Ageing Strategy

for the health and wellbeing of older people in Western NSW

NSW GOVERNMENT Health
Western NSW
Local Health District

Whom do we mean when we talk about "older people"?

The Western NSW Local Health District Ageing Strategy describes a broad vision that is not defined by any specific age. Ageing is a journey that we make at different times and in different ways. Some people live fit and independent lives well into their 80s, 90s or beyond. Others experience disability or chronic disease from a younger age and may require assistance for daily living. Women and men experience ageing differently, as do Aboriginal and non-Aboriginal people.

Our Ageing Strategy respects these differences and only defines age ranges when it is directly necessary for the work we do. For example, some NSW Health policies refer to people aged 65+ and Aboriginal people aged 50+ or 55+. Some Commonwealth policies refer to people aged 70+ and Aboriginal people 55+, with some services available from 45+. Preventive programs such as health promotion often start much younger in life, to build resilience as people approach older age. Such differences simply reflect the nature of this work, but they do not change our overall intent: to improve the health and wellbeing of all older people across our District.

Western NSW Local Health District acknowledges the traditional owners of the Country throughout Western NSW, and their continuing connection to land and community. We pay our respect to traditional owners, to Elders both past and present and acknowledge the privilege we have to live and work on Aboriginal lands. We share and celebrate the rich history of Aboriginal culture and recognise the diverse and proud Aboriginal nations across our District.

We are committed to improving Aboriginal health and the health outcomes and experiences for all people and all communities across our District. We all contribute to making a difference in health outcomes and have a responsibility to make a real and lasting difference in the lives of all people living in Western NSW.

Western NSW Local Health District Ageing Strategy
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Aboriginal Health Impact Statement endorsed May 2021 Ref# 21/32

FOREWORD

Older people are a valued part of our society. They are the ones who came before us, who built and nurtured the very communities in which we now work, live and play. They continue to contribute to families, friendships and neighbourhoods right across our District. It is both a responsibility and a privilege to provide care and support for them as they age.

It is fitting, then, that the development of this Ageing Strategy has included what is perhaps one of the largest planning consultation processes ever undertaken by our LHD. It was quickly evident that almost every service and team across the District has some connection to older people, and they sought strong input to this Strategy. It was likewise quickly established that the traditional metrics of health cannot adequately describe ageing. Physical, mental and functional health are, of course, important. But ageing must also be viewed through a lens of social and emotional wellbeing. Loneliness may be just as harmful as high blood pressure. Social isolation could pose as great a risk to long term health and wellbeing as smoking. We must consider and address all these elements when planning and delivering our services, be that community programs, hospital services or in the residential aged care provided in our multipurpose services.

Everyone experiences the journey of ageing in their own way, and so the concept of person-centred care is perhaps never so important as it is in this context. Recognition of culture is another important issue to consider and address. And above all, dignity and respect are vital to all aspects of care.

This Ageing Strategy was being developed as the COVID-19 pandemic unfolded around us. It reminded us how vulnerable older people can be. But we were also encouraged by the overwhelming community sentiment that emerged at this time: that we must care for our elders. Whether it be within the immediacy of a pandemic or for the longer-term journey that life presents each of us with, this is why an Ageing Strategy is so important.

Mr Scott Griffiths
Chair
Western NSW LHD Board

Mr Scott McLachlan
Chief Executive
Western NSW LHD

Julie Cooper
Executive Director, Integrated Care
Western NSW LHD

We acknowledge and thank the many voices that contributed to the development of this Ageing Strategy, including the following.

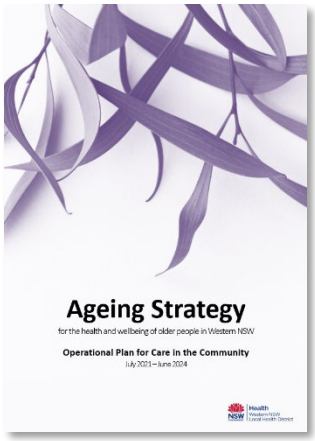
- Older people living in Western NSW LHD
- Ageing Strategy Steering Committee members
- All LHD staff who participated in the planning workshops and online staff surveys
- Aboriginal Health Leadership Team
- Allied Health Advisors
- Cancer Services Clinical Stream
- Cardiology Clinical Stream
- Clinical Governance Unit
- Combined Aged Care Teams
- Diabetes Services Stream
- Disability Services Stream
- District Clinical Council
- Emergency Clinical Stream
- Executive Leadership Team
- Finance
- Health Promotion Team
- Mental Health, Drug & Alcohol Executive
- NSW Health Mental Health Branch Older People's Mental Health Policy Unit
- Older People's Mental Health (LHD)
- Operations Team
- Oral Health Services
- Organisational Development Unit
- Palliative Care Stream
- Renal Services Clinical Stream
- Respiratory Clinical Stream
- Rural and Remote Clinical Stream
- Rural Sector Managers

CONTENTS

EXECUTIVE SUMMARY

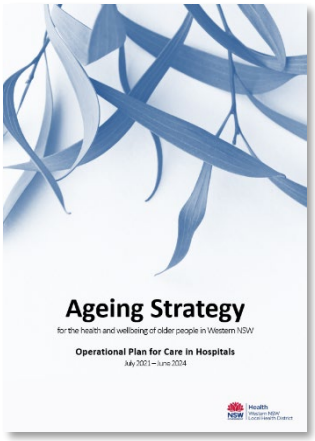
This Ageing Strategy lays out a vision and pathway for our many different services and teams to work together more collaboratively to improve the health and wellbeing of older people across Western NSW LHD. The ageing journey touches upon nearly every service and program across the District. This Strategy includes consideration of physical, mental and functional health, social and emotional wellbeing, culture, dignity and respect.

This main Strategy document presents the overarching vision, context and a structure for action. It is supported by three Operational Plans taking a setting-based approach to community, hospital and residential aged care. The "Strategy at a Glance" including the vision and goals within each setting is shown over the page.



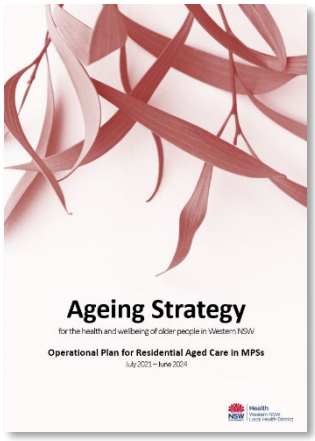
Care in the community

includes services, programs and care to support older people living in the community. An important focus of this work is keeping people healthy and well, to stay safely in their homes for as long as possible. This includes support for physical, mental and functional health as well as social and emotional wellbeing. It ranges from prevention and health promotion through to ongoing clinical care and support for existing chronic conditions, additional care and support for daily living, and palliative and end of life care.



Care in hospitals

includes emergency departments, inpatient care and rehabilitation services. These are delivered across our District through our hospitals and multipurpose services (MPSs). It also includes care delivered through the hospital system but in other settings, such as Hospital in the Home. The work done in this setting has important ties back to communities. Smooth transitions in and out of hospital are a key priority identified by our staff and communities. Likewise transitions between hospitals and residential aged care will be an important area of focus.



Residential aged care in MPSs

is the focus of our third operational plan. In our District, MPSs have more beds allocated to residential aged care than hospital inpatient care. The quality of daily living is a major focus in this setting: wellbeing encompasses all aspects of physical, functional, social and emotional health. We recognise the important roles of carers and families of older people and see them as key partners in care. We also recognise the importance of building effective partnerships with private residential aged care providers operating across our District, particularly to ensure that older people living there have equitable and effective access to relevant public health services.

Health
Western NSW
Local Health District

Ageing Strategy

Our vision for better health and wellbeing for older people in Western NSW LHD

Physical, mental and functional health ... Social and emotional wellbeing ... Culture, dignity and respect

Care in the Community

VISION

Older people live longer, stronger lives

Older people receive respectful, high quality, personalised care and support to help them stay in their homes for longer

Carers and families are acknowledged and engaged

GOALS

C1 Establish good governance for a District-wide approach to meeting the needs of older people in community settings

C2 Build resilience across the ageing population

C3 Identify and assess the needs of older people to promote earlier intervention and support

C4 Provide holistic, high quality care and support to older people living in the community

Care in Hospitals

VISION

All older people receive respectful, high quality care in hospital settings

The specific issues of ageing are addressed more sensitively and effectively

Carers and families are acknowledged and engaged

GOALS

H1 Establish good governance for a District-wide approach to meeting the needs of older people in hospital settings

H2 Provide respectful, high quality care for all older people in hospital settings

H3 Address specific issues of ageing in hospital settings more appropriately, systematically and effectively

Residential Aged Care in MPSs

VISION

Residential aged care services in MPSs are prepared to meet the future needs of our ageing population

Older people receive respectful, high quality, home-like residential aged care

Carers and families are acknowledged and engaged

GOALS

R1 Establish good governance for a District-wide approach to meeting the needs of older people in MPS residential aged care

R2 Build the capacity of our organisation to design and deliver MPS residential aged care in a more contemporary, consistent and high quality way

R3 Improve the day-to-day operational delivery of MPS residential aged care across all our facilities

MPS = Multipurpose Service

OLDER PEOPLE IN WESTERN NSW LHD

The idea is to die young…
as late as possible.

- Ashley Montagu

The experience of ageing is different for everyone. Our health shapes what that experience will be like.

Source: World Health Organization "Healthy ageing"

Every person should have the opportunity to live a long and healthy life, both on a physical level and in terms of social, emotional and mental wellbeing. This Ageing Strategy recognises that these things are shaped in many complex ways by elements from both within and around us[1]. We cannot simply look at one aspect of someone's health without thinking about the individual, environmental and societal influences on that. Our Ageing Strategy reflects this holistic approach and will be delivered with a long-term, whole-of-community approach.

What older people say about ageing

Excerpt from the public consultation undertaken for the NSW Ageing Strategy 2016-2020[2]

Older people in NSW are generally optimistic, though realistic, about growing older. Being healthy and living longer is seen as a blessing, although it also causes some worry around planning for getting older. Older people strongly believe:

- Everyone can learn a lot from older people
- Getting older is a great opportunity to pursue new interests and enjoy life
- Growing older does not bother them.

Further, the older people consulted do not think of themselves as old. They also recognise that, as people get older, they are likely to face issues around loneliness, poorer health and changes to their lifestyles, and often do not get respect in society. Some of the most important things for people in NSW as they get older are:

- Staying independent and physically and mentally healthy for as long as possible
- Being able to get around on a daily basis for as long as possible.

This is followed by:

- Staying financially independent for as long as possible
- Having easy access to a range of transport options
- Maintaining solid social ties and staying in close contact with family, friends and the community
- Remaining in their current home for as long as possible.

Consultation for the newly-released Ageing Well in NSW: Seniors Strategy 2021-2031 built on these themes and added emphasis on challenging **ageism**.

Across the District, our staff are passionate about doing more to serve and support older people throughout their ageing journey.

Our staff provided significant input to the development of this Ageing Strategy. Some of the key staff views that have shaped this work include the following.

- We must always emphasise the importance of dignity and respect for older people
- We should be doing everything we can to help older people stay in their own homes for as long as possible
- An asset to build upon: Our organisation has a strong and positive culture that cares deeply about older people
- An asset to build upon: We have strong leadership to champion the needs of older people
- We need greater collaboration across all aged care services and programs, with a greater understanding of each other's roles
- We must encourage the elderly to actively participate in their own care: older people have rights
- We need to ask what older people want and need, and listen more carefully to their answers
- We must think more about how to meet the cultural needs of Aboriginal people
- It is important for carers and families to be involved in the care of older people, and we need to make sure they are getting the information and support they need from us.

What our staff say about health services for older people

Quotes from local consultations undertaken to inform the development of this Western NSW LHD Ageing Strategy

If you get aged care and the care of the elderly right, you have all health care delivery right.

Greater collaboration across all aged care providers within a community, greater understanding of each other's roles and blurring the lines if needed to benefit the client.

Encourage the elderly to actively participate in their own care.

One of the biggest things that needs to change in order to improve the lives of elderly people in our society is our attitudes towards ageing. There certainly has been a change, but there is room for improvement.

Rethink how we define "value". What are meaningful indicators for ageing?

Do what we can to help people stay in their own homes as long as possible.

Customer-driven activities – more of what the community wants, not only what the service provides.

So glad that this group is being considered. They are incredibly vulnerable and there are relatively low-cost opportunities to improve the quality of care in the community, hospitals and residential aged care facilities.

Stop assuming what they want: ask and listen.

Older people across our District

The following data are from the *Health of the Population Report: Western NSW Health Needs Assessment 2020*[3].

There are over 50,000 older people living in Western NSW LHD.

- Over 50,000 persons aged 65+ live in Western NSW LHD, accounting for almost one in five persons (18%).
- The younger age structure of the Aboriginal population, likely due to high fertility rates and early deaths, means that the proportion of Aboriginal people that are aged 65+ years is disproportionately less than that for non-Aboriginal people. Only 5% of Aboriginal people in our District are aged 65+. Including Aboriginal persons aged 55+ is more relevant and meaningful in this context. There are over 4,000 Aboriginal persons aged 55+ in Western NSW LHD.

The age profile of the population varies markedly across the District, with large *numbers* of older people in the major urban centres, but relatively high *percentages* of local older people living in smaller communities.

- The three largest local government areas (LGAs) in the District account for 43% of all persons aged 65+: Dubbo Regional LGA (over 8,000 persons), Bathurst Regional LGA (over 7,000 persons) and Orange LGA (around 7,000 persons).
- The *percentage of the local population* presents a different perspective, however. Across the whole District, persons aged 65+ account for 18% of the total population. All three of those largest LGAs sit *below* this figure: Dubbo Regional LGA (16%), Bathurst Regional LGA (16%) and Orange LGA (16%). It is in many of the LGAs with smaller populations that proportionally larger numbers of older people reside, the highest being in Weddin (27%), Warrumbungle Shire (25%) and Cowra (24%).

Our population is ageing. That is also reshaping the demographic landscape, especially in smaller communities where many younger people are moving away but older people often remain and "age in place".

- The population profile of Western NSW LHD is ageing, as it is across NSW. The percentage of people aged 65+ was 12% in 1996, 19% in 2017 and is expected to reach 25% by 2036.
- Patterns of ageing and migration provide insight to the future age profile across the District. Overall, there will be a 7% increase in the whole population size between 2016 and 2036, but with wide variations by LGA. The more populated LGAs are expected to increase, notably Orange LGA (22%), Bathurst Regional LGA (16%) and Dubbo Regional LGA (13%). By contrast, declines in population are expected to be greatest in Gilgandra (-20%), Weddin (-18%), Warrumbungle (-18%), Brewarrina (-17%) and Narromine (-17%).
- Against this highly variable background, one measure is the same across the whole District: the population for the 70+ age group is expected to increase in *every* LGA, even those otherwise declining in size. Brewarrina and Cobar are expected to at least double. By contrast, the populations of all other age groups are expected to decline or remain relatively stable. This will produce a substantial shift in the age profile of many local communities.

Older people are already an important focus of our work. As the population ages and the demographic landscape shifts, we will need to explore new approaches to service planning and delivery to meet better their needs.

Some population groups across the District require additional consideration when we plan and deliver services, to be sure that we recognise and meet their needs in a sensitive and appropriate way.

Older Aboriginal people

"Meaningful gains in Aboriginal health" is a primary goal described in our District Strategic Plan[4]. We seek to significantly improve health outcomes for Aboriginal people. More Aboriginal people must be able to access healthcare when they need it, and have positive, culturally safe and respectful interactions with our services when they do. The Western NSW LHD Improving Aboriginal Health Strategy 2018-2023[5] emphasises the importance of engaging with Aboriginal Elders to discuss the services we deliver and seek advice on how we can improve these services for Elders and their families, and to continue the dialogue through regular attendance at Elders Group meetings to provide updates on achievements and seek advice on further improvements.

What Aboriginal people say about ageing

Excerpt from the community consultation process undertaken for the Royal Commission into Aged Care Quality and Safety[6]

The role of Elders within Aboriginal and Torres Strait Islander communities, and the respect and care with which they generally expect to be treated, were very important aspects for these participants and a source of pride. They were aware that their communities **valued older people more highly than the wider Australian population**.

Knowing that Aboriginal and Torres Strait Islanders had a shorter life expectancy led to 'old' being perceived to be at a younger age. Participants from this group were more likely than others to spontaneously discuss issues of smoking and drinking and their impact on health in older age.

Aboriginal and Torres Strait Islanders were **more likely to look forward to older age**, seeing it as a time when they would be revered within the community, and could share their knowledge and culture with younger community members. Younger Aboriginal and Torres Strait Islander participants enjoyed this interaction with older people and recognised the value of knowing their traditional culture and stories. However, expectations of intergenerational interaction and care were not always met, with some older participants conscious that younger people are time poor and spend less time with older family members than expected. Some also felt that levels of respect for Elders within the community were falling. Concern around potential lack of support and loneliness in older age led some people to aspire to communal living, rather than feel a burden to their families.

Aboriginal and Torres Strait Islander participants, like others, wish to live independently in their older years. Where they differ from the wider Australian population is their expectations around family support, **care settings that understand and respect Aboriginal culture**, and that this period of life is either spent living on Country, or ensuring they are buried on Country. The cost of being buried on Country was a marked concern for older Aboriginal and Torres Strait Islander people.

Older people who experience inequities or disadvantage

Older people who experience socioeconomic disadvantage

The link between socioeconomic disadvantage and health has been strongly demonstrated[7] and is rightly a priority focus for work that fits with our District priorities[4, 8]. People who are financially disadvantaged are often concerned about having sufficient income during older age, the impact on their health and housing choices, the need to continue working into their older years and being a burden to their children in later years[6]. The concept of "choice" is a very important part of the ageing journey, and without sufficient financial security, those choices can be very limited. Two-thirds (67%) of people aged 65+ living in Western NSW LHD receive the aged care pension, with the largest numbers residing in Dubbo Regional LGA (around 5,600 persons), Orange LGA (around 4,700 persons) and Bathurst Regional LGA (around 4,500 persons)[9]. As a percentage of those living in each LGA, this is relatively highest in Walgett (80%), Cowra (73%) and Warrumbungle Shire LGAs (72%)[9].

Older people living with disability

Disability has a compounding impact on health and wellbeing and wider implications such as limited opportunities, reduced income and reduced social participation and connections[10] as well as a higher risk of being victims of violence[11, 12]. In Western NSW LHD, 16% of persons aged 65+ (including those in long-term accommodation) have a profound or severe disability. The largest numbers of these persons are in Forbes (almost 1,500 persons), Parkes (over 1,000 persons) and Bathurst Regional LGAs (almost 1,000 persons). Although the numbers are smaller, there are proportionally large populations in Walgett (20%) and Lachlan LGAs (19%). Approximately 12% of community-dwelling persons 65+ live with a profound or severe disability, with largest numbers residing in Forbes (around 1,000 persons), Parkes (around 800 persons) and Bathurst Regional LGAs (around 800 persons). Proportionally large populations reside in Warren (16%), Coonamble (14%) and Walgett (14%)[9].

Older people living in smaller communities

Smaller communities frequently experience a double disadvantage. Many are home to relatively greater proportions of the people who experience disadvantage, as demonstrated in the figures above. We know that people living in rural areas experience poorer health and wellbeing on many measures, and therefore have greater health care needs[7]. Yet they may also have poorer access to health services. For example, there is clear evidence that access to general practitioners is relatively poor in regional and rural areas of Australia, and that this is becoming gradually worse, not better[13]. With the projected shifts in the ageing profile of these smaller communities described earlier, needs will only increase in the future and our service planning will need to reflect and respond to these issues.

Other groups across our communities

Many other groups across our District experience disadvantage, and whilst their numbers may be relatively low in our District, they are nonetheless an important consideration for future planning. Indeed, being from a small group within a community is a vulnerability in itself if you feel isolated and if services do not adequately consider and meet your needs. We will do more to address the needs of such groups, including people from culturally and linguistically diverse backgrounds and people who identify as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI+).

Older people who experience social isolation and loneliness

The impact of social isolation and loneliness was a theme that came up repeatedly throughout the consultation that informed the development of this Ageing Strategy. Not everyone who lives alone is lonely, and not everyone who is lonely lives alone, but like many things, these can be subjective but powerful influences on our lives and on our experience of ageing. Social isolation and loneliness can have a significant detrimental effect on health and wellbeing including a higher likelihood of mortality[14], increased likelihood of emergency department presentations[15] and specific health issues including coronary heart disease and stroke[16], high blood pressure[17], cognitive decline[18] and depression[19]. Loneliness also makes it harder to self-regulate behaviour and build willpower and resilience over time, leading to engagement in unhealthy behaviours[17, 20]. Researchers have described the magnitude of this social factor as being comparable with well-known physical risk factors such as smoking, obesity and physical inactivity[21].

Unsurprisingly, loneliness was a key consideration in the recent Royal Commission into Aged Care Quality and Safety. Even in facilities where there were well-organised social opportunities, community consultation participants suggested that this was not necessarily sufficient to prevent loneliness because residents' families move on with their busy lives and do not spend sufficient time visiting and continuing to care and give support[6].

"Quite sociable but also very lonely. There's a lot of social activities going on within the home, all chatty, all friends but also a deep sense of loneliness. And also abandoned or passed by, by their family."

Community participant, They look after you, you look after them: Community attitudes to ageing and aged care[6]

Loneliness and social isolation are not limited to this setting however, and for many older people living in the community, there are critical points in time such as retirement. Mental health after retirement was a significant discussion, with community members reflecting on the motivation work provides to get up, get out of the house and interact with society.

"If you don't have a purpose and stay active … if you retire and do nothing, they reckon that kills you quicker."

"It's really important when you get older, that sense of community. You're not relying on your children. They're not going to be there for me every day. They have their own lives."

"I think it's important because that's what will help you live longer or enjoy your quality of life … if you're so lonely, I don't think you would last long."

"People are still dying and months later they find out … the neighbours don't know each other … loneliness."

"To keep moving, keep going. Not to just sit there …"

Community participants, They look after you, you look after them: Community attitudes to ageing and aged care[6]

What is the role of an LHD within such a complex societal issue? There is no doubt that social isolation and loneliness have an impact on health and wellbeing, and that understanding this context is a key part of providing better health care to older people. There are also opportunities for us to collaborate with others to address this at a broader societal level. An ethical case can be made for this being part of a holistic approach to address the health and wellbeing of older people. A pragmatic case can be made as well: these are strong determinants of health, with a clear impact on the demands for our services. Either way, this is part of the bigger picture that contributes to healthier rural people and thriving communities.

Carers and families

Carers and families are valuable partners in the delivery of services to the people they care for. Within the health care setting it is important that carers and families are recognised, engaged and included as partners in the health care team. When carers and families are effectively engaged and included in discussions about a person's treatment and care, their experience of the health care system is greatly improved.

The information that carers and families can provide about the person they care for is incredibly valuable and can help health staff gain a better understanding of how to settle a patient, reduce their anxiety and respond to the person's behaviour and needs.

We must also do more to identify, explore and meet the needs of older people who navigate our health system *without* the support of a carer or family members.

The NSW Carer's Strategy 2020-2030[22] calls for the following.

In NSW, people who have a caring role:

- Will be recognised, respected and valued by our community
- Will be supported to take care of their health and wellbeing
- Will have their rights realised, with the same choices and opportunities as other members of our community
- Will be supported and enabled to access and navigate supports and services that meet their needs and the needs of those they support.

Many carers are also older people, and their own needs are important to recognise and support.

What carers and families say

The following information comes from the consultation process for the NSW Carer's Strategy 2020-2030[22]

Carers can only care well if they have services for themselves as well as the people they care for. Carers can be overwhelmed by the complexity of the service system and feel the difficulty of accessing services.

Carers told us:

- They need information that is easy to access and in one place
- They need peer support (support from another carer) as a priority
- They need safe and culturally appropriate services

Carers make a huge contribution to our community, although they often do not identify with the concept of being a carer or the word "carer". It is important that their positive contributions are understood and promoted. This will help to improve carer wellbeing, increase access to support and make use of the knowledge and expertise of carers.

Carers told us:

- Many Aboriginal and CALD carers do not identify as carers and therefore do not access information or support.
- Most carers are not asked about their own needs as a carer by service providers, their GP or hospitals.
- Some carers have feelings of shame and stigma and this can prevent them from seeking support. This is related to the need for more positive attitudes to disability, mental illness, ageing, illness and dementia, cultural diversity and the LGBTQI+ community.
- Respect and recognition is a huge issue for young carers. They seek less judgement and more understanding from the community.

The ageing journey can be very complex, with multiple elements to consider and address. The following case studies highlight the need for our services to be patient-centred, thoughtfully integrated and responsive.

Whilst names and some details have been changed for privacy, these case studies are based on real events.

Lillian is an 82 year old widow. Five years ago, she had a major health crisis: she was diagnosed with breast cancer and experienced a ruptured bowel during treatment, requiring a stoma. Once Lillian had recovered from being critically unwell, an ACAT assessment was conducted. Daily personal care was arranged, and community nurses visited to dress the wound and provide stoma support. She recovered well.

Now Lillian continues to live successfully in her own home. She is well supported with services for daily showers, fortnightly cleaning and yard maintenance and some pre-prepared meals. She took classes in computer literacy through a care provider, and now joins weekly Zoom chats, follows her children and grandchildren on Facebook and Instagram, does online shopping and recently obtained a Netflix account to watch the new season of *The Crown*. Lillian has a loving and engaged family living in her community, who visit almost daily, however her children all work and are raising their own families, so have very little capacity to provide day-to-day care. The home care services have allowed Lillian to remain well-supported at home, and she leads an active, fulfilling life.

Ben and Maree have been married for 53 years and have lived in the same small town where they met as children. Ben has gone to the emergency department with chest pain more than once but has never followed through with the investigative tests or care recommended. Maree had a fall and broke her wrist two years ago. Last year, she required significant ongoing wound care from a community nurse after cutting her leg whilst working in her beloved veggie garden. She refused to stop gardening while it healed, complicating her recovery.

It is a rocky relationship. Ben has long-term issues with alcohol and there have been numerous allegations of domestic violence. They are well known to local police as a result, and Maree has left Ben several times, but she always comes back within a few days and withdraws her complaints to the police. Their only daughter is estranged from them and there are no other local family. Neighbours are concerned that Maree is now showing signs of dementia, but she has not been assessed and responds angrily when anyone suggests it. There is no ongoing direct care nor support now, and local service teams expect it will only be a matter of time before one or both present with significant issues that might otherwise have been prevented.

Lola was admitted with dehydration from home as a sub-acute patient to her local MPS. She had been previously diagnosed with vascular dementia and had been cared for by her husband Alex, assisted by a level 4 package, but it became clear that Alex could no longer provide the care she needed. She required permanent residential placement, but there were no available RAC beds in the MPS at the time and the family refused to look for a suitable bed in the next town. Her daughter demanded that another resident be moved to another facility to make room for her mother. The staff felt threatened. Further, there was significant conflict within the family, with Lola's daughter demanding medications be ceased and end-of-life care be provided, contrary to the advice of Medical Officers and in disagreement with Alex and his son.

Senior executive staff, MPS managers, Medical Officers and the Palliative Care team were all ultimately involved in resolving the process, and whilst agreement was eventually reached, it was not without significant negative impacts on many of those involved, including facility staff and Lola herself. There was a clear lack of understanding from Lola's daughter in particular regarding MPS services. A local bed became available during the process, and Lola lived for a further 6 months with ongoing care from the Virtual Rural Generalist Service and the Palliative Care team. She received regular visits from her husband and son and occasional visits but daily phone calls from her daughter.

Mortality in older people in Western NSW LHD

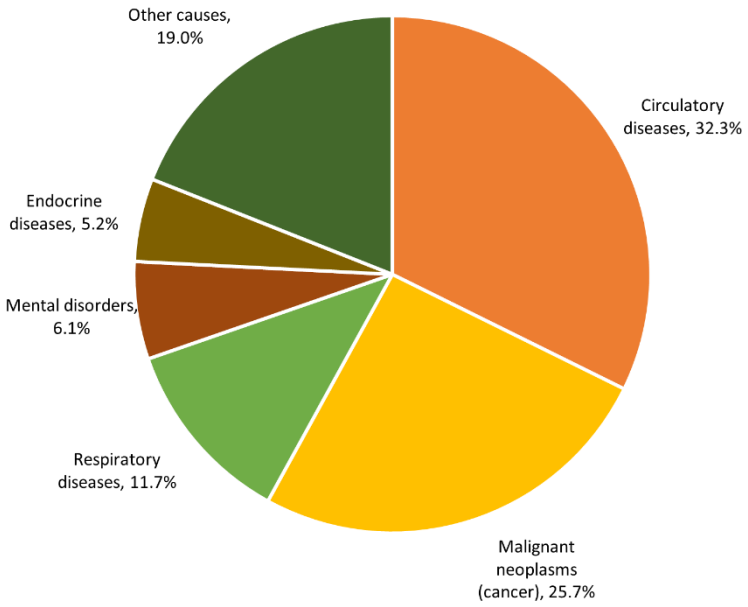
Mortality rates amongst Western NSW LHD persons aged 65+ are

15% higher than NSW

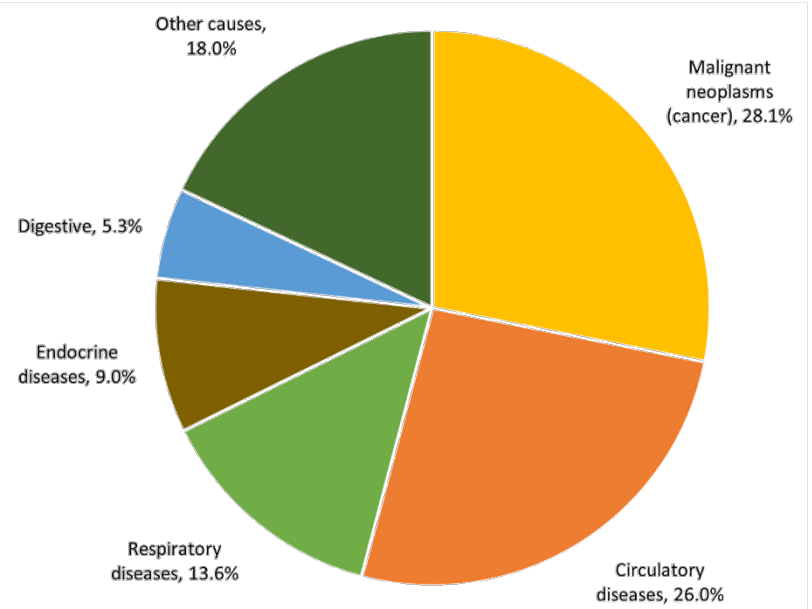
Western NSW LHD persons 65+ 4,184 deaths per 100,000. NSW persons 65+ 3,646 deaths per 100,000.

Brewarrina LGA has the highest 65+ mortality rate in the District (35% higher than NSW)

followed by **Parkes LGA** and **Gilgandra LGA**



Leading causes of mortality for persons 65+
Western NSW LHD



Leading causes of mortality for Aboriginal persons 55+
Western NSW LHD

Brewarrina LGA persons 65+
4,921 per 100,000 (35% higher than NSW)

Parkes LGA persons 65+
4,613 per 100,000 (27% higher than NSW)

Gilgandra LGA persons 65+
4.480 per 100,000 (23% higher than NSW)

Data source: Cause of Death Unit Record File held by the NSW Ministry of Health Secure Analytics for Population Health Research and Intelligence, as cited in Western NSW Health Needs Assessment 2020[3].

Hospitalisation of older people in Western NSW LHD

Hospitalisation rates amongst Western NSW LHD persons aged 65+ are **5% lower** than NSW, but hospitalisation rates amongst Aboriginal persons aged 55+ living in Western NSW LHD are **14% higher** than NSW

Western NSW LHD persons 65+ 926 per 1,000. NSW persons 65+ 974 per 1,000.
Western NSW Aboriginal persons 55+ 1,234 per 1,000. NSW Aboriginal persons 55+ 1,083 per 1,000.

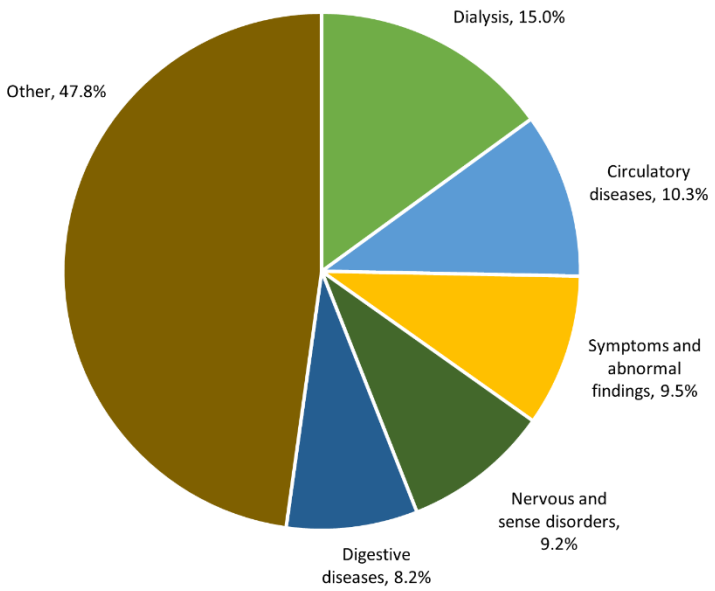
Bogan LGA and Warren LGA have hospitalisation rates 41% higher (Bogan) and 24% higher (Warren) than NSW

Bogan LGA persons 65+ 1,372 per 1,000
Warren LGA persons 65+ 1,203 per 1,000

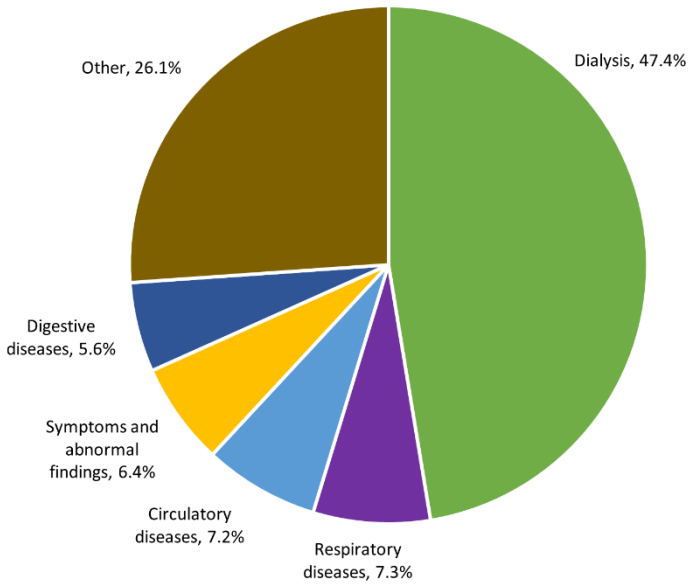
Brewarrina, Cobar, Bathurst and Orange also had higher rates than NSW.

Data source for all figures on this page: Admitted Patients Data Collection & HealthStats NSW, as cited in Western NSW Health Needs Assessment 2020[3]

Please note that the inclusion of dialysis can skew these data as dialysis requires multiple admissions.



Leading causes of hospitalisation for persons 65+
Western NSW LHD



Leading causes of hospitalisation for Aboriginal persons 55+
Western NSW LHD

Care and projected care in the future

Older people living in the community

Around 1,500 people living in Western NSW LHD receive **community aged care** through a **home care package**

Over 12,000 receive support services under the **Commonwealth Home Support Program** (CHSP)

Source: AIHW National Aged Care Data Clearinghouse. Western NSW LHD Planning, Performance and Funding Directorate. Data to June 2019.

15% of WNSWLHD residents aged 65+ identified that they **require assistance with core activities**

Source: Australian Bureau of Statistics (Census Table Builder)

Older people living in residential aged care

In our District, MPSs have more beds allocated to residential aged care than hospital inpatient care.

Around 3,500 Commonwealth-funded residential aged care places are provided across the District by 50 private and non-government service providers, including Western NSW LHD

Source: AIHW National Aged Care Data Clearinghouse.
Western NSW LHD Planning, Performance and Funding Directorate. Data at June 2019.

Through our Multipurpose Services (MPSs), we currently provide

over 400 MPS residential aged care beds

Source: AIHW National Aged Care Data Clearinghouse.
Western NSW LHD Planning, Performance and Funding Directorate. Data at June 2019.

Persons aged 70+ currently account for 32% of hospitalisations in District facilities, despite being only 12% of the population

Over 30,000 ED presentations per annum	Over 20,000 acute separations per annum	Over 88,000 acute bed days per annum
which represents 18% of all ED presentations	which represents 32% of all acute separations	which represents 44% of all acute bed days

Source: Planning, Performance and Funding Directorate. FlowInfo v19, 2018-19 data

With the ageing population and projected changes to the population described earlier, we expect to see a substantial increase in future health service demands to meet the needs of older people across the District.

By 2036 (assuming no changes in practice or models of care) it is projected that:

- **An additional 75 acute beds** in Western NSW LHD will be required to accommodate a 43% increase in admissions and a 30% increase in bed days for people aged 70+ years
- **An additional 23 sub-acute beds** in Western NSW LHD will be required to accommodate a 105% increase in admissions and 32% increase in bed days for people aged 70+ years (assumes that Lourdes Hospital continues to provide a rehabilitation service)
- **ED presentations will increase by 17%** (people aged 70+ years)
- **An additional 47 residential aged care placements and 563 Home Care Packages** will be needed across the District to meet the projected demand by 2036 (using the methodology of 75 years and over).
- If people enter aged care at a younger age or if the demand is not met in Home Care Packages, the requirement for residential aged care places in the District will increase significantly.

Source: Planning, Performance and Funding Directorate

The Royal Commission into Aged Care Quality and Safety

The Royal Commission into Aged Care Quality and Safety was established on October 2018. Whilst a large component of the discussion centred on residential aged care settings, the full scope took a wider lens view of ageing. This Strategy was developed concurrent to that process, tracking its progress throughout, and has been informed by its final reports released in March 2021. Responses from the Commonwealth and NSW Health (not yet available at the time of writing) will further inform the implementation process.

Commissioner The Honourable Tony Pagone QC highlighted five key issues in his introduction to the report:

"First, too many older people are not getting the Home Care Package they need at the time and level they need it… Second, the amount funded for Home Care Packages is insufficient to meet the care needs of many… Third, the staffing levels (in residential aged care) are too low… Fourth, the current system is largely failing those Australians who are identified by the current legislation itself as having 'special needs' (including people living in regional, rural and remote areas and Aboriginal and Torres Strait Islander people) … Fifth, the aged care system is not well integrated with the health care system."

Final report Volume 1 pages 8-9

Specific recommendations from the multiple-volume report are too numerous to list here but have informed the operational plans that accompany this Ageing Strategy. This includes but is not limited to the following.

The governance and delivery of aged care services

- Substantial workforce recommendations including extensive modification to remuneration, minimum qualifications, education systems, registration, professional development and staff-to-resident time ratios
- Program design recommendations related to the Commonwealth Home Support Program, Home Care Packages, residential aged care, respite and short-term restorative care
- Support for the MPS model of care (one of the few aspects of the report that was largely positive)
- The importance of community-based care including the role of allied health and general practitioners
- Introduction of Local Hospital Network-led Multidisciplinary Outreach Services
- Enhancement of the Rural Health Outreach Fund
- Greater use of telehealth services and other technologies to support services and care
- Multiple recommendations about improving data including individual patient records
- Better management of and response to concerns and complaints

Quality, safety and care

- Placing people at the centre of aged care with integrated long-term support and care
- Consideration of staffing levels and qualifications
- Reviews of Quality Standards
- Improved transitions between residential aged care and hospital settings

Addressing significant issues

- More equitable access and better quality care for key groups of people including those living in regional, rural and remote areas, Aboriginal and Torres Strait Islander people and people with disabilities
- Better models and quality of dementia care
- Increased access to Older Persons Mental Health Services
- Attention to key medical issues including medication management and the use of antipsychotics
- Establishment of a Senior Dental Benefits Scheme

WHAT WE WILL DO

A society that does not value its older people denies its roots and endangers its future. Let us strive to enhance their capacity to support themselves for as long as possible and, when they cannot do so anymore, care for them.

- Nelson Mandela

Ageing Strategy aspirations

- We will build a **culture** that values and strives for independence, dignity and respect throughout the ageing journey.
- We will recognise the importance of **physical, functional, social and emotional health and wellbeing** across this journey.
- We will **enable older people** to take greater control of their own health and wellbeing.
- We will **deliver better care and support** to help older people live independently and safely in their own homes for longer. We will provide **respectful, home-like residential aged care** for those who cannot.
- We will **reach more of the people who have the greatest need** for our care and support, and they will experience the most significant improvements in health and wellbeing.

Our promise to older people in Western NSW LHD

When accessing Western NSW LHD services:

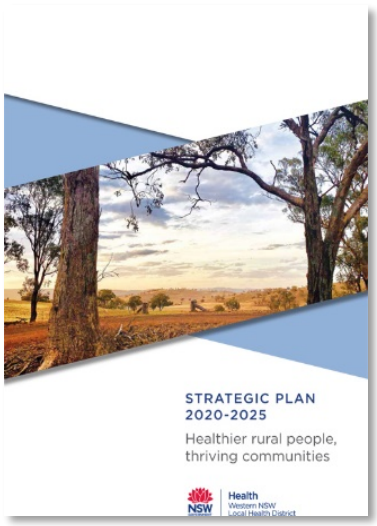
- You will be treated with **dignity and respect** and can maintain your identity. You can make **informed choices** about your care and services and live the life you choose.
- You will be a **partner** in ongoing assessment and planning that helps you get the care and services you need for your health and wellbeing.
- You will receive care that is **safe and right for you**.
- You will receive the **services and supports for daily living** that are important for your health and wellbeing, and that enable you to do the things you want to do.
- You will feel that **you belong and are safe and comfortable** in our services.
- You will be encouraged, supported and feel safe to **give feedback and make complaints**. You will be engaged in processes to address your feedback and complaints, and appropriate action will be taken.
- Your care and services will come from staff who are **knowledgeable, capable, and caring**.
- You can be confident that our services are **well-run**. You can be a **partner in improving** the delivery of those services.

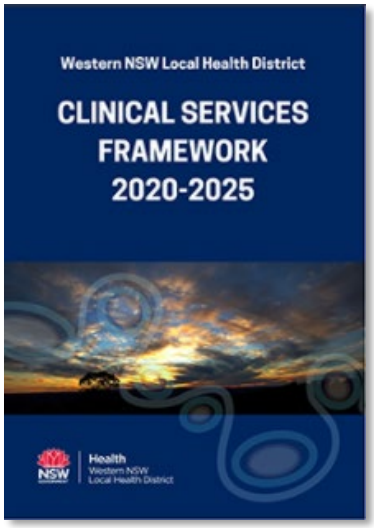
These promises reflect the Australian Aged Care Standards[23].

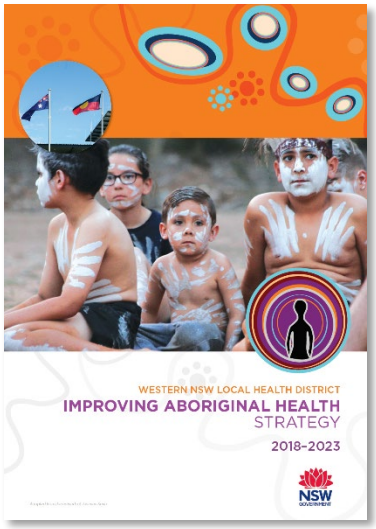
The Charter of Aged Care Rights relates to consumers receiving Australian Government funded aged care services (including that delivered through MPSs) and includes a similar scope of commitments to safety, quality, dignity and respect.

The strategic context

Key strategic drivers that shaped this Ageing Strategy have included the following.

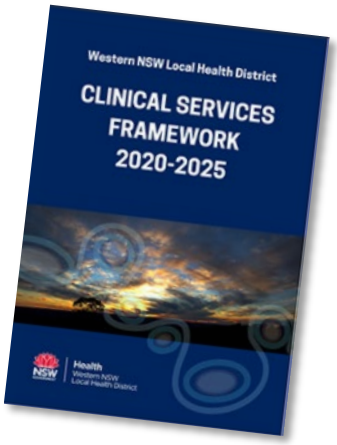


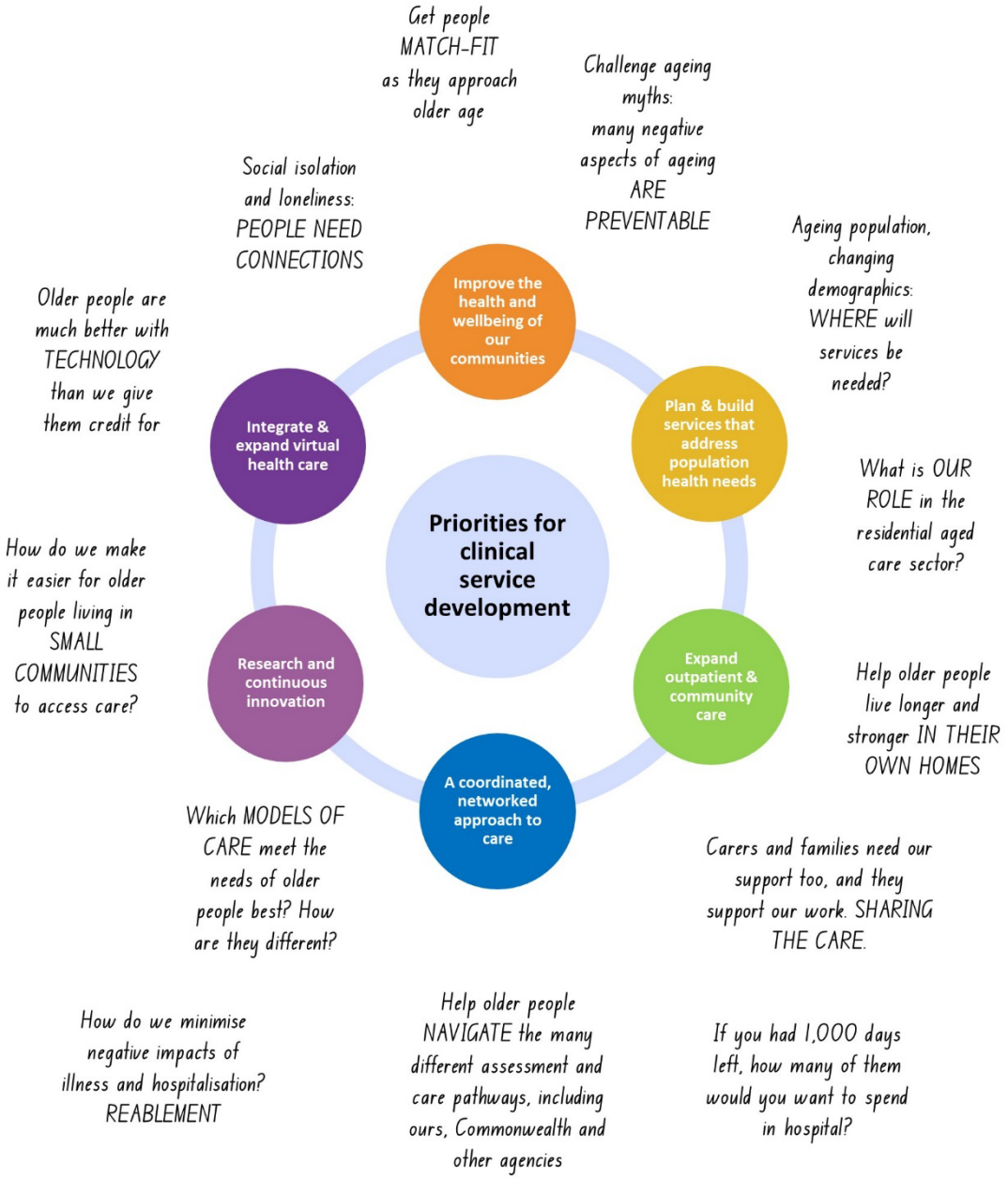




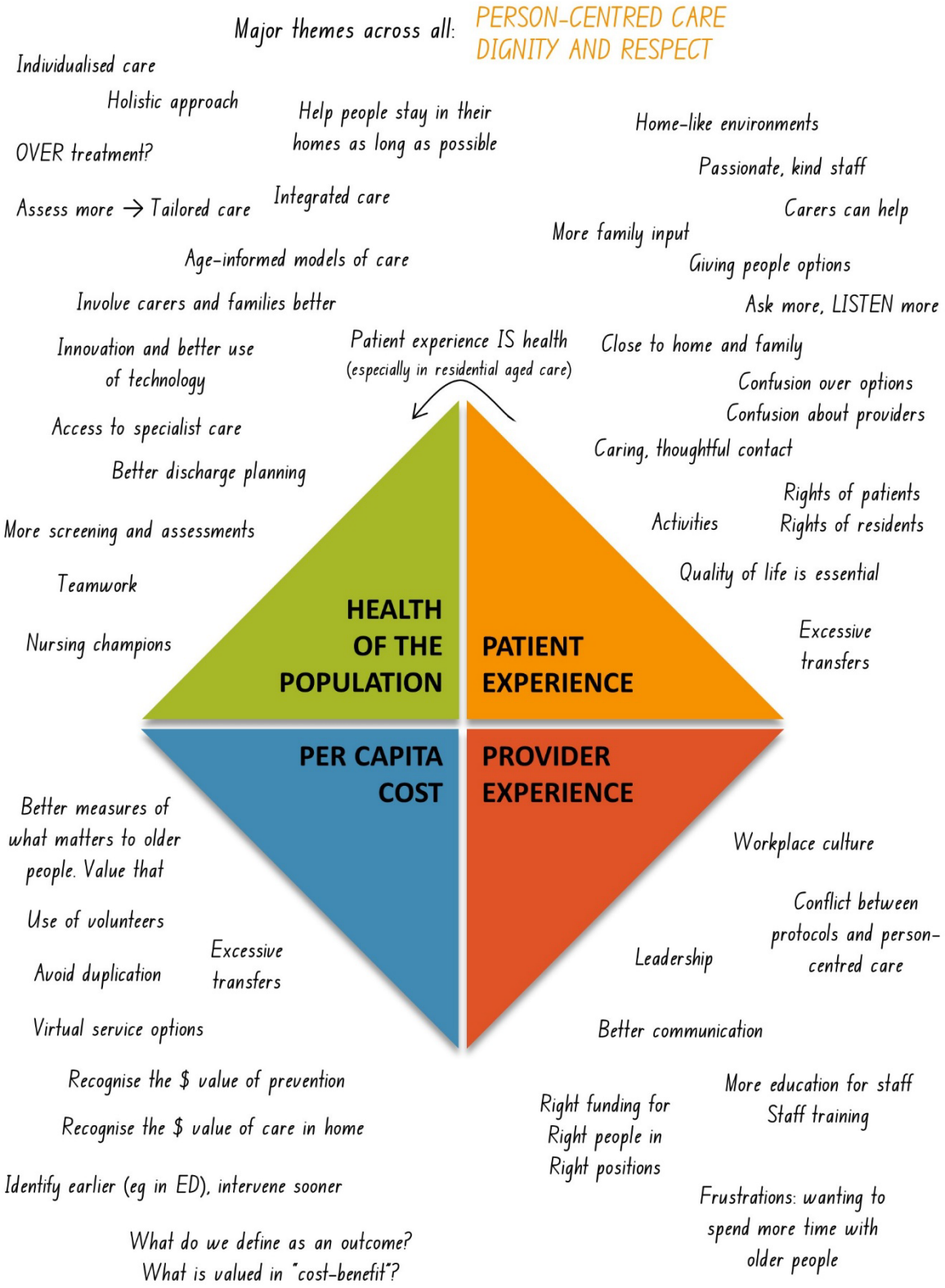
Reflections in the context of our LHD Clinical Services Framework

The Western NSW Clinical Services Framework 2020-2025[24] is our five year roadmap for delivering high quality healthcare in Western NSW. It sets out our plans and priorities for our hospitals, multipurpose services, community and primary health services and home based services. It lays out the priorities of our clinical services to meet the needs of our community, as shown in the coloured circles in the centre of the figure below. Key issues that shape this Ageing Strategy have been mapped to these.





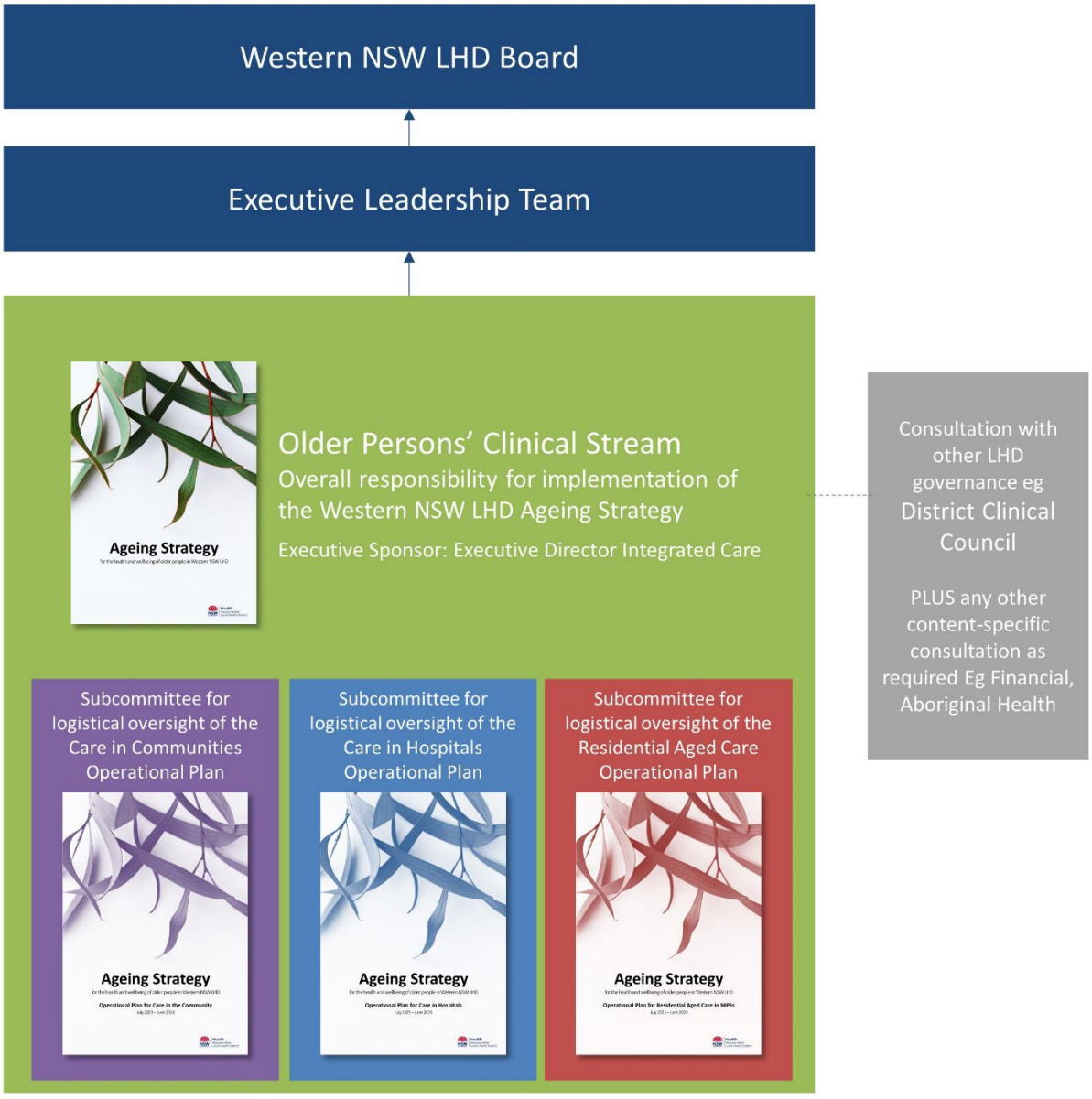
In tandem with the planning principles described in the *Clinical Services Framework*, the District will continue to be guided by the **Quadruple Aim Framework**[25]. Staff from across the District were invited to contribute to the development of this Ageing Strategy. The key issues they raised to drive future service design and improvement have been mapped to the quadruple aim below.



Governance

Implementation of this Ageing Strategy will be overseen by a newly-formed Older Persons' Clinical Stream, with subcommittees for each of the settings-based operational plans. Appropriate consultation across other LHD governance structures will occur before reporting up through the Executive Sponsor to the Executive Leadership Team, as shown below.

More detail on governance is provided in the operational plans.



The scope of work

This Ageing Strategy will shape our work across three major settings: in the community, hospitals and residential aged care delivered by LHD Multipurpose Services (MPSs). These have been explored in greater detail in three corresponding operational plans. The remainder of this main document provides a brief summary of each.

Care in the community

includes services, programs and care to support older people living in the community. An important focus of this work is keeping people healthy and well, to stay safely in their homes for as long as possible. This includes support for physical, mental and functional health as well as social and emotional wellbeing. It ranges from prevention and health promotion through to ongoing clinical care and support for existing chronic conditions, additional care and support for daily living, and end of life care. Our vision in this setting is that:

- ☑ Older people live longer, stronger lives
- ☑ Older people receive respectful, high quality, personalised care and support to help them stay in their homes for longer
- ☑ Carers and families are acknowledged and engaged.

Care in hospitals

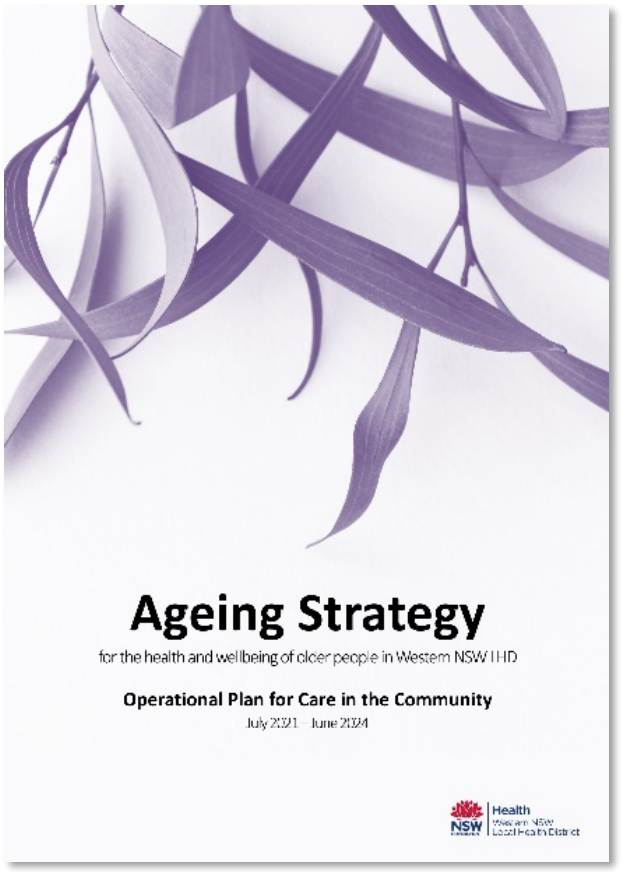
includes emergency departments, inpatient care and rehabilitation services. This is delivered across our District through our hospitals and multipurpose services. It also includes care delivered through the hospital system but in other settings, such as Hospital in the Home. The work done in this setting has important ties back to communities. Smooth transitions in and out of hospital are a key priority identified by our staff and communities. Likewise the transition back and forth between hospitals and residential aged care is an important area of focus. Our vision in this setting is that:

- ☑ All older people receive respectful, high quality care in hospital settings
- ☑ The specific issues of ageing are addressed more sensitively and effectively
- ☑ Carers and families are acknowledged and engaged.

Residential aged care in MPSs

is the focus of our third operational plan. In our District, MPSs have more beds allocated to residential aged care (currently over 400) than to hospital inpatient care. The quality of daily living is a major focus in this setting: wellbeing encompasses all aspects of physical, functional, social and emotional health. We recognise the important roles of carers and families of older people and see them as key partners in care. We also recognise the importance of building effective partnerships with private residential aged care providers operating across our District, particularly to ensure that older people living there have equitable and effective access to relevant public health services. Our vision in this setting is that:

- ☑ Residential aged care services in MPSs are prepared to meet the future needs of our ageing population
- ☑ Old people receive respectful, high quality, home-like residential aged care
- ☑ Carers and families are better acknowledged and engaged



Snapshot: Operational Plan for Care in the Community

In the extensive consultation undertaken to inform the development of this Ageing Strategy, one of the most prominent priorities that emerged was to help older people stay in their own homes for as long as possible. Community-based services play a vital role in this. The themes of dignity and independence also flowed throughout all these discussions.

Clinical care in the community includes a large scope of work addressing short-term health issues as well as longer-term management of chronic disease and end of life care. A large component of this work is delivered in community settings, as out-reach or in-home models of care, and with a growing component of telehealth options. Specialist teams work to improve the health of priority populations such as Aboriginal Health.

Helping older people to staying well and in their own home for longer was a priority identified almost universally across the consultation that informed this Ageing Strategy. Preventive work includes specific programs coordinated by our Health Promotion Team as well as health promotion strategies routinely integrated into the proactive clinical care delivered by primary and community health services. We also seek to look further upstream and explore the determinants of health such as social isolation and loneliness, as these can have a profound effect on health and wellbeing. Strong partnerships across community organisations will be central to this aspect of the work.

Assessment and support for daily living are delivered by specialist teams. Improving knowledge across the community (and within our own workforce) of appropriate care pathways for specialised assessment, services programs and support are key strategies for the future. More holistic assessment and therefore more tailored and appropriate care for older people will be part of this process, as will better care coordination and linkages between community, hospitals and residential aged care settings.

Plan at a glance: Care in the community

Goal C1: Establish good governance for a District-wide approach to meeting the needs of older people in community settings.

Objectives

C1.1 Establish an appropriate District-level governance structure to drive and oversee the implementation of the Ageing Strategy, including this Operational Plan.

C1.2 Give older people, carers and families a stronger voice in the long-term planning of services in this setting.

C1.3 Establish an appropriate set of indicators for this setting that appropriately reflect physical, functional, social and emotional health and wellbeing.

C1.4 Optimise the management and future planning of resources in this setting, including the use of data to predict and plan for future needs.

C1.5 Build strong and effective partnerships to develop and deliver the strategies described in this plan.

Goal C2: Build resilience across the ageing population.

Objectives

C2.1 Address upstream determinants of health and wellbeing through contemporary long-term strategies.

C2.2 Increase access to and uptake of prevention initiatives.

Goal C3: Identify and assess the needs of older people to promote earlier intervention and support.

Objectives

C3.1 Undertake brief health risk screening of older people as part of the proactive, routine care of community services.

C3.2 Provide specialised assessments of older people and recommend service and support pathways.

C3.3 Educate older people, carers and families as to the assessment, service and support options available to them.

C3.4 Educate LHD staff and local service partners for better navigation of assessment, service and support pathways.

Goal C4: Provide holistic, high quality care and support to older people living in the community.

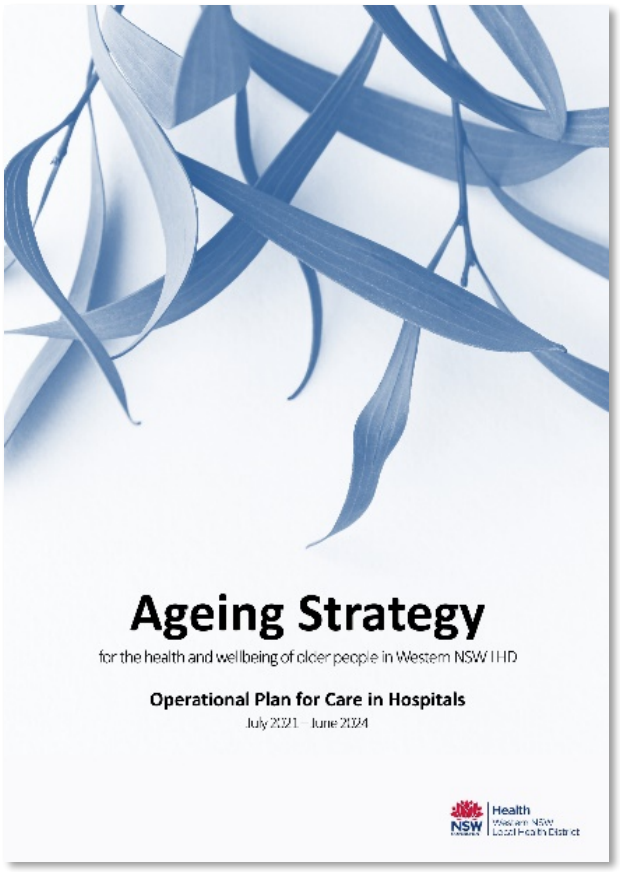
Objectives

C4.1 Apply an ageing lens across all relevant community-based services to ensure a better fit to the needs of older people.

C4.2 Engage with carers and families more consistently and effectively in the day-to-day delivery of care.

C4.3 Deliver specialised services, programs and tailored support to address the issues of ageing more collaboratively and effectively.

C4.4 Improve palliative and end of life care.



Snapshot: Operational Plan for Care in Hospitals

The scope of this second operational plan is broad, including emergency departments, inpatient care and rehabilitation services. It also includes care delivered through the hospital system but in other settings, such as Hospital in the Home.

The work done in this setting has important ties back to communities and smooth transitions in and out of hospital are a key priority identified by our staff and communities. The discharge process is a key opportunity to connect older people with community-based services and supports. Transitions back and forth between hospitals and residential aged care is an important area of focus.

Persons aged 70+ currently account for 32% of hospitalisations in District facilities, despite being only 12% of the population. The needs of older people are therefore core to all practice in this setting, not just the issues we associate with ageing. From what's on the menu to the design of the facilities themselves, an ageing lens must be applied to all that we do. The importance of this will only continue to grow as our population ages.

Consultation for this setting identified the need for a strong focus on the following.

- Dignity and respect
- To ask more, and listen more
- To involve carers and families more effectively

Specific issues that require more discussion, planning and ongoing attention were also identified as follows.

- Improve the care of people with delirium and dementia
- Prevent falls injuries in hospital settings
- Reduce deconditioning and support reablement to improve outcomes following hospitalisation
- Improve palliative and end of life care.

Plan at a glance: Care in hospitals

Goal H1: Establish good governance for a District-wide approach to meeting the needs of older people in hospital settings.

Objectives

H1.1 Establish an appropriate District-level governance structure to drive and oversee the implementation of the Ageing Strategy, including this Operational Plan.

H1.2 Give older people, carers and families a stronger voice in the long-term planning of services in this setting.

H1.3 Establish an appropriate set of indicators for this setting that appropriately reflect physical, functional, social and emotional health and wellbeing.

H1.4 Optimise the management and future planning of resources in this setting, including the use of data to predict and plan for future needs.

H1.5 Build strong and effective partnerships to develop and deliver the strategies described in this plan.

Goal H2: Provide respectful, high quality care for all older people in hospital settings.

Objectives

H2.1 Examine all aspects of hospital care through an ageing lens and implement system-wide strategies to improve the experience for all older people.

H2.2 Proactively identify the needs of individual older people who come through our hospital system and connect them to appropriate assessment/services post-discharge.

H2.3 Engage with carers and families more consistently and effectively in the day-to-day delivery of care.

H2.4 Monitor and improve outcomes for older Aboriginal people.

H2.5 Improve the skills of our workforce to be more aware of and responsive to the needs of older people.

Goal H3: Address specific issues of ageing in hospital settings more appropriately, systematically and effectively.

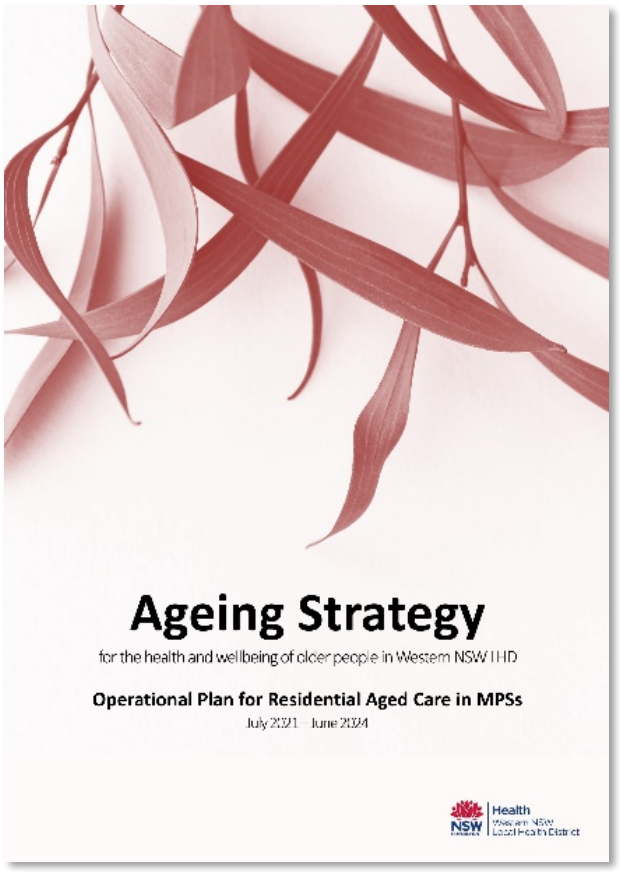
Objectives

H3.1 Improve the care of people with delirium and dementia.

H3.2 Prevent falls injuries in hospital settings.

H3.3 Reduce deconditioning and support reablement to improve outcomes following hospitalisation.

H3.4 Improve palliative and end of life care.



Snapshot: Operational Plan for Residential Aged Care in Multipurpose Services

Multipurpose services (MPSs) provide small rural communities with a combination of emergency, acute, community based and residential aged care services. Our MPSs are an important provider of residential aged care to over 400 people and this care is the focus of our third operational plan.

Dignity and respect were very strong themes that emerged during the consultation process. The experience of daily life was described as being just as important as more traditional health metrics monitored elsewhere such as in community or hospital settings. Better communication with and engagement of carers and families was another strong theme. As the population ages and there is a demographic shift across our District, particularly in smaller communities, it will also be vital to further explore the role of our LHD in providing future residential aged care.

Key principles of care in this setting have been outlined by the Agency for Clinical Innovation[26] as follows.

- The resident is respected as an individual with an emphasis on rights, quality of life and wellbeing, as defined by the individual and carer/family. This includes privacy, control over life, dignity and lifestyle interests.
- The resident and carer/family receive timely and appropriate information at entry to care and at regular intervals to maintain choice and control over all aspects of the resident's life.
- The resident participates in comprehensive assessment and care planning that is reviewed regularly.
- A homelike environment involves freedom and choice in routines (eg waking, dressing, engagement in chosen activities) and may also include environmental approaches such as kitchens and laundries accessible to residents, bistro/café style dining room or choice of menu.
- The resident is able to maintain personal and social relationships and access a range of recreational and leisure activities that are meaningful and maintain links to the community.
- The resident has an enjoyable dining experience – meals are varied, nutritious and appetising and served in a calm, homelike environment with adequate access to drinking water.
- The resident has access to person-centred care provided by multidisciplinary services according to his/her needs, choices and availability, to maximise functional ability and quality of life.
- MPS leadership enables staff to develop expertise in aged care and the delivery of resident-centred care.

Plan at a glance: Residential aged care in MPSs

Goal R1: Establish good governance for a District-wide approach to meeting the needs of older people in MPS residential aged care.

Objectives

R1.1 Establish an appropriate District-level governance structure to drive and oversee the implementation of the Ageing Strategy, including this Operational Plan.
R1.2 Give older people, carers and families a stronger voice in the long-term planning of services in this setting.
R1.3 Establish an appropriate set of indicators for this setting that appropriately reflect physical, functional, social and emotional health and wellbeing.
R1.4 Optimise the management and future planning of resources in this setting, including the use of data to predict and plan for future needs.
R1.5 Build strong and effective partnerships to develop and deliver the strategies described in this plan.

Goal R2: Build the capacity of our organisation to design and deliver MPS residential aged care in a more contemporary, consistent and sustainable way.

Objectives

R2.1 Provide leadership at both the District and local levels to drive the principles and practice described in this plan.
R2.1 Implement organisational development strategies to establish a clear and consistent approach to care delivery.
R2.3 Build a strong workforce now and into the future.
R2.4 Manage resources with a view to the quality, equity and sustainability of service delivery.

Goal R3: Improve the day-today operational delivery of MPS residential aged care across all our facilities.

Objectives

R3.1 Provide respectful, high quality and home-like accommodation with a focus on the quality of resident lifestyle.
R3.2 Promote resident care and wellbeing.
R3.3 Meet all our obligations within the regulatory environment.

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