



COTA SA RESPONSE

SOUTH AUSTRALIAN HEALTH AND WELLBEING STRATEGY 2019-2024 SUMMARY FRAMEWORK FOR CONSULTATION

**Prepared by
COTA SA
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Who is COTA SA? COTA SA is an older people's movement run by, for and with older people. We represent the aspirations, interests and rights of 633,000 older South Australians. COTA SA reflects the diversity of modern ageing in terms of living arrangements, relationships, income, health, ambitions and aspirations. COTA SA connects with thousands of older people each year throughout SA. COTA SA's social enterprise, The Plug-in is available to facilitate access to older people with lived experience and feedback about health in SA.

1. INTRODUCTION

COTA SA welcomes the opportunity to comment on the draft *South Australian Health and Wellbeing Strategy 2019-2024 Summary framework for consultation*. We commend the focus on health and wellbeing beyond the hospital system (and indeed the formal health services system) to increase the opportunities for South Australians and their communities to be informed and active in their own efforts to optimise their health.

The COTA Federation's 2018 comprehensive national survey *The State of the (Older) Nation* found that health was the most important factor – just ahead of cost of living – affecting older people's quality of life. Both well and truly impact wellbeing.

While older people are very important stakeholders in health care, they have struggled to be heard in the redesign of health services in South Australia. Genuine co-design with people who have lived experience with these systems must be integral to the new strategy. That this has not happened in the past has resulted in health services which people tell us are often disjointed, hard to navigate, require people to travel significant distances from their homes and fail to respond to express wishes and preferences. The concept of 'person centred care', although often referred to, has yet to be realised.

Our comments and recommendations on the draft framework reflect the real and lived experiences of older people as they (or their loved ones) attempt to navigate a complex, and largely foreign, system to achieve optimum outcomes.

2. VISION

- COTA SA supports the nomination of several groups as “priority populations” but argues that older people must also be included as a priority population. This aligns with –
 - the repeated reference throughout the paper to our community's ageing as placing “greater demand” on our health services
 - the argument in this paper that “focussed strategies” on the last 1000 days of life is worthwhile
 - the high current usage by older people of ED and other acute care
 - the emerging evidence (including from both SAHMRI's ROSA and the CRE on Frailty and Healthy Ageing) that frailty is both preventable and reversible and, that where neither is possible, it can be much better managed than it is currently.
- There must be a commitment to involving older people as early as possible to develop and trial new health service delivery approaches that would reduce the need for hospital presentations and admissions by providing services where people live (from COTA SA State Budget submission 2019-2020)

- There needs to be an integrated approach to the experience of people receiving health services. Feedback continues to criticise the gulf between hospitals and primary care (particularly GPs) and siloed services within hospitals when older people often present with a range of co-morbid conditions.
- The paper refers to participatory health approaches but focuses entirely upon smart devices and digital tools. We would urge both a wider interpretation of participatory health and a reference to the importance of capacity building among older people. In the absence of this, the reliance on digital tools will risk alienation rather than improved participation.
- We urge that the walking stick to denote over 65's is removed from the icons used. This may seem like a small issue but it is part of the typecasting of older people as inevitably frail and dependent. Importantly it also works against new visions and expectations of our lives as we age.
- Neither "health" nor "wellbeing" are clearly defined. The use of the term "patient" rather than client, consumer or customer perpetuates the power imbalance and paternalistic nature of health services. Substitute "patient" with "consumer" or "client"
- Preventative measures, including those that enable older people to be informed and powerful in their own health management, that maximise the potential of peer approaches and that improve the sense of partnership in health decision-making must be a priority in a recalibrated health and wellbeing approach in SA.

3. TRUSTED

- COTA SA supports the focus on capable, experienced and empathic staff well beyond high end clinical care. We receive feedback about instances of both outstanding and appalling care. We think that SA Health must be just as famous for its kindness, empathy and insight.
- We receive feedback that we must do more to combat ageism in health services and in health decision-making and to improve awareness of the needs of people with dementia. Older people are a key population group but instances of more complex needs and frailties are often poorly understood by hospital staff. For example from the feedback we receive, the impact of infections on an older person's cognition is often still not recognised for what it is – a temporary indisposition not a permanent state.
- We urge the adoption of a culture of continuous improvement where learnings from critical events are used to improve systems and care and where people with lived experience are part of system redesign and improvement processes.
- We continually hear that both older people (and their families/networks) using health services need better support to do so. System design must focus on the interaction with primary care services, effective communication, transport and

visiting logistics, and measures that improve and streamline discharge or hospital avoidance.

- We also hear that a guide/mentor service staffed by people who understand how terrifying and foreign a large hospital environment is would be greatly valued. This is likely to include improved liaison with older people and their representatives and advocacy to create a better interface between informal care, primary care and acute care.
- We must ensure that the “innovative methodologies” adopted to increase health literacy and for ongoing dialogue about the system are not only digital. Significant numbers of people who use these systems are currently not able to interact and use digital interfaces.
- SA must bring the cost of ambulances for pensioners in line with other states given their important role in the health system. We continue to hear reports that older people avoid calling an ambulance because they worry about the cost.

4. TARGETED

- Older people want access to health services close to home as a first preference and hospital admission carries additional risks for many older people. In 2014-15 almost 49% of potentially preventable admissions to hospital involved people aged over 65 years. We urge the design and trial with older people of alternatives that provide better or equivalent care in the place people live wherever indicated.
- We urge better investment in supporting people’s understanding, control and decision making around their own health. This means extending proven peer education models to inform health literacy, improve safe and effective medication use and promote planning ahead including the use of Advance Care Directives.
- Join health services up with all the major systems that impact significantly on outcomes for older people – including hospitals, primary care, self and other informal care and aged care. Predictable access to a trusted GP service who provides personalised care is highly valued.
- COTA SA urges improved responses to our population diversity – CALD, sexual orientation, geography, income, health status etc.

5. TAILORED

- The State Government supports continued investment in SA led frailty research and translation including to support national leadership of frailty through -
 - Hosting the National Health and Medical Research Council Centre of Research Excellence in Frailty and Healthy Ageing
 - Funding the Registry of Older South Australians (ROSA) at SAHMRI.

- The knowledge and skills of experienced staff must be valued. We are alarmed that current incentive programs for older RNs to leave the employ of SA Health are ageist and appear not to benefit the health system.
- It is important that the “innovative methodologies” adopted in the push for flexibility, convenience and control over interactions with service providers recognise that not all people are able to use digital systems. We must continue to design to ensure that alternatives are provided alongside the digital options.

6. TIMELY

- We support the focus on timeliness; waiting lists for investigations and procedures have significant negative impact on wellbeing – lives are disrupted, life is on hold, relationships suffer.
- The logistics of access must be part of health service design. This includes transport access and the interface with rural/regional informal and formal services. We would also urge that non-health sectors should be involved in disseminating health and wellbeing information.