



T A S M A N I A  
*for older Australians*

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# Our Healthcare Future Submission

FEBRUARY 2021



## About COTA Tasmania

COTA Tasmania (Council on the Ageing [Tas] Inc) is a not-for-profit organisation, operating as a peak body for a wide range of organisations and individuals who are committed to encouraging our community to think positively about ageing. This involves promoting and encouraging social inclusion and championing the rights and interests of Tasmanians as they age.

The vision of COTA Tasmania as that ageing in Australia is a time of possibility, opportunity and influence.

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# Summary of Recommendations

COTA Tasmania believes that Tasmania must:

- adopt a whole of government approach to health and increase investment in preventative health initiatives that will help to prevent unnecessary hospitalisations and take pressure off the tertiary health care sector;
- incorporate a broader vision of health and wellbeing and invest more in health literacy and new approaches to providing access to health supporting services in regional areas.
- acknowledge and address all aspects of the digital divide when introducing consumer facing technology such as telehealth and digital health records. In addition to user skills we also need to address access to equipment and the cost of internet access and usage;
- invest in technology to deliver compatible systems for sharing patient information that will ensure privacy. Develop consistent policies around data sharing and access;
- ensure that upon leaving hospital there is adequate and appropriate hand-over and continuation of care to ensure full rehabilitation; and
- Recognise the role of the consumer in the whole process from policy development right through to system design and operation and implement processes for co-design and meaningful inclusion.
- Deliver a health system that is accessible to all Tasmanians and is understood by all in our community.

## **Recommendations Improvement Area 1: Better Community Care**

- Invest in a hub and spoke model of health care in Tasmania based on community consultation around key locations for health hubs.
- Expand social prescribing throughout Tasmania.
- Adopt a health in all policies approach and develop a whole of government health and wellbeing plan for the state.
- Consult with consumer groups and older Tasmanians to identify barriers to the uptake of telehealth initiatives, address barriers and fund an information campaign about this service.
- Map the client journey at hospital discharge to identify gaps and shortfalls that are affecting client outcomes.
- Extend the Post Hospital Program to six weeks across the state for all patients who require this assistance.
- Work with the Federal Government, health and aged care stakeholders and older Tasmanians as a priority to ensure aged care residents have equal access to health services.

### **Recommendations Improvement Area 2: Modernising Tasmania's Healthcare System**

- Engage with consumers in a more meaningful and targeted way to draw from their experience on how to improve systems and tools such as My Health Record.
- Invest in solutions to address low levels of digital inclusion in Tasmania through development and implementation of a digital inclusion plan.

### **Recommendations Improvement Area 3: Planning for the Future**

- COTA Tasmania supports the recommendations of Health Consumers Tasmania in relations to consumer consultation and engagement.



# Introduction

As the peak body representing older Tasmanians, COTA Tasmania's comments will focus on the views and needs of older Tasmanians in respect of the issues raised in Our Healthcare Future.

Many older Tasmanians are sceptical about the consultation process around this document. The short duration for providing responses and the fact that this period included the Christmas and New Year break have been raised with us as concerns. While COTA Tasmania appreciates the extension to 12 February, the consultation period and approach still does not provide sufficient time and latitude to engage in a comprehensive discussion with older Tasmanians. Consequently, our submission highlights a number of long standing and still current issues in relation to the health system and older Tasmanians, relevant issues raised with us by older Tasmanians and the input of our Board and Policy Council.

COTA Tasmania would like to see a more in depth and ongoing process for meaningful consumer engagement and co-design. Lived experience can, and should, inform structural change.

COTA Tasmania supports the position put by Health Consumers Tasmania that a more systematic approach to consumer engagement is required and should be embedded in the work of the Tasmanian Health Service. The experience and opinions of Tasmanians who engage with the Tasmanian Health Service, and those who do not, are critical to the future design of the system.

## The Context: Our Demographic Picture

Tasmania's population is ageing – this is well known. We have the oldest state or territory in Australia, our population structure is ageing fastest of all states and territories, and it appears to be ageing faster than current Tasmanian projection data indicate.

Almost 20% of Tasmania's population is over 65 years, and four local government areas (LGAs) have over 25% of the population over 65 years. Current projections indicate that by 2037, 24 LGAs will have over 25% of the population aged over 65 years (four LGAs will have over 40% by 2037).<sup>1</sup>

There are many opportunities and challenges that come with an ageing population and as regular users of the health system, older Tasmanians have a lot to offer in the co-design of the health system.

## The Context: Health and Ageing

As our community continues to age, the focus of preventative care must include quality of life and a capacity to maintain independence – for all Tasmanians. The health experience of older Tasmanians is not equal. Many living in rural or remote locations and in residential aged care simply do not have access to the health care that others take for granted.

Increased wellbeing during our longer lives has both a social and economic benefit. Tasmania's ageing community is not unique and there is much to be learned from others both nationally and internationally.

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<sup>1</sup> Embracing the Future: Tasmania's Ageing Profile, 2019 <https://www.cotatas.org.au/policy-advocacy/cota-reports/embracing-the-future/>

The WHO World report on Healthy Ageing suggests that  
 "... focusing primarily on older people's intrinsic capacity is more effective than prioritising the management of specific chronic diseases. This is not to reject the worth of disease management but rather to underscore that it is an older person's physical and mental capacities that should be the targets of ... health interventions.

Approaching older people through the lens of intrinsic capacity and the environments in which they live helps ensure that health services are oriented towards the outcomes that are most relevant to their daily lives. It can also help to avoid unnecessary treatments, polypharmacy and their side effects."<sup>2</sup>

**Fig. 4.7. Three common periods of intrinsic capacity in older age; risks and challenges, goals and key responses of a health system**

Period	High and stable capacity	Declining capacity	Significant loss of capacity
<b>Risks and challenges</b>	Risk behaviours, emerging NCDs	Falling mobility, sarcopaenia, frailty, cognitive impairment or dementia, sensory impairments	Difficulty performing basic tasks, pain and suffering caused by advanced chronic conditions
<b>Goals</b>			
<b>Responses</b>	Reduce risk factors and encourage healthy behaviours  Early detection and management of chronic diseases  Build resilience through capacity-enhancing behaviours, strengthening personal skills and building relationships	Implement multicomponent programmes delivered at primary health-care level  Treat the underlining causes of declines in capacity  Maintain muscle mass and bone density through exercise and nutrition	Interventions to recover and maintain intrinsic capacity  Care and support to compensate for losses in capacity and ensure dignity  Rapid access to acute care  Palliative and end-of-life care

NCDs: noncommunicable diseases.

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2 World Health Organisation, World Report on Ageing and Health, 2015, P 99-100

3 World Health Organisation, World Report on Ageing and Health, 2015, p 100



This highlights the important intersection between health professionals and community based aged care support services. Aged Care service providers focus on wellbeing and re-ablement in designing care plans. There is great potential for improved communication and co-ordination between health and aged care professionals to deliver improved outcomes for older Tasmanians.

Everyone should have the opportunity to achieve a high level of health and wellbeing regardless of their age, sex, gender, cultural background and wealth. Healthy ageing is not just about being free of disease. Many people lead a good and active lifestyle contributing to the community while dealing with multiple chronic diseases.

However, ageism is prevalent in our community broadly, and it is identifiable in many aspects of our health system. We must strive to eradicate ageism in all its forms and focus on healthy ageing no matter what our life stage or life experience. The World Health Organisation, World Report on Ageing and Health, has created a useful framework that is relevant in the context of Our Healthcare Future.

The World Health Organisation (WHO) defines healthy ageing “as the process of developing and maintaining the functional ability that enables wellbeing in older age”.<sup>4</sup>

Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. This includes a person’s ability to:

- meet their basic needs;
- to learn, grow and make decisions;
- to be mobile;
- to build and maintain relationships; and
- To contribute to society.

Functional ability is made up of the intrinsic capacity of the individual – whatever their chronological age – relevant environmental characteristics and the interaction between them.

Our health planning must incorporate a broader vision of health and wellbeing and invest more in health literacy, preventative health measures and new approaches to providing access to health supporting services in regional areas.

### **Improvement Area 1: Better Community Care**

COTA Tasmania strongly supports the proposition that care in the right place at the right time will lead to better health outcomes.

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#### ***How can we shift the focus from hospital-based care to better care in the community?***

Many older Tasmanians live in regional and rural communities where access to health care, allied health services, health and wellbeing activities are limited. Compounding the difficulty in access to care are transport and mobility issues. Poor public transport exacerbates access issues.

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<sup>4</sup> World Health Organisation, World Report on Ageing and Health, 2015, p 64



Regional hubs such as multi-purpose health centres provide an excellent exemplar on which we could develop a hub and spoke model of health care in our state. Bringing specialist and general practice services to the community through investment in mobile equipment, the provision of administrative support and most importantly, engaging the community in planning for current and future needs, is critical to success. These hubs can also provide “no wrong door” community support for referrals for health, community and aged care services.

Expanding social prescribing in Tasmania would also benefit older Tasmanians and these services could be linked to regional hubs. The success of social prescribing has been demonstrated in other jurisdictions but to date the uptake in Australia has been low.<sup>5</sup> COTA Tasmania has developed an online community activities portal that could be a useful resource for health professionals as it provides regional information on a range of activities for older Tasmanians. [www.cotatas.org.au/information/activities/](http://www.cotatas.org.au/information/activities/)

Planning also needs to consider other communities where needs are high and access to services are low. Residential aged care is a case in point where older Tasmanians struggle to access primary and allied health service and have become a forgotten part of our health system. Aged care residents share equal rights to access health care as the rest of the community.

In addition, reform initiatives that are underway and outlined in the consultation paper need to be adequately funded and actively promoted throughout the healthcare system.

They are often short-term trial style programs, whose efforts are diluted due to the need to administer them, staff and manage them. There is no funding certainty and participants are often let down when the service or program does not continue. This impacts on organizational reputation and trust in the community.

Better care in the community will also be supported by a health in all policies approach. It is well established that health is determined not only by our personal characteristics but also by the environment and the social setting into which we are born and live.

“Age-friendly environments foster health and well-being and the participation of people as they age. They are accessible, equitable, inclusive, safe and secure, and supportive. They promote health and prevent or delay the onset of disease and functional decline. They provide people-centred services and support to enable recovery, or to compensate for the loss of function so that people can continue to do the things that are important to them.”<sup>6</sup>

If we accept this premise, then it is clear that a holistic and integrated approach to policy that impacts on the health of our community is required. Healthy communities encourage incidental exercise, foster social connections, provide adequate and accessible public transport, address social isolation and provide health literacy support. Consideration needs to be given to a whole of government health and wellbeing plan. Responsibility for preventative health extends beyond the budget of the Department of Health.

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5 RACGP and Consumer Health Forum, Social Prescribing Roundtable, November 2019: Report <https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Advocacy/Social-prescribing-report-and-recommendation.pdf>

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6 Ageing and Life course, Age-friendly environments, WHO website, <https://www.who.int/ageing/projects/age-friendly-environments/en/#:~:text=Age%2Dfriendly%20environments%20foster%20health,of%20disease%20and%20functional%20decline.>



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### *How can we make better use of Telehealth?*

The impact of COVID 19 has created a step change in how many of us use technology. Telehealth is one example of this impact and it clearly provides a significant opportunity to extend health services into regional and remote communities.

Technology is a great enabler but it needs to be easy to use, accessible, readable and tested by consumer organisations.

For many in our community telehealth is a challenging concept and a significant departure from usual practice. It is not for everyone and we will still need to offer a range of options for people to engage with health professionals.

New participants need to be supported to engage with telehealth and investment in education and information about these services is required.

Older Tasmanians have among the lowest levels of digital inclusion in the country<sup>7</sup> and this is a critical issue that needs to be addressed if they are to have equal access to information and health resources and participate effectively in initiatives such as telehealth. Meaningful engagement with older Tasmanians on how best to facilitate access to and participation in telehealth and similar initiatives is essential.

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### *How can we improve integration between the health and aged care systems?*

Currently most health and aged care services exist in different silos and do not connect well. From a consumer perspective they are both complex systems that require navigation support to facilitate access. All too often people are falling through the cracks created by the lack of integration and the end result is often a less than optimum health outcome and all too frequently hospital readmissions.

There is much to be done to integrate these systems effectively. As a starting point, COTA Tasmania believes that the following two areas require priority attention.

#### **HOSPITAL DISCHARGE:**

To improve the experience for people accessing services delivered through aged care and health systems we need to track and map the customer journey at key points of interaction between the systems. Critical here is discharge planning and support in the community post hospital. Increased awareness of the range of supports provided by the aged care system among staff responsible for discharge is key. So too is acknowledgment of the rights and interests of individuals concerned in making choices about post discharge options.

We understand that the Royal Hobart Hospital is trialing an extension of the Post Hospital Program from three to six weeks and that this trial will be extended to the Launceston General Hospital. Feedback from older Tasmanians and health professionals tells us that the three week program is inadequate to ensure patient recovery and the risk of re-admission is high. COTA strongly encourages the extension of the Post Hospital Program to six weeks across the state for all patients who require this assistance.

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7 Measuring Australia's Digital Divide The Australian Digital Inclusion Index 2020, [https://digitalinclusionindex.org.au/wp-content/uploads/2020/10/TLS\\_ADII\\_Report-2020\\_WebU.pdf](https://digitalinclusionindex.org.au/wp-content/uploads/2020/10/TLS_ADII_Report-2020_WebU.pdf)

## RESIDENTIAL AGED CARE – ACCESS TO HEALTH SERVICES:

The Aged Care Royal Commission and the experiences of COVID 19 in residential aged care have highlighted that access to health care services in residential aged care facilities is extremely poor. Mental health services, oral health services, allied health support and access to GP's are all problematic for older Tasmanians living in residential aged care despite having equal right to these services as the rest of the community. Change is needed as a matter of urgency.

As a first step, the State Government should work with the Federal government, health and aged care stakeholders and older Tasmanians to ensure equal access to medical practitioners and reliable out of hours services for people living in residential aged care facilities.

### RECOMMENDATIONS:

- Invest in a hub and spoke model of health care in Tasmania based on community consultation around key locations for health hubs.
- Expand social prescribing throughout Tasmania.
- Adopt a health in all policies approach and develop a whole of government health and wellbeing plan for the state.
- Consult with consumer groups and older Tasmanians to identify barriers to the uptake of telehealth initiatives, address barriers and fund an information campaign about this service.

- Map the client journey at hospital discharge to identify gaps and shortfalls that are impacting on successful outcomes for clients.
- Extend the Post Hospital Program to six weeks across the state for all patients who require this assistance.
- Work with the Federal Government, health and aged care stakeholders and older Tasmanians as a priority to ensure aged care residents have equal access to health services.

## Improvement Area 2: Modernising Tasmania's Healthcare System

### *How can we best target our digital investment?*

Investment in technological solutions to streamline the operation of the health care system in Tasmania is clearly necessary. However, from the observer's point of view the investment in sharing patient information has been ongoing for many years with limited outcomes. Integration of IT systems is not a simple task but we need to be building on the knowledge acquired through earlier projects and experience in other jurisdictions and committing to the investment required to deliver the outcome required. Integration of departmental systems is a building block for further integration with external stakeholders in the process and requires prioritization.



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*What information should be prioritized for My Health Record? What are the opportunities to develop a digital interface between hospitals and other care providers?*

As outlined above, COTA Tasmania believes that discharge planning is a priority area to prevent readmissions to hospital. There is potential for confusion between health practitioners, allied health practitioners and importantly, the person receiving care. While we understand that there is capacity to include discharge plans in My Health Care record, there are still omissions and variability in the information uploaded.

Community pharmacy should not be overlooked in the sharing of health information to prevent inefficiencies and potentially serious adverse outcomes. Along with medication lists, pathology and other diagnostic testing should be included. Patients are frequently responsible for ensuring that test results are available to health professionals and tests are often repeated when this may not have been necessary if better access was given to health and allied health professionals.

In summary, more needs to be done to embed the use of My Health Care record both for professionals and community members.

As outlined throughout this submission, there is a critical need to engage with consumers in a more meaningful and targeted way to draw from their experience on how to improve systems and tools such as My Health Record. There is still a gap in understanding an awareness of the benefits of My Health Record and privacy concerns are still held by many despite the campaign when it moved to the default for all Australians.

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*How can we use technology to empower patients with their own self care?*

Technology is a great enabler but it needs to be easy to use, accessible and pitched at the right level. Digital access in Tasmania is still poor. In part due to low levels of digital literacy but also due to access and affordability issues. Black spots also continue to be an issue in Tasmania, particularly in regional locations. The broader issue of digital inclusion is fundamental to ensuring we can empower patients to use technology in their own self-care.

Specific investment in awareness raising initiatives that clearly communicate the benefits to the patient, overcome barriers to usage, foster peer to peer learning and provide this information in both digital and non-digital formats will be important.

COTA Tasmania would have liked to have seen assistive technology specifically named up in the diagram on page 13 of the consultation paper as an enabler within an integrated and sustainable health system. Assistive technology, from low to high tech, is now an accepted part of health care management and it should be named up as an element of the health system.

**RECOMMENDATIONS:**

- Engage with consumers in a more meaningful and targeted way to draw from their experience on how to improve systems and tools such as My Health Record
- Invest in solutions to address low levels of digital inclusion in Tasmania through development and implementation of a digital inclusion plan.

### **Improvement Area 3: Planning for the Future**

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#### *Strengthen the clinical and consumer voice in health service planning.*

While it is encouraging to see the consultation document name up consumer voices as a key element of planning, it was equally disappointing to see a near complete absence of the consumer voice in the reform initiatives described (Statewide Clinical Forum and the Future Health Leaders Forum). This fact underscores the importance of introducing an overarching plan for meaningful consumer consultation and the mechanisms to implement such a plan. Consumer engagement must be central to planning, systems improvement and monitoring at all levels of the health service.

As regular users of a range of health services, older Tasmanians are in a good position to provide valuable input to the design and monitoring of health services.

The adoption of the principles of co-design has been proven to yield positive health outcomes for older people in the United Kingdom, New Zealand and many other jurisdictions. COTA believes strongly that patient experience and consumer evidence should also be integral to decision making and performance assessment.

“Consumer narratives are uniquely well-placed to provide information about health system performance. In contrast to more widely reported performance measures, consumers’ own accounts can provide information about health experiences and outcomes over the course of any given health condition; about experiences that cross different parts of the health system; and about care in the home and community as well as in medical and clinical settings.....In short, consumer stories constitute an important evidence base for identifying where and how health interventions and expenditure could be better targeted toward measuring and improving health outcomes. Where quantitative health data can describe what is happening – for example in terms of health service use and health outcomes – qualitative and narrative data can explain why these things are so. This is essential information to inform evidence-based policy decision-making.”<sup>8</sup>

#### **RECOMMENDATIONS:**

- **COTA Tasmania supports the recommendations of Health Consumers Tasmania in relations to consumer consultation and engagement.**

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8 Consumer Health Forum of Australia, *Real People Real Data Project* Funded by the Australian Government Department of Health Literature and Practice Review Capturing, analysing and using consumers’ health experience narratives to drive better health outcomes. January 2013