

**National Health and Hospitals Reform Commission
Submission from Professor Hal Kendig
Friday 30th May 2008**

This individual submission is informed by my responsibilities as National Convenor of the ARC/NHMRC Research Network in Ageing Well and as Research Professor of Ageing and Health in the Faculty of Health Sciences at the University of Sydney. In the latter capacity, my research examines the effects of healthy lifestyles and primary care as influences independence, well-being and service use. I also bring a research perspective to the NSW Chronic Aged and Community Health Taskforce (CACH) led by Professor Ron Penny (attached is a copy of the NSW Health newsletter item outlining the efforts of the CACH taskforce to connect research to clinical and policy initiatives).

I wish to provide introductory comments and research materials now and to registering my interest in contributing to the Commission's work.

The opportunity and need for major reform:

I would begin by endorsing wholeheartedly the well considered principles and challenges articulated for the Commission. We must have radical reform in the planning, funding and delivery of prevention, health and care programs. As underscored by your Beyond the Blame Game Report, current funding structures present major barriers to the allocation of resources to prevention and aged care programs. They lead to the inappropriate allocation of resources to the acute hospital sector, especially emergency departments, when primary and community care would be more appropriate.

Efforts by the Commonwealth and State Governments with COAG reforms provide an historic "window of opportunity" for setting health directions that constructively respond to population ageing and other challenges ahead for Australia. The Australia 2020 Summit underscored the Government's commitment to modernising Australian governmental structures, increasing emphases on prevention over the lifespan, and bringing research based evidence to inform public debate and improve policies. I was privileged to be a participant in the 2020 Summit where I contributed to the health stream. Attached is a submission on Ageing Health and Care Research Directions made by my colleague Matthew Carroll and myself (see attached).

The ageing of the population brings two fundamental challenges to Australia that demand priority attention in health policy. First, the need to ensure a productive workforce requires promoting and maintaining the health of ageing workers and hence the priority for health promotion for them in the workplace as well as the community. Second, a more appropriate and efficient system for delivering health and care to older people and their carers will greatly improve outcomes for them while limiting the cost imposts on tax payers including younger Australians. In these ways, ageing and older people must be viewed as opportunities (rather than problems) for meeting Australia's challenges.

Policy directives:

I would be especially pleased to explore the following with the Commission:

- The Commonwealth Government assuming full responsibility for the planning, funding and performance review of health and care for all Australians aged 70 years and over. This radical reform would recognise that the appropriate and efficient allocation of health and care resources to ageing Australians is severely distorted by the complexity of existing program responsibilities divided between levels of Government and health and care programs. Older people and their carers should have the capacity to work closely with health and care professionals to access the best mix of prevention, health and care for each individual in the context of locally available services. The valuable service coordination, management and delivery functions of State Governments could be maintained along with the current mix of state, voluntary, private hospital and care services. Commonwealth funding and planning could be effectively provided through mechanisms such as those now applied by the Department of Veterans Affairs.
- The age specific program outlined above would need to be accompanied by a strong funding commitment specifically for younger people with disabilities. This would require a restructure of the HACC program but the efficient joint delivery of home delivered services could be maintained through services to both groups.
- Older people must continue to have their primary health care needs met through general practitioners in the community and opportunities for prevention (notably obesity and physical activity appropriate to them, is supported through mainstream health promotion efforts.
- A comprehensive approach to the health and care of older people must recognise that older people place a high priority on remaining in their own homes and improved ways of supporting them there are required (e.g. separating the accommodation and care components of support).
- Partnerships between older people, carers and health professionals are the only effective and viable way to limit and manage the alarming rise of diabetes and other chronic diseases
- Major reform is required to correct the inappropriate medication of older people to the detriment of their health and at considerable public expense.

Some of the above issues were discussed in a presentation to the *Australia's Ageing Population Summit* in 2008 by Ian Yates and Jane Fisher (Council on the Ageing South Australia) and myself, where we argued that ageing and older people are central to mainstream health. We looked at a number of innovative approaches to service delivery and health system reform and I have attached a copy of the presentation for your information. A number of the policy issues relevant to the delivery of aged care have also been addressed in an Australian Health Policy Institute paper in 2001 by Stephen Duckett and myself (see attached).

A focussed research commitment

An evidence base must guide and inform ongoing reforms by identifying health priority needs and by assessing program effectiveness. At present, the NHMRC is making some important but small efforts in establishing practice and policy research programs that can assist in this area. One off reviews such as the Prime Minister's PMSIEC Healthy Ageing Report (produced way back in 2002) made the case for evidence based advances. The NHMRC's Ageing Well, Ageing Productively program grants commencing in 2006 provided a good start in this direction. This kind of multidisciplinary research program funding is essential to understand the complex determinants of the health and care of older people and the most effective policy and service responses to them.

A development which is of particular relevance to the work of the Commission is the recent call for responses to the National Collaborative Research Infrastructure Strategy (NCRIS) 2008 Discussion Paper. The NCRIS development has identified 12 priority areas for investment, including one on Population Health and Data Linkage. Coordinated investment in this area is of critical importance in providing the evidence base on population needs and service use across program areas through time. This information is necessary to inform health policy decisions into the future. A copy of my submission to the NCRIS discussion paper is attached.

An important next step for health policy and services research is to dedicate a modest proportion of health program funding (e.g. 1%) to strategic and applied research including program evaluation. Research agendas must be established jointly by policy makers and service providers as well as researchers. Research should be conducted in collaboration with them as well as consumers, and with resources devoted specifically to the translational dimension.

Our ARC/NHMRC Research Network will be available to work closely with your Commission in recommending research agendas and structures that inform the reform directions. We have recently presented to the Minister for Ageing a draft *Ageing Research Challenge for Australia* (ARCA) document on which we are consulting with the Government and the NHMRC and ARC (see attached). We also are working with Aged and Community Services Australia (ACSA) and the Australian Association of Gerontology (AAG) in developing a community care research agenda including the essential connections between population health and acute and community health services.

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I trust that these comments will be of interest to the Commission and look forward to contributing to your important work. Our network would be pleased to facilitate your consultation with the expert researchers on our Network Management Committee and the policy and consumer constituencies in our Advisory Group (see www.ageingwell.edu.au for more information).

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Attachments:

NSW Health Newsletter item re CACH

Australia 2020 Forum health stream submission

Presentation to the Australia's Ageing Population Summit

Australian Directions in Aged Care – AHPI Paper

PMSIEC Report – Promoting Healthy Ageing in Australia

NCRIS submission

ARCA briefing document