MINISTERIAL ADVISORY COUNCIL ON AGEING (MACA NSW)

POSITION PAPER

HEALTHY AGEING IN NSW

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PURPOSE

The purpose of the NSW Ministerial Advisory Council on Ageing (MACA) is to support and advise the Minister for Seniors and the Government on the key objectives for achieving healthy, safe and productive ageing for all our senior citizens in NSW.

In accord with the *Ageing Well in NSW Seniors Strategy 2021-2031,* 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 communities of interest.
- Engage across generations.
- Maintain healthy, active, and better lives in ageing.

We believe that seniors/older people as a human right, are entitled to:

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

Our paper, *Health Ageing in NSW*, seeks to put an ageing lens on considerations about the health system, hospital interventions, oral health and the importance of person-centered community-based approaches, informed in part by a MACA Health Forum of key stakeholders, held in July 2024.

Our paper is part of a series of papers submitted to the Minister for Seniors and relevant other Ministers, to both advise and influence policy and programs for Seniors in NSW. MACA welcomes any future opportunity to meet with or discuss our papers with the Minister/s and relevant advisors and other relevant stakeholders.

CONTEXT

The Australian Government's *Intergenerational Report 2023, titled 'Australia's future to 2063'*, identified that population ageing will shape Australia in the coming decades. The report predicts that the number of individuals aged 65 and over will double, and those 85 and over will triple, in the next forty years. (1)

Older people, defined as those aged 65 years and over, make up 17% of the NSW population; most of that population live at home and are engaged in their local communities. There is however a significant diversity among seniors, including gender, culture, language, and ability. In NSW, the starting age at which anyone can be deemed a 'senior' can vary from 60 years of age and onwards, or 50 years of age and onwards for Aboriginal peoples and people from marginalised and/or disadvantaged groups. 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.

While the paper is not focused on any socio-economic group or cohort, the *social determinants of health* are well documented. The World Health Organization (WHO) describes social determinants as 'the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. (2)

We acknowledge diversity in our ageing population and the diversity this brings to people's views on health and their expectations about ageing. For Aboriginal and Torres Strait Islander peoples, they hold a holistic view of health that weaves together the wellbeing of individuals, families, community, country and place.

The focus of this paper is on ageing well in community and support for more proactive person centered and placed based approaches to community health care. But it also recognises the current impacts of an ageing population on our health system, particularly in relation to the blockages and gaps associated with hospital to aged care and or to community transitions. The paper also considers the often-forgotten issue of Oral Health and its relationship with the general health and wellbeing of our older citizens.

- **Population health snapshot**

*The Public Health Association of Australia (*PHAA) has highlighted several key influences:

1. Close family and community connections and social participation is an important aspect of ageing well.
2. Diet, physical activity, smoking, alcohol use and uptake of preventive health can also influence how people age.
3. 80% of Australian adults older than 65 have at least one chronic condition, with 28% having three or more.
4. One in five people, 65 and older experience chronic pain. Arthritis is the most chronic condition amongst older Australians. The number of other chronic conditions becomes more common as we become older, for example cancer, heart disease, stroke, diabetes, dental disease, dementia, as well as hearing issues, sight problems and falls.
5. Heart disease is a major burden of chronic disease for older Australians and the leading cause of burden of disease for men over 65 and the second for women over 75.
6. Respiratory diseases are also an issue. COVID 19 and things like influencer also have significant impact on older Australians.
7. Over the age of 65, prostate, breast, melanoma, lung cancers are the most common cancers.
8. According to AIHW (2023) it is estimated there are more than 411,100 people living with dementia; this figure is predicted to double to more than 849,300 by 2058. The growing numbers of people with dementia across Australia is expected to rise by 80% by 2058.

Early symptoms are frequently missed and sometimes written off as a typical part of ageing which means there are delays in diagnosis and early intervention. One in three people admitted with a hip fracture and twice as many people who get admitted for unintentional poisoning also have dementia. (3)

HEALTH SYSTEM OPPORTUNITIES

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 traditionally focused 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.

MACA supports the Ministry of Health (MOH) *Future Health strategy* and the links with the *Ageing Well in New South Wales strategy*. (4) Whilst the paper may focus on challenges with the current health system, we acknowledge the significant work being undertaken to better integrate and resource the health systems across NSW and Commonwealth jurisdictions.

The *MACA Health Forum (Health Forum)* held in July 2024 identified a wide range of services and programs that are working well, particularly those provided by the MOH in partnership with the NGO sector. (*Appendix A lists some of these in more detail*.)

In summary:

- Telehealth and coaching sessions both online and by phone through programs such as *Get Healthy programs*.
- Collaboration between the public and the private health sector around multidisciplinary approaches to health; choice and flexibility of health-based community programs.
- Preventative, knowledge-based programs that exist between the residential primary care and hospital systems, stemming the flow of unnecessary hospitalisations.
- Dental health in aged care facilities; piloted in regional areas.
- COVID-19 vaccinations, and work being done across multicultural communities.
- Local councils' initiatives (e.g. tai chi classes).
- Bilingual navigator programs.
- Geriatric Flying Squads/outreach services.
- Peer-based community training.
- Training for emerging practitioners that is ongoing at universities.

NSW Health funding has been concentrated in hospitals, with 85% spent on outpatient, ambulatory, emergency, inpatient, and sub-acute / rehab. Prevention and promotion currently account for 10% of expenditure, and the remainder is invested in community or other settings. This distribution reflects the historic hospital focused approach to healthcare. Additionally, MACA understands that the National Health Reform Agreement delineates roles and responsibilities and that the Australian Government is the system manager for primary care system. With reference to the *NSW Future Health Strategy,* MACA maintains however that a focus on keeping people healthy and well, and effective management of chronic conditions requires a different approach and is needed to maintain optimal health outcomes. The wellbeing of a state's individuals is a state responsibility, and health is an important determinant of wellbeing.

CHALLENGES

Whilst MACA acknowledges that the advancements in health services and programs benefit many older people, there are still many individuals who are not aware of or engaged with services that may be of benefit to them, for a wide range of reasons.

The key question that should be addressed is how older people in NSW can proactively and equitably? access and engage in services to experience the benefits of living longer, connect with their communities and broader family, maintain healthy and active lives, and have access to high quality, affordable services regardless of their location or other diversity factors.

Notwithstanding the Commonwealth responsibility for primary health care (e.g. GPS /Medicare) the NSW Health system needs to be redesigned, with greater consideration of innovative service delivery models, place-based community-based health care, workforce shortages and funding priorities. Without concerted efforts to redirect resources into early and more 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”.

- **Chronic illness**

The current health system in NSW is structured around acute, episodic care, instead of population preventative approaches, despite the rising tide of chronic disease. The lack of focus on community and preventative care is particularly evident in the surge in emergency department presentations.

The prevalence of chronic diseases is escalating, alongside an increasing ageing population, which is likely to put significant pressure on NSW Health systems in the coming years. Multi-morbidity, the co-occurrence of multiple comorbidities, further complicates healthcare, demanding complex, coordinated, and expensive treatments, especially among disadvantaged, older, and First Nations people. (5)

- **Falls**

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. 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.

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. In many cases falls can be prevented, but this requires access to initiative-taking community-based programs that are appropriately funded to support older people to age well before they start to experience injurious falls. (6)

- **Social Isolation**

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. While there were concerns before COVID-19, these have been exacerbated in the subsequent years. People across all age groups appear to be having less social contact from 2001 to 2021. (7)

Due to the interconnectedness of social isolation, poor physical and mental health, it is important that there is a comprehensive multi departmental 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 and location simultaneously.

- **The Health Workforce**

There are more than 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:

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

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. The allied health workforce, particularly in the ageing and adult disability sectors, suffers from structural complexity and burdensome regulatory requirements, alongside lower pay and negative perceptions associated with the type of work.

This has had a significant impact on recruitment and retention in these areas and is further challenged in rural and regional communities. As the *National Rural Health Alliance* and others have noted in many submissions to government, the challenges of our health system are even more exacerbated for regional and remotes 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
- Limited career progression opportunities within allied health

PATHWAYS: HOSPITAL TO COMMUNITY

In NSW Health older people experience discharge delays and MACA understands the NSW and the Commonwealth are focused on finding solutions to this issue. All people (including older people) should be discharged from hospital when they are clinically ready, instead of staying longer than necessary. There are frequent stories about older people "blocking beds" in the public hospital system and many older people are in NSW hospital beds with no clinical need to be there. 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. Poor planning and regard to community supports is likely to lead to rapid and frequent re-admission to hospital.

The current profile of older persons indicates most older people in NSW live in the community. But 4.4% of older people who live in residential aged care facilities, over a 5-year period, 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.

In July 2024 there were 1,158 patients in the hospital who were awaiting either an NDIS placement or a residential aged care placement. 762 people had stayed in hospital beyond the date they were ready to be discharged, taking up 36,957 days' worth of hospital time. The average patient ready for discharge spends 48 days in hospital. And it costs the state system around $40 million. (8)

Federal government funded home care packages are insufficient to meet the demands of NSW citizens. In addition, people can wait up to 12 months to have a home care package uplifted in terms of getting their needs met. NDIS is also limited. An estimated 11% of people are eligible for the NDIS, 89% or thereabouts are not. Older people often end up in aged care with complex presenting behaviors and comorbidities, which has a significant impact on the aged care sector's capacity to respond to them and therefore the NSW Health government's ability to deal with them as well. (9)

Given the increase in chronic health and comorbidity profiles, 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 in our view the wrong balance of investment. It has too much acute care and not enough subacute care. Many older people are going to residential aged care facilities without any opportunity for rehabilitation designed to increase their functional independence, which could allow them to continue to live at home.

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 home and home and community services. There is a need to adopt the *multipurpose service model* (MPS) in areas other than regional and remote areas of the state. MPSs are regulated by the Commonwealth under the Aged Care Act and NSW must apply under these requirements. MACA would like to see more advocacy by NSW to the Commonwealth with respect to the eligibility requirements for MPSs, including MPS location. NSW Health's investment into hospital avoidance programs such as *Hospital in the Home* (HITH) also warrants expansion, as do programs such as *Transition Care. (TACP).* TACP does not accelerate hospital discharge, but rather is a post-discharge program to support older people to stay in their home rather than attend a RACF, with additional supports.

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.

The issues raised in this section of the paper are currently the subject of research in the Illawarra Shoalhaven region of NSW.

To date it has identified:

- *planning development systems in some local governments have been very resistant to planning for an ageing population*
- *local geography mitigating against building new services because there is limited land availability*
- *lack of core infrastructure such as multipurpose services and specialist dementia care units* (10.)

ORAL HEALTH

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.

Oral health deteriorates with age, with higher numbers of teeth affected by tooth decay, and higher numbers of gum disease and tooth loss. Most of these specific dental diseases are preventable and more easily treated in the initial stages. Oral health is intricately linked with general health, but many dental costs are borne by the individual rather than being subsidised or supported by public funding.

Some of the factors that contribute to poorer oral health in older people include:

- A lifetime of accumulated dentistry. Fillings, root canal therapies, crowns, implants, they all require ongoing and escalating maintenance throughout life.
- Increased susceptibility to dental disease due to difficulty cleaning teeth or differences in diet. Loose or painful teeth, poorly fitting dentures, nutrition knowledge gaps, reduced ability to buy or prepare healthy foods, due to higher consumption of processed and sugary foods which can increase tooth decay.
- The relationship between medical health and oral health. Older people often have multiple chronic medical conditions and take multiple medications. Poor oral health is linked with medical conditions such as type II diabetes, cardiovascular disease, stroke, and dementia, amongst others. And in reverse, some medical conditions and medications can directly impact oral health. Changes to a person's medical history can have stark consequences for oral health.
- Oral health literacy amongst residential aged care staff and paid staff carers
- Paid staff family carers may be lacking, and simple daily oral hygiene routines may be overlooked. There are reports of aged care staff not being aware that clients have dentures. Failure to remove and clean dentures, inadequate toothbrushing, and limited awareness of oral health problems.
- Accessibility. Reduced mobility and challenges with transportation may make it difficult to attend dental appointments. Some people may need to rely on limited mobile dentistry options or require complex transportation arrangements to a dental facility.
- The cost of private sector dentistry is a significant barrier for older people in low-income groups. Many are eligible for free public dentistry New South Wales. However, there are often long waiting times, prioritisation of acute dental problems rather than prevention, and a lack of continuity of care. This is further exacerbated in rural regional NSW where workforce shortages are prevalent. (11)

Oral health also 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; exacerbated by use of tobacco and alcohol; underestimating the importance of oral hygiene and issues related to the affordability of private dental care and 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 highly prevalent health conditions and diseases, such as diabetes. 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 incomes.

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. 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. (12)

FUTURE DIRECTIONS

- **Our current health delivery models are unsustainable.**

By way of example, 48% of GP's report their businesses are unsustainable; 83% of NDIS services have concerns regarding their ability to deliver disability services using the new price limits and 60% said they would be unable to deliver NDIS services at current prices. Most seniors are ineligible for the NDIS by virtue of their age anyway. Aged Care providers have reported RACF closures are around one per month.

The nature of health care is also changing, with the highest percentages of presentations being Mental health; Chronic Illness; Obesity; Lifestyle and Substance abuse, which results in more complex chronic health and comorbidity health management issues. (13)

There are also significant access issues in rural regional areas for older people accessing mental health support, which then has a negative impact on their physical health and ability to socially engage. The interrelatedness between physical and mental health in older people with several chronic conditions only exacerbates the issues of not being able to access timely comprehensive care within the community.

❖ COMMUNITY HEALTH

NSW Health needs a different approach with a major realignment of health funding and more *innovative models of community-based health care.* Community health holds significant value in the overall well-being of individuals and communities and preventing premature reliance on hospital and aged care services. The community health concept encompasses a range of preventive, promotive, and curative health services provided at the community level.

Community health care has proven in many studies to be cost effective, lowering emergency department 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 educating the individual.

- **Health Promotion**

Community health focuses on promoting healthy behaviors and lifestyles within communities. This includes education on nutrition, exercise, hygiene, and disease prevention, contributing to the overall well-being of individuals.

- **Disease Prevention**

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.

- **Local Accessibility**

Community health services are often more accessible to individuals, especially those in rural or underserved 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/allied health 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, community health services facilitate the early detection and management of health conditions, preventing complications and reducing healthcare costs.

- **Community Involvement**

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; creating sustainable healthcare solutions that are place-based and suited to the local context - rather than a one size fits all approach which doesn't work given the broad diversity of communities across NSW

- **Preventing Health Disparities**

By addressing health issues at the community level, community healthcare helps prevent disparities and inequities and reduce the burden on more specialised and costly healthcare services.

- **Cost-Effective Interventions**.

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. Such interventions are often constrained by short-term funding which limits their sustainability to produce outcomes over the long-term.

- **Comprehensive Care**

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 the community.

- **Continuity of Care**

Community health services provide continuity of care, ensuring that individuals receive ongoing support and follow-up for their individual health needs. (5)

❖ *COMMUNICATION*

A significant issue that was highlighted at the MACA Health Forum was the relationship between knowledge and access to the right information, at the right time and in the right language / cultural frame. Even where there are multiple services and programs on offer, they are of little value to people who don't know about them or can't easily access them for a wide range of reasons.

So, the challenge of providing appropriate effective communication, particularly of government health services and programs is a key. One suggestion has been to set up a *Health Information HUB* or a hub connected with Service NSW and/ or local libraries, that can be easily accessed at the local and regional levels. *(see also reference to MACA paper on Digital Inclusion)*

❖ *PATHWAYS – HOSPITAL TO HOME/AGED CARE*

With pathways in general, patients may need support to understand and navigate the system, so we need to have more integration and a comprehensive *discharge planning systems*. Everyone should have a place to be discharged to – and this includes the community.

Professor Kathy Eagar has said there are three important steps to better integrate health and aged care.

- *Firstly, aged care needs to adopt a service model that is both competent clinically and engaging socially - a model that fully integrates health outcomes for older people.*
- *Secondly, strengthen both health and aged care workforces by adopting an extended scope of practice for various health professionals, including nurse practitioners.*
- *Thirdly, learn the lessons of the COVID pandemic, because Local Health Districts worked very closely with primary health networks and with local aged care providers during the COVID period. This showed that a good level of cooperation can exist. (14)*

❖ ORAL HEALTH

Older people are a priority group with higher oral health care needs. Prevention is essential for older people to maintain a healthy, functional mouth. Regular dental checkups can assist with prevention and timely intervention; there should be a focus on improving oral health education and practices in residential aged care facilities.

There should be equitable access to dental care for all older people. Most of the dentistry is provided in the private sector, but costs can be a barrier, increasing demand for public dentistry. It is essential that New South Wales health offers a robust, well-funded dental system, to meet the needs of older people, which has the capacity to prioritise early intervention. Increasing the awareness and utilisation of the New South Wales *oral health fee for service scheme* among residential aged care residents and staff will highlight that it provides access to private dental practitioners for eligible public dental patients, and covers a range of dental treatments, including examinations, fillings, gum treatments, and dentures.

Partnership between the public and private sectors, such as through the oral health service scheme, is essential to ensure that patients receive timely oral health care. There is a real lack of transparency around how the public dental system in New South Wales operates. For instance, finding information; the limit of information and the amount of data that can be accessed.

Consideration should be given to expanding programs such as the *Senior Smiles program*. This was a program piloted by Professor Janet Wallace in 2014. The pilot program placed a qualified dental hygienist into 5 Residential Aged Care Facilities on the NSW Central Coast to test the model of care. Success from the pilot led to phase II of the research commencing in September 2017 and completing in September 2020. The research placed a qualified oral health practitioner into Residential Aged Care Facilities to provide the elderly residents with oral health education, oral health assessments, oral health care plans and referral pathways to dentists and/or dental prosthetists for more complex dental needs. (15)

SUMMARY

The value of Community Health lies in its ability to promote health, prevent diseases, enhance accessibility, empower older people and their communities, and provide cost-effective, holistic care

In summary, MACA NSW believes that the foundation of a robust healthcare system is one that:

- ❖ priorities the well-being of individuals in the community.
- ❖ invests in its health workforce, especially in rural and remote communities.
- ❖ recognises quality hospital to community transition programs.
- ❖ resources accessible and affordable oral health and
- ❖ prioritises community health care for seniors in NSW
- ❖ recalibrates the NSW health funding agenda, to significantly invest in community based early intervention and health promotion models of care and service delivery.

RECOMMENDATIONS

1. **MACA NSW recommends:**

   - **Referencing the actions and strategies from the *Ageing Well in NSW Seniors Strategy 2021-2031* and the related current Action Plan 2025-2026, to give a greater focus to health issues as outlined in the paper.**
   - **Taking a whole-of-government approach to develop a set of principles that guide policy development, ensuring the health and wellbeing of seniors/older persons**

2. **MACA NSW recommends an increase and more targeted investment in:**

   - **Advocating with the Commonwealth for more Urgent Care Clinics, particularly in regional and remote areas.**
   - **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.**
   - **Subacute Care Services, especially geriatric evaluation and management [GEM], psychogeriatric and rehabilitation beds, in line with population ageing and growth.**
   - **Advocating with the Commonwealth for more 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.**
   - **Community Health - investment across NSW to promote health, prevent diseases, enhance accessibility, empower communities, and provide cost-effective, holistic care.**

3. **MACA recommends consideration be given to:**

   - **Use of current breast and bowel screening communications to include more generic healthy ageing information**
   - **Models such as the Ironbark program. Support more sustainable funding for the Ironbark program and related programs targeting indigenous communities. For example, funding for the ironbark program was free, with a focus on falls prevention for older Indigenous Aboriginal and Torres Strait Islanders; it also improved social connections; it was shown to be effective, and the trial is now finished.**
   - **Working with people on the surgery waitlist, to decrease risk factors and improve surgery outcomes with links to health prevention to optimise recovery**
   - **Fund and support the Geriatric Flying Squads**
   - **Improve health communication around existing health programs so they are more coordinated, appropriate and accessible (such as exercise and nutrition programs) especially for regional and rural locations, by setting up a *Health Information Hub* connected to Services NSW and or local libraries**

MACA NSW Health Committee Margie O'Tarpey (lead /author); Paul Sadler; Adrienne Withall; Kristy Robson; Roy Starkey; Barbara Ward.

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APPENDIX A

EXAMPLES OF HEALTH SERVICES AND PROGRAMS

James Broughton A/Director of Aged Care, Ministry for Health NSW; annotated presentation by Ministry of Health NSW to MACA Health Forum July 2024

MOH Population Health Programs Ageing Well and Innovation: NSW Health initiatives supporting the Ageing Well in NSW Strategy

- Get Healthy Service providing phone and online information and personalised health coaching https://www.gethealthynsw.com.au/
- Active and Healthy including a local exercise directory and online learning https://www.activeandhealthy.nsw.gov.au/
- Healthy Eating Active Living NSW social media channels (Facebook and Instagram)
- Funding and support to health districts to provide equitable access to prevention activities that meet local needs e.g. Stepping On
- Ageing Well and Innovation: NSW Health funding and support to Local Health Districts. Example initiative being delivered by some LOCAL HEALTH DISTRICT s:

NSW Health also provides a range of hospital avoidance programs e.g. geriatric outreach services and ambulance secondary triage and Australian Government-subsidised Aged Care Services, keeping people healthy and out of hospital

- **Get healthy /Being physically active**. Building people's knowledge and skill to lead active and healthy lives is available to all people over sixteen in New South Wales with a target that at least 30% of participants are over the age of fifty. The services provided by university qualified health coaches, dietitians, exercise physiologist is based on national guidelines. The service is highly accessible. The service has Aboriginal coaches, bilingual coaches, extra translators, and the national relay system for people who are Deaf or hard of hearing. Those who have converted the service have been shown to achieve reductions in weight as well as increases in their fruit and vegetable intake and physical activity levels. It has been identified that further service improvements for older adults are required for this service, including the addition of healthy ageing online learning modules and exercise videos.
- **Stepping on program**. A free seven-week falls prevention program for people aged over 65 and Aboriginal people aged over 45 who have either had a fall or a fee for falling. It is available in face-to-face and virtual formats. The program focuses on preventing falls, encouraging active living, and maintaining independence. Analysis conducted on the program over a one-year period, June 2023, showed that participants did have an improved mobility, leg strength and balance because of participating in the program. The Stepping on Program is available in multiple languages.
- **Pathways to living initiatives**. For people who have experienced long lengths of stay in hospitals. The community living supports initiative provides individualised psychosocial support to help build independence in daily life and contributes to recovery. This kind of support can look at things like referrals to mental and physical health services, building relationships, support with finding and keeping housing and help with moving back into the community from either hospital or prison. In a three year long, program considered by the University of New South Wales, demonstrated it was delivering positive outcomes for consumers and remaining highly cost-effective. That evaluation also identified that a key factor to contribute to the success of the program was the need for strong local partnerships between our local health districts and community organisations and their flexible approach to service provision.

- **Mental health under the ageing strategy**. A range of suicide prevention initiatives in older people's mental health services. Unfortunately, older people have a significantly higher risk of suicide and indeed it is men of 85 years of age who are the highest of all age groups.
- **New South Wales aged health supports the Stolen Generations** and their descendants to navigate culturally safe Aboriginal services and mainstream services depending on their specific needs. For example, assistance with “out a pocket” costs for hospital stays and apartments. Travel accommodation, healing activities, particularly visits back to Country and assistance with medication and medical equipment. The program assists in maintaining social connections of survivors that enables sharing of the lived experience which in turn influences future policy development and delivery in the support of trauma informed care. As of June 2023, up to ninety survivors and 120 descendants have benefited from this program.
- **Assessment services**. NSW completed about 100,000 assessments in the last financial year. This is the entry point to the aged care system with services such as home care, residential care and transitional care. RAS regional assessment program, assist older people living in Aged Care provides information to the Commonwealth on the unit cost of that resident based on the unit classification needs. All that is going to change because of the Commonwealth's Aged Care reforms into the single assessment program.
- **Traditional Aged Care** programs are jointly funded between the Commonwealth and the states on a 7525-funding split. It is a post discharge therapy program for older people following discharge from hospital. The aim of the program is to restore individuals’ capacity to support living independently back in their community and prevent early entry into other residential aged care options. It may include a package of low intensive therapy services such as physiotherapy, occupational therapy, as well as social work, nursing support, or personal care services; this program with extra time limited support, people can maintain their independence at home for longer.
- **Multi-purpose services (MPS)** are a flexible model of care under the *Aged Care Act* that is provided in the regions and enables the provision of health and aged care services in the small rural communities where they may not be a need for a sit stand-alone hospital or aged care facility.