



Special Commission of Inquiry into Healthcare Funding

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Mr Richard Beasley SC
NSW Special Commission of Inquiry into Healthcare Funding
Via Email: submissions.hfi@specialcommission.nsw.gov.au

Dear Mr Beasley

The Australian population is undergoing significant demographic changes, characterised by growth and an increasingly ageing populace. With advancing age, a substantial portion of Australians will contend with chronic illnesses, disabilities, and various forms of physical or cognitive decline. These changes will present considerable challenges for how health and aged care are provided in New South Wales (NSW) as the community rightly demands higher standards of care, choice, and access.

The submission suggests that part of the solution must be to ensure greater coordination between the health and aged care sectors across the state to provide person-centred care.

Coordinated person-centred care for older Australians would mean they receive higher quality and safer care, overall costs decrease, and the care experience for patients, residents and their families improve. The Special Commission is an opportunity to recommend innovative solutions, which, if successful, can then be introduced nationally. Anglicare acknowledges the complexities of State-Federal Government relations in the provision of care to older people, but this is not a reason to not try and achieve greater complementarianism between health services and aged care in NSW.

The submission also addresses the complex issue of palliative care. The community is correctly demanding access for all and increased support for excellent end-of-life care across NSW.

This submission addresses the following Terms of Reference -

C. The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW;

and

H. New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation;

The matters raised in this submission have neither been dealt with nor will be sufficiently and appropriately dealt with by another review, inquiry or investigation as per Terms of Reference K).

Anglicare Sydney

Anglicare Sydney has been serving people in need – providing care to older people and services to the vulnerable for over 160 years. Today, our over 4,000 staff and 2,000 volunteers serve more than 60,000 people across 130 locations. We have a significant offering including the provision of home care, retirement living, and residential aged care across Sydney, Blue Mountains, Southern Highlands, Illawarra, Shoalhaven, Norfolk Island, and the Northern Inland.

In more than 70 years of providing aged care services, Anglicare Sydney has been guided by a commitment to quality service provision both clinically and holistically, underpinned by principles of dignity and choice, hope and compassion supported by highly trained and caring staff.

This is reflected in our long history of such service provision and a solid commitment to supporting over 4,500 members living in the community and over 5,000 residents in our homes and villages.

Patients and residents across NSW need the gap between Aged Care and Healthcare to be bridged.

Today the services provided to older Australians in Sydney are a product of the current system's many silos and disconnection between the aged care system and the healthcare system. This cannot be the future – it is inequitable and unsustainable.

The continued operation of the healthcare and aged care systems as separate systems undermines continuity of care for older people and is wasteful. However, Anglicare cautions against the over-medicalisation of aged care. Provision of healthcare is only one aspect of the care needs of older Australians. Granted some need it more than others, and most healthcare is concentrated in the last year of life, all however need ongoing support and social engagement. The whole care economy must support older Australians to continue to remain in or return to their communities.

Adopting a model of person-centred care that represents a continuum of care from limited support at home to end-of-life care is critical. Older Australians will engage and disengage from the healthcare system as they continue to receive support for the aged care system. Effective collaboration between healthcare and aged care providers, institutions, and services is essential to ensuring that the physical, mental, and social needs of older people in NSW are met.

Rising healthcare costs, over-burdened care systems and changing expectations of clients and residents mean we must bridge the gap between traditional healthcare models and community care models. Neither system will be financially sustainable, and both will flounder in trying to deliver optimal outcomes for patients and residents if we fail.

The interface between aged care and healthcare must provide a holistic approach to addressing the physical, mental, and social needs of older people. It will involve a multi-disciplinary approach, with healthcare providers, caregivers, family members, and support services working together to

enhance the overall well-being and quality of life for older individuals. The AMA in 2022 called for aged care and healthcare to complement each other and work together for the benefit of older people and the wider community¹.

One example of failure to coordinate between healthcare and aged care is bed blocking. It is generally accepted across the sector that older people cannot access aged care facilities quickly enough, which is costing the NSW Government vital health funds while many patients (who are not ill) wait for aged care places to be approved by the Commonwealth Government and/or become available.

A further example is recovery after hospitalisation. Many older people require rehabilitation after surgeries, injuries, or illness. Physical and occupational therapists play a significant role in restoring functional independence and quality of life. This can be provided in aged care, retirement living settings and home care settings if there is adequate funding made available for such services. Currently (Commonwealth and NSW) taxpayers pay in excess of \$1000 per day for a hospital stay versus around \$250 per day in various aged care settings. Providing more funding and services delivered outside the hospital system would both reduce the burden on the hospital system and be preferred by most older Australians.

Other issues are best resolved at home, either to avoid or after hospitalisation. Older people need assistance with social and emotional well-being, which is often best done in residential aged care facilities, retirement villages, and in the home with care and family. Additional funding for social workers, counsellors and chaplains can help address issues such as depression, loneliness, and caregiver support.

All governments must act to allow older Australians, irrespective of their location, social standing, or ethnicity, to age in place in a better place. And a better place may not be a hospital bed. We can not expect the hospital system to carry the increasing load of caring for older people. The aged care sector can and should play its part, provided it is able to develop the facilities and services that will be needed in the communities older people have always lived in. The NSW planning regime needs to be urgently reformed and land released to permit the development of innovative housing solutions that are not full-service hospitals across Sydney and the state. Access to appropriate housing is the third leg of person-centred care.

Anglicare recommends to the Special Commission that it recommend that the NSW Government complement the state hospital system by funding (or seeking urgent reform to Commonwealth funding) for Seniors services delivered outside of hospitals, noting that in many instances aged care providers are the primary location for care to older people. Funding will assist in reducing avoidable hospitalisations, presentations and stays, alleviating the burden on NSW's healthcare system.

Anglicare recommends to the Special Commission that it recommend that healthcare providers in NSW hospitals need to be attuned to the specific needs of older patients, including medication

¹ AMA (2022) Putting health care back into aged care accessed at <https://www.ama.com.au/sites/default/files/2022-10/Putting%20health%20care%20back%20into%20aged%20care.pdf>

management, fall prevention, addressing delirium or dementia and social and community needs. Without proper training and support from healthcare staff, older people risk being held up in the medical bureaucracy rather than receiving the more appropriate care they need in their aged care facility or at home.

Competition for staff

The biggest challenge for the provision of care, both health and aged to older people, is sufficient skilled staff. At present healthcare, aged care providers and NDIS carers are cannibalising each other's staff, causing costs to rise. The Special Commission must address this pressing issue.

Anglicare has an ongoing 319 staff vacancies and is unable to source staff in some areas of Sydney due to the high costs of accommodation or long and unsustainable commute times. We also have a staff turnover of 25%, which is similar to many of our peer-providers. We understand these trends are also occurring across the health and disability sectors.

The issues with workforce supply, recruitment and retention in the care economy generally reflect a historic position where such work has been undervalued, particularly in aged care. The improved pay situation for direct care workers (from the Commonwealth Government) has generated greater incentives for recruitment, improved retention and improved quality of applicants.

However, there are still major problems across the care economy in NSW that need to be addressed. The NSW Government and educational institutions play a significant role in addressing staff shortages by providing training programs and incentives to encourage individuals to enter and stay in the care workforce.

While there is often recognition of the need for supplementary funding for thin markets (such as rural and remote locations), there is no recognition that Sydney is the 10th most expensive city in the world:

- Health Consult conducted benchmarking involving 60 providers. It found in NSW the average cost per hour of domestic assistance (\$79 metro vs \$73 regional) and personal care service (\$87 metro vs \$81 regional) is higher in metropolitan areas than rural.
- At Anglicare, we pay 3-7% (Level 1 to Level 3 respectively) above award wage in order to attract care workers.

With constrained workforce and budgets for the foreseeable future, care must be taken during this Inquiry to not inhibit innovative solutions that lift productivity and improve care and services being developed and deployed.

It is clear that a whole of government response is required.

Primacy of Palliative Care

Anglicare is deeply committed to excellence in the delivery of end-of-life palliative care services that holistically support a person's physical, emotional, and spiritual well-being through the last

stage of life. Anglicare has a nurse-led, palliative care team who assist our residential and community based aged care staff to provide end-of-life care to our residents and clients.

For people who are nearing the end of their lives and/or experiencing physical or psychological pain, a dignified and enriched life includes their right to receive and refuse medical treatment and be accepted and cared for well by our community. Anglicare's palliative care practice is shaped by international and national standards and our approach improves the quality of life for a patient and their family when faced with a life-threatening illness.

All people approaching the end of their life require some level of support and access to a range of health and other support services. The range and depth of services required is dependent on the nature and length of the illness. Anglicare aims to enable all persons, whether living at home or in a residential setting, to access the appropriate services and care they require. These include advance care planning, symptom management, and end-of-life care, ensuring the best quality of life possible.

People across our community who are facing life-limiting illnesses and are nearing their death require access to consistent and adequate palliative care. We believe that this goal could be achieved through a more rigorous approach to training and educating health professionals (both nurses and physicians) and greater resourcing of palliation support (across residential and community care). This is why we call on the NSW Government to increase funding for palliative care services and specialist training for nurses and carers.

It is generally accepted across the aged care sector that there is an under-resourcing of palliative care nurse specialists (community and residential settings) and palliative care support to assist someone to die in their home. This is unfortunate given that it is often a person's desire to stay in their home (which for older people is often their residential aged care home or retirement village) for their death. The administration and management of proper palliative care requires intensive 24/7 support and oversight of the dying person.

Whilst clinical community support workers can provide some of this assistance, there is a greater onus on the partner (who, in the case of the elderly patient, is usually frail themselves), family and close friends who are willing to be involved in the care of their loved one. This places a lot of strain and pressure on the family and social support networks. Inadequate resourcing of palliative care support programs in the community increases pressures on families, carers and other services that are not equipped to provide palliative care.

According to the NSW Government's *End of Life and Palliative Care Framework 2019-2024*, each year there are approximately 33,000 predictable deaths where a person could benefit from some form of end-of-life care. Anglicare is disappointed in the NSW Government's significant, and we believe short-sighted cuts to palliative care in the 2023-24 Budget. In some cases, excellent palliative care is an essential component to a compassionate and dignified death. We recommend that excellent palliative care services, including (and perhaps especially) those provided in home-based settings, continue to be prioritised, adequately funded, and offered across NSW.

As an example of the impact these cuts are already having, our access to training is already curtailed. In June, Anglicare held meetings with TAFE and Registered Training Organizations (RTOs). Typically, organisations reach out to TAFE or RTOs to determine the training program they intend to offer. Subsequently, the RTOs and TAFE apply for government funding. This process typically concludes by July, and the courses commence. In our case, this pertains to the Certificate IV in Palliative Care.

However, in August, we received news that funding had not been allocated, and we continued to follow up. A few weeks ago, we were informed that the course had been superseded. Unfortunately, no specific details were provided regarding the nature of the supersession. During this period, we had 45-50 staff members express their interest in attending this training. Despite the time that has passed, we still lack the necessary details and any further information. It is important to note that this situation is not unique to Certificate IV in Palliative Care; a similar scenario has unfolded with Incident Management. We are happy to provide further information on this if requested.

We strongly urge the NSW Government to continue to commit resources to the provision of palliative care training to support vulnerable people facing a life-limiting illness. We acknowledge that this continues to be a significant task for Federal and State Governments, service providers and medical professionals. Nevertheless, we are committed to jointly achieving this goal that everyone facing a life-limiting illness knows that they are valued and cared for by their community and provided a dignified and compassionate death through palliative care support.

Furthermore, in the first six months of VAD in Queensland, for example, 591 people started the process and 245 people died from the administration of a voluntary assisted dying substance, according to the most recent figures from Queensland Health. This is such a small number compared to those who receive palliative care or could be receiving palliative care. Anglicare is concerned that the introduction of Voluntary Assisted Dying (VAD) in NSW will curtail further improvement in practice, but moreover perversely result in a less equitable provision of appropriate public-funded palliative care services across the entirety of NSW. Despite VAD now regrettably being part of the end-of-life mix in NSW, it should not be seen as a replacement for palliative care - cuts to these important services are extremely undignified.

Conclusion

We commend the Special Commission of Inquiry for allowing us to contribute and we hope the points raised assist the Inquiry in its holistic review of the funding of health services in NSW. The Inquiry is an excellent opportunity to address some of the critical issues and gaps in care for older people. We are available to answer any further questions or to give evidence that is considered appropriate. Please contact our Government and Public Affairs Manager, Mr Mitchell Levick, at

Yours sincerely,



Simon Miller

Chief Executive Officer