

**Submission
No 48**

**INQUIRY INTO CURRENT AND FUTURE PROVISION OF
HEALTH SERVICES IN THE SOUTH-WEST SYDNEY
GROWTH REGION**

Organisation: HammondCare

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South-West Sydney Growth Region Inquiry

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About HammondCare

Established in the 1930s, HammondCare is an independent Christian charity specialising in dementia care, palliative care, rehabilitation and older persons' mental health services.

HammondCare is acknowledged as Australia's leading dementia-specific service provider and is dedicated to research and supporting people who are financially disadvantaged. HammondCare's mission is to improve quality of life for people in need, regardless of their circumstances.

Within the South-West Sydney (SWS) growth region HammondCare operates Braeside Hospital, a health and community service delivering specialist rehabilitation, palliative care and older persons' mental health services as part of the SWS Local Health District (LHD) network. Within the region, HammondCare also operates 313 residential aged care places, the majority of which are purpose-built dementia-specific care homes. We provide a Special Care Program for people displaying severe behavioural and psychological symptoms of dementia (BPSD). On any given day, HammondCare At Home also provides community care to more than 450 people in the region, supporting older people, people living with dementia, people with palliative care needs and family and informal carers through community based direct care, respite and counselling services.

South West Sydney Growth Region Inquiry

HammondCare welcomes the opportunity to contribute to this consultation on the current and future provision of health services in the SWS growth region. We recognise the diverse and growing needs of the people in this region and are pleased to participate in this discussion.

Demographics

People living in SWS experience significant socioeconomic disadvantage in comparison to the rest of the Sydney Metropolitan Region: eight of Sydney's ten most disadvantaged local government areas are in Greater Western Sydney, for which SWS is a catchment zone (WSROC, 2012). As a result, this social determinant adversely impacts the health outcomes of SWS residents. Furthermore, SWS has a rapidly ageing population in contrast to the rest of Australia (NSW Government, 2018). Between 2020 and 2030, the age structure forecasts indicate a 53.7, 51.7 and 28.6 per cent increase in the population of retirement age living in Liverpool, Camden and Fairfield City Councils respectively (id Community, 2020).

Accessing healthcare services

The provision of adequate and accessible primary and sub-acute healthcare services is a key enabler for maintaining SWS's population health and reducing avoidable hospital admissions (Pond and Regan, 2019). However, within this region multiple barriers exist to accessing these services, including:

- 1.) Fewer General Practitioners (GPs) and medical specialists per capita in SWS compared to the rest of Sydney (WSROC, 2012);
- 2.) Limited bulk billing health services readily available for SWS residents experiencing socio-economic disadvantage (WSROC, 2012); and
- 3.) Rigid delivery of aged care, with complicated interfaces between services.

HammondCare recognises the financial disincentive medical practitioners face when removing a gap fee for their service; many choose to move practice to more lucrative areas, as evidenced by the greater number of specialists in regions such as North and Eastern Sydney (WSROC, 2012). Measures must therefore be employed to attract these specialists to work in SWS, while maintaining equity of access to those experiencing financial hardship.

The Royal Commission into Aged Care Quality and Safety' Interim Report has also highlighted many challenges older Australians face when trying to navigate the aged care system (Commonwealth, 2019). HammondCare acknowledges the growing preferences of communities to live and age in place, which can be achieved through greater access to geriatric rehabilitation and

re-ablement programs as well as community aged care medical services. As such, we implore the SWS growth region to better support aged care providers to deliver flexible services that improve older people's function and maintain their independence, enabling them to stay at home for longer.

Aged psychiatry

As SWS's population rapidly ages, the prevalence of residents living with dementia and psychogeriatric conditions in the region will also increase (South Western Sydney Primary Health Network, 2020). In anticipation of this growth, SWS needs to expand its capabilities within the field of aged psychiatry.

HammondCare's Braeside Hospital currently offers the bulk of inpatient older persons' mental health beds in the SWS region, in addition to providing outpatient facilities. Both services aim to provide comprehensive multidisciplinary assessment, treatment and management of patients, prioritising placement back into the community where possible. However, over the years HammondCare has experienced great difficulty attracting and retaining psychogeriatric specialist staff within the region.

SWS residents living with dementia who exhibit BPSD are also supported through a suite of services provided by Dementia Support Australia in partnership with HammondCare. They include:

- The Dementia Behaviour Management Advisory Service (DBMAS), supporting healthcare staff and carers with client focussed information about assessment and advice;
- Severe Behaviour Response Teams (SBRT), a responsive workforce available to provide timely expertise and advice to residential aged care staff and carers; and
- The Needs Based Assessment Program, providing nationally consistent assessment of eligibility for the Specialist Dementia Care Program (SDCP). HammondCare pioneered the SDCP at our Hammondville residential aged care home, located in SWS; a program that is now being implemented across all 31 Primary Health Networks (Department of Health, 2020).

These services have a strong value in keeping people out of hospitals and instead, at home or in residential aged care homes. HammondCare recommends the region invest in more innovative community-based models of aged psychiatry that complement these existing services in the future.

Aged rehabilitation

As people age, they are more likely to suffer from cancer, stroke and injuries associated with falls. Timely access to rehabilitation and restorative care enables older people to reduce their deconditioning, regain independence and maintain quality of life: key factors that facilitate people to live at home for longer (Denissen et al., 2019). However, as people are living longer and with more comorbidities their rehabilitation is becoming increasingly complex. According to the SWS

LHD, the region is already short of many sub-acute inpatient services, including rehabilitation beds (NSW Government, 2013).

HammondCare's Braeside Hospital offers both inpatient and outpatient rehabilitation programs for patients who are recovering many injuries, including stroke, cancer, joint replacement, lower limb amputation and fractures. Our overall goal of rehabilitation is to enable people to live as full and independent lives as possible within their own environment.

However, in HammondCare's experience delivering rehabilitation, we recognise standalone rehabilitation units are no longer fit for purpose as a result of the increasing acuity of patients being seen. Further, the small number of sub-acute inpatient rehabilitation beds at Braeside Hospital provide services for the majority of the Liverpool and Fairfield Local Health Areas; an inadequate number for a growing population of over 400,000 people (id Community, 2020). When planning for future beds within the SWS region, rehabilitation facilities should be co-located with acute medical facilities and provide in-reach services to those facilities. This will help to minimise the deconditioning of elderly patients and better serve the ageing population.

Outpatient rehabilitation is another integral service with potential to expand in SWS. Amidst the COVID pandemic, Australia has seen a substantial growth in telehealth offerings, primarily enabled through temporary additions to the Medicare Benefits Scheme (Department of Health, 2020). Although these additions are strongly welcomed by HammondCare, we would like to see them become permanent fixtures and expanded to also include virtual rehabilitation. Extended rehabilitation delivered through flexible community models will improve people's lives beyond everyday function, enabling individuals the opportunity to focus on their quality of life and meaningful interactions while preventing functional decline.

HammondCare recommends the SWS region invest in a variety of rehabilitation models, including:

- Prehabilitation, for patients to maximise their fitness prior to undergoing an elective operation;
- Day hospital rehabilitation;
- Outpatient rehabilitation; and
- Rehabilitation in the home.

Such models could be offered to patients following an acute episode of care or illness, to prevent and treat deterioration due to chronic disease, and offer prevention or partial reversal of frailty.

Palliative care

It is imperative that high-quality, specialist end-of-life care becomes core business in residential aged care. Approximately one-third of all deaths in Australia – 55,000 people each year – occur in residential aged care homes (Swerissen and Duckett, 2015). To date, residential aged care has not been recognised as a site for palliative and end-of-life care, and too often staff are ill equipped or

poorly trained to provide the necessary support during a resident's final days. Improving palliative care in residential aged care homes requires increased and upskilled staff, better coordinated primary care and access to specialist palliative care expertise. It also requires round-the-clock access to controlled medications.

HammondCare has established a dedicated palliative care suite within our Hammondville residential aged care home, located in the SWS region. The suite supports up to nine aged care residents who have been diagnosed with a life limiting disease and have an estimated prognosis of less than 12 months. It is designed to meet residents' physical, psychological, social and spiritual needs in a flexible and personalised manner. Residents' families and carers are also supported through a flexible visiting, access to a fold-up bed in residents' rooms to accommodate overnight stays, as well as emotional and bereavement support.

The suite operates as a 'hospice within a nursing home'; an integrated health and aged care service that utilises a multidisciplinary approach to care. Weekly case conferences, attended by a palliative care specialist and registrar, are held within the suite. The suite also benefits from a higher than normal staff-to-resident ratio and has an in-house pharmacy licence to access emergency palliative medications, including opiates.

Establishing a network of palliative care hospice units co-located with residential aged care homes, would be a vital linkage to improve the quality and safety of end of life care for older people living in SWS. While this model requires additional operational funding, it makes economic sense: if five per cent of annual deaths were in specialised palliative care hospices rather than in acute hospitals, it is estimated that the hospital substitution saving would be in the order of \$100 million per year across Australia (Palliative Care Australia, 2018).

Conclusion

HammondCare has a long and diverse history of providing in care in the SWS region and we recognise the changing needs of this population as it ages. As such, HammondCare believes equitable access to primary and sub-acute health services, broadening aged psychiatry and rehabilitation models, and investing in residential palliative care hospices are some of the key priorities for the region. When employed, these solutions would deliver sustainable improvements to the future provision of healthcare services across SWS.

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