIS services at current prices. (*NDIS Annual Price Review 2023-2024 –NDS Provider Survey*)
- Aged Care: RACF closures around one per month. *(Sustainability of the Aged Care Sector Discussion Paper (UTS, 2022)*

According to a recent RACGP survey, the nature of health care is also changing, with the highest percentages of presentations were Mental health; Chronic Illness; Obesity Lifestyle and Substance abuse, which results in more complex management.

SO, WHAT IS THE FUTURE?

Preventive Care

Health Promotion: Primary community health focus on promoting healthy behaviours and lifestyles within communities. This includes education on nutrition, exercise, hygiene, and disease prevention, contributing to the overall well-being of individuals.

Disease Prevention: Primary community health plays a crucial role in preventing the spread of infectious diseases through immunisation programs, health education, and early detection and management of health risks.

Access to Basic Healthcare

Local Accessibility: Primary community health services are often more accessible to individuals, especially those in rural or underserviced areas, ensuring that basic healthcare needs are met without the need for extensive travel. Addressing the qualified workforce shortage will require a rethink on how education of student nurses and other para health professionals are trained to better support the workforce pipeline.

Early Detection and Management: Through regular check-ups and community-based screenings, primary community health services facilitate the early detection and management of health conditions, preventing complications and reducing healthcare costs.

Community Empowerment

Community Involvement: Primary community health fosters community participation and empowerment. It involves engaging individuals and communities in decision-making processes related to their health, leading to increased awareness and ownership of health-related issues.

Capacity Building: By providing training and resources at the community level, primary health services empower local communities to take charge of their own health, creating sustainable healthcare solutions.

Preventing Health Disparities: By addressing health issues at the community level, primary healthcare helps prevent disparities and reduce the burden on more specialised and costly healthcare services.

Cost-Effective Interventions: Primary community health interventions are often more cost-effective overall, as they focus on preventive measures and early intervention, reducing the need for expensive treatments and hospitalisations.

Holistic Approach

Comprehensive Care: Primary community health emphasises an integrated approach to healthcare, considering not only physical health but also mental, social, and environmental factors that influence well-being and facilitates ongoing engagement within community.

Continuity of Care: Primary community health services provide continuity of care, ensuring that individuals receive ongoing support and follow-up for their individual health needs.

In summary, the value of primary community health lies in its ability to promote health, prevent diseases, enhance accessibility, empower individuals and communities, and provide cost-effective, holistic care.

MACA NSW believes that the foundation of a sustainable healthcare system is one that:

- prioritises the well-being of individuals in community.
- invests in its health workforce, especially in regional and remote communities.
- recognises quality hospital to community transition programs.
- provides resources that are affordable and accessible

- has affordable and accessible oral health
- recalibrates the NSW health funding agenda to significantly invest in primary and community health care for seniors in NSW.

RECOMMENDATIONS

MACA NSW recommends there be an increase and more targeted investment in:

1. **Urgent Care Clinics.**
2. **Health NSW workforce, notably of GPs; allied health and community and disability support workers; nurse practitioners and clinical nurse specialists, particularly in regional and remote communities.**
3. **Subacute Care Services, especially geriatric evaluation and management [GEM], psychogeriatric and rehabilitation beds, in line with population ageing and growth.**
4. **Multi-Purpose Service Programs, to cover more geographic areas; hospital avoidance programs, such as Hospital in the Home (HITH) and hospital discharge programs, such as Transition Care.**
5. **Primary Community Health Care - investment across NSW to promote health, prevent diseases, enhance accessibility, empower individuals and communities, and provide cost-effective, holistic care, no matter where older people live.**

MACA NSW Health Committee

Margie O'Tarpey (lead); Paul Sadler; Adrienne Withall; Kristy Robson; Roy Starkey and Barbara Ward.