

ACT BUDGET SUBMISSION 2020-21

October 2019

Introduction

National Seniors is the leading consumer lobby group for older Australians and the fourth largest organisation of its type in the world.

This submission contains recommendations to the ACT government on issues of concern for ACT seniors. The recommendations were formulated by the ACT Policy Advisory Group, based on consultations with members of National Seniors' ACT branch members.

National Seniors' ACT Policy Advisory Group plays a key role in identifying important topics and emerging issues affecting the over-50s throughout the ACT. It acts on behalf of National Seniors Australia as a conduit between our ACT based members and the ACT government.

Aside from regular contributions to the ACT Budget process, National Seniors has regularly engaged in consultations, such as the recent Housing Choices consultation, and has provided feedback to government to inform legislative review processes, such as the Review of Retirement Villages Act 2012.

National Seniors wishes to commend the ACT Government for its ongoing commitment to consulting seniors and its subsequent implementation of reforms over the past three years. We are particularly impressed with the focus on seniors in the new wellbeing indicators planned for use in the next budget deliberations.

Key Recommendations

Health

1. Cut waiting times for elective surgery
2. Double the size of the Canberra Hospital Emergency Department to reduce waiting times

Essential Services

3. Expand the utilities subsidy of \$700 per year to all people over Aged Pension age with a Commonwealth Seniors Health Card
4. Establish a “Cleaner Canberra” program to reinvigorate the capital

Social inclusion

5. Substantially increase mental health support for seniors
6. Directly fund social services that support an ageing population including increased funding for senior’s day care programs

Housing

7. Increase the supply of affordable and appropriate housing for older ACT residents.
8. Provide an immediate increase in crisis housing for homeless seniors
9. Ensure a more stringent inspection and certification regime to enforce new age-friendly building regulations

End-of-Life care

10. Build, as a matter of urgency, hospices in Tuggeranong and Gungahlin

Substantive Issues

Health

1. **Cut waiting times for elective surgery**
2. **Double the size of the Canberra Hospital Emergency Department to reduce waiting times**

Health is the number one concern for National Seniors members in the ACT. National Seniors members continue to be frustrated by problems within the hospital and health care system, namely waiting times in the public system. The health care system is not meeting increasing needs. There is a clear need to boost funding for both elective surgery and for emergency services to meet long wait times.

Waiting times for elective surgery remain too long. As Figure 1 shows, the percentage of elective surgeries performed within the recommended time in the ACT was lower than for New South Wales (NSW) hospitals in 2017-18. As Figure 2 shows, this translated into significantly longer wait times for elective surgery in the ACT compared to NSW in 2017-18.

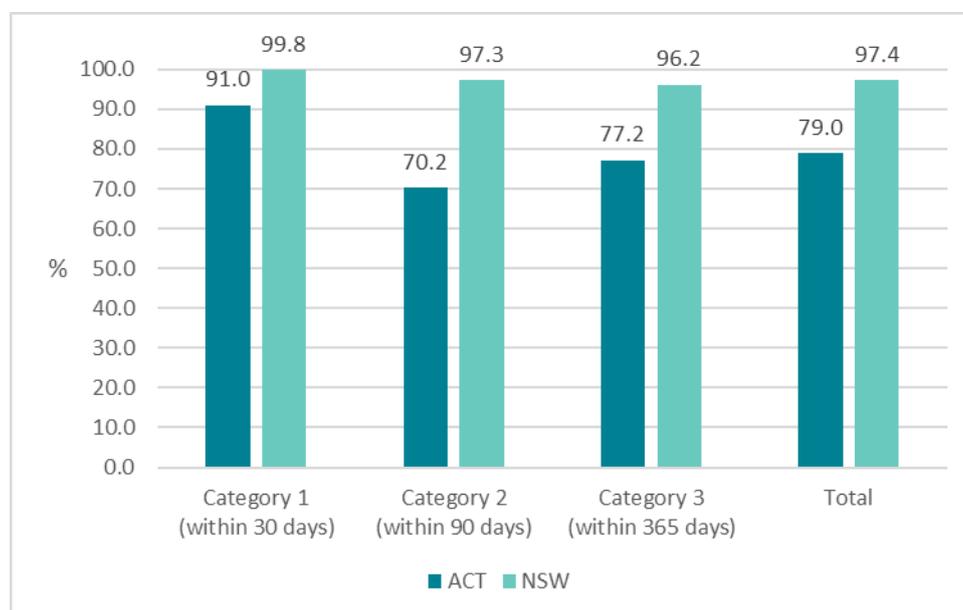


Figure 1: Proportion of patients admitted within the clinically recommended time by clinical urgency category ACT versus NSW 2017-18¹

¹ AIHW 2018 *Elective surgery waiting times 2017-18: Australian hospital statistics*

<https://www.aihw.gov.au/reports/hospitals/elective-surgery-waiting-times-2017-18/data>

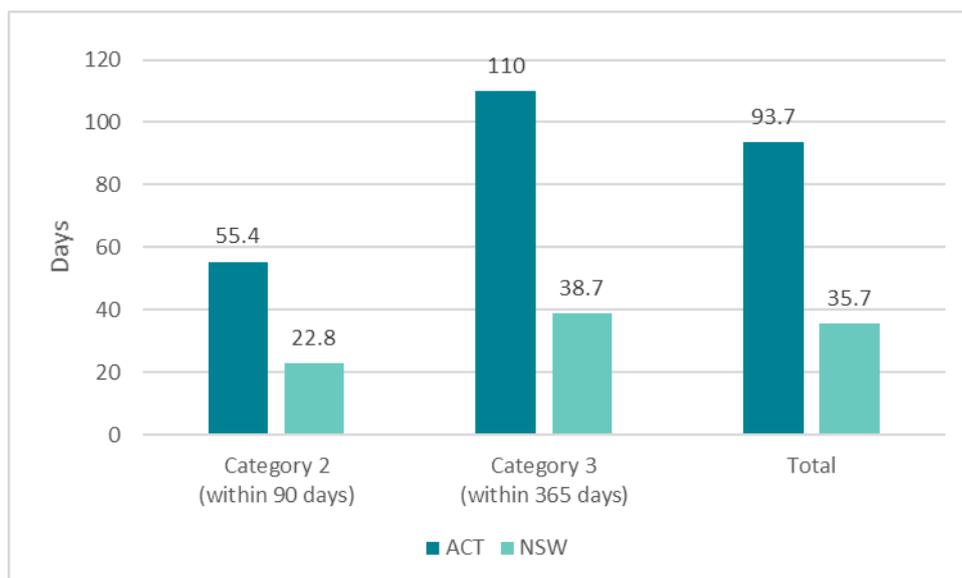


Figure 2: Average overdue elective surgery wait time (days), ACT versus NSW 2017-18²

The situation with regards to waiting times in emergency also requires urgent attention. Currently, ACT is one of the poorest performing states or territories with regards to emergency waiting times. As Figure 3 shows, median waiting times in emergency in 2017-18 were 46 minutes in the ACT compared to only 15 minutes in NSW. As the graph shows, NSW has a relatively consistent median waiting time over the past few years compared to the ACT.

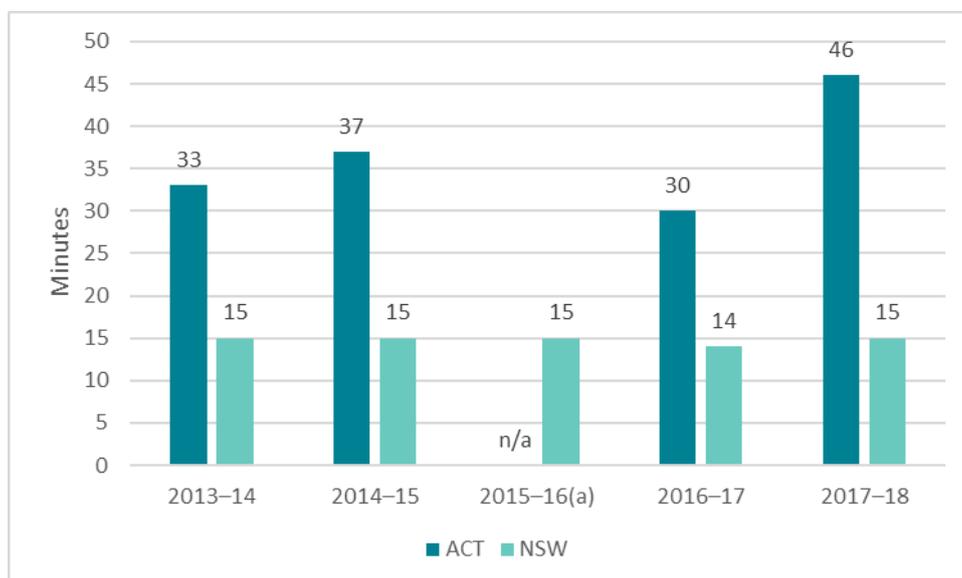


Figure 3: Median waiting time in emergency (minutes), ACT versus NSW 2013-14 to 2017-18³

² AIHW 2018 *Elective surgery waiting times 2017-18: Australian hospital statistics*
<https://www.aihw.gov.au/reports/hospitals/elective-surgery-waiting-times-2017-18/data>

As Figure 4 also shows, the proportion of patients being seen on time in emergency in the ACT is much lower compared to NSW. In NSW the proportion seen on time is consistently high at 80 to 81 per cent compared to the ACT, which recorded its worst figures in 2017-18 of only 49 per cent of patients seen on time.

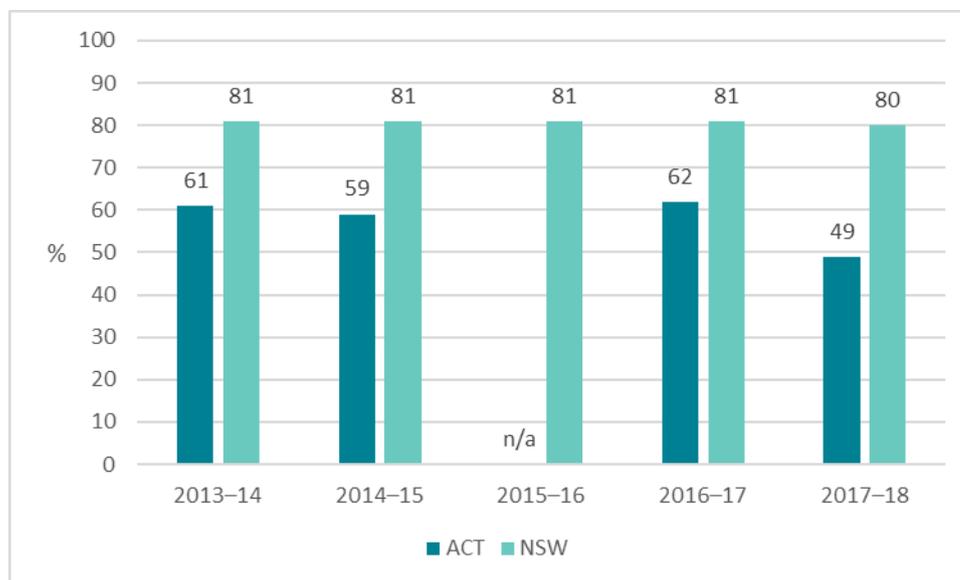


Figure 4: Proportion of emergency patients seen on time (%), ACT versus NSW 2013-14 to 2017-18⁴

Essential Services

- 3. Expand the utilities subsidy of \$700 per year to all people over Aged Pension age with a Commonwealth Seniors Health Card**
- 4. Establish a “Cleaner Canberra” program to reinvigorate the capital**

The cost of essential public services in the ACT, such as water and sewerage, is the second biggest concern for our ACT members. There is a strong belief among members the cost of essential services, are increasing too rapidly, placing seniors under severe cost pressure.

There is a need to expand eligibility for concessions. Concessions play an important role in reducing the cost of essential services. One option for reform is to expand the utilities concession to include those people with a Commonwealth Seniors Health Card.

Changes to the pension taper rate, introduced in 2017, have led to an unfair situation in which some self-funded retirees are now worse off than those with substantially less assets.

³ AIHW 2018 *Emergency department care 2017-18: Australian hospital statistics*
<https://www.aihw.gov.au/reports/hospitals/emergency-department-care-2017-18/data>

⁴ AIHW 2018 *Emergency department care 2017-18: Australian hospital statistics*
<https://www.aihw.gov.au/reports/hospitals/emergency-department-care-2017-18/data>

As Figure 5 shows, a fully self-funded couple with \$800,000 in assets is likely to have an income that is \$13,000 per year lower than a couple with only \$400,000 in assets.

The logic that all self-funded retirees are rich and well-off, has been used to justify cuts which are negatively impacting those at the lower end of the self-funded spectrum. This is resulting in an unfair system where part-pensioners are both better off in terms of income and in terms of having access to concessions. Those attempting to be self-funded are further penalized financially by not having access to concessions for essential services.

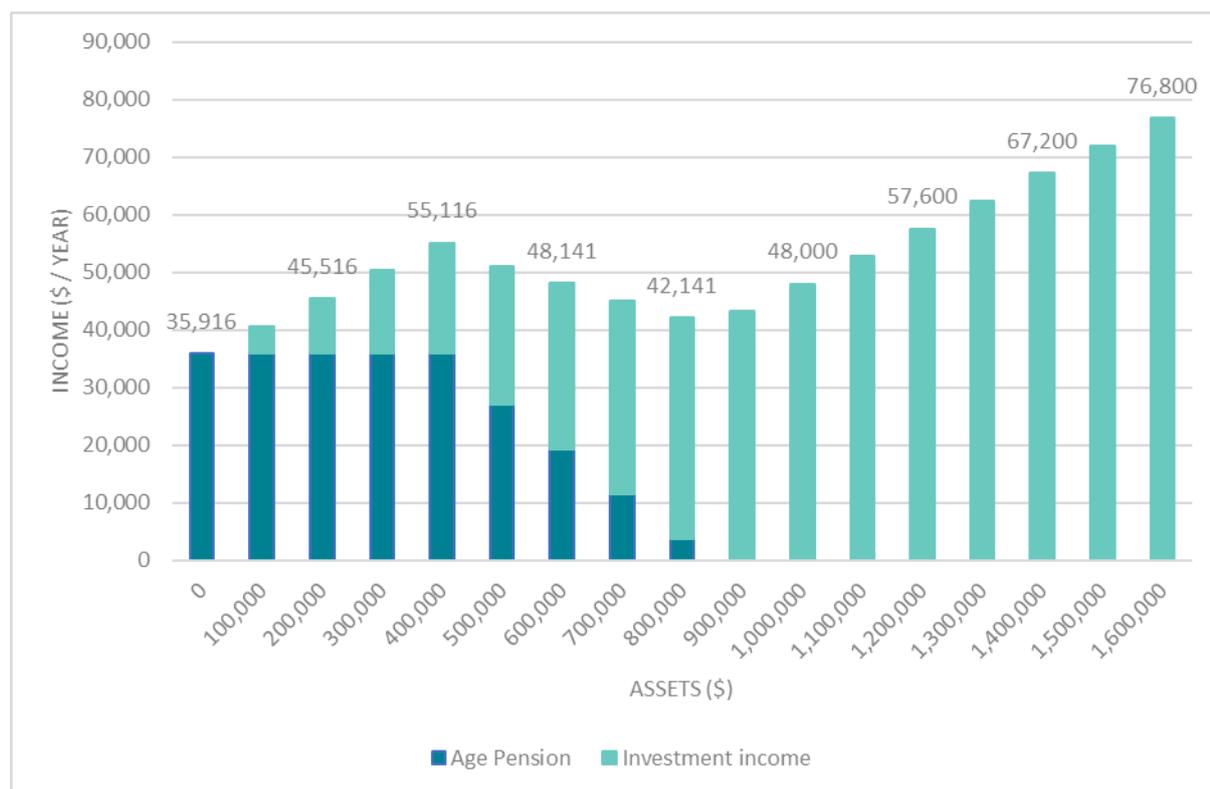


Figure 5: Estimated retirement income of a home-owning couple based on a taper rate after 1 Jan 2017, \$3.00 per \$1,000 of assets⁵

Older Canberrans are increasingly concerned about the deteriorating state of the capital. The amount of rubbish lining roads, the unkempt nature of many grassy areas and ovals, the appalling squalor in the city centre, the lack of road and footpath maintenance are just a few of the signs of neglect. Government must institute a program of cleaning up our city and funding this appropriately or set up a partnership with organisations or citizens to get this done. There needs to be a major effort to resurface and mend pathways that are increasingly being used by seniors on mobility vehicles. In some instances, there are no footpaths at all, posing safety issues for all ages.

⁵ Based on an investment income on assets of 20% bank deposit @2%, 80% LICs @ 5.5%.

Social inclusion

5. Substantially increase mental health support for seniors

6. Directly fund social services that support an ageing population including increased funding for senior's day care programs

One area of concern among our members is the lack of mental health support for older people.

Mental health issues can be exacerbated by social isolation and older people, just like younger people, need help to deal with mental health issues. Seniors in the ACT increasingly face social and physical isolation and loneliness. According to recent data, 21.8 per cent of people aged 65 and over in the ACT had not had face-to-face contact with a family or friend not living in the same household in the last week⁶.

Older people may go undiagnosed with mental health problems⁷. While the prevalence of mental health issues declines with age, there is only a small decline in the proportion of older people experiencing high or very high levels of psychological distress. Older adults experiencing mental illness may have experienced a lifetime of chronic mental illness or experience an onset of mental illness from exposure to stressors such as bereavement or physical ill-health.⁸

Similarities between dementia and depression, for example, can make it difficult to distinguish between them. Good mental health is associated with healthy ageing but requires timely access to 'appropriate and effective clinical and non-clinical services'⁹.

The government must make it a priority to support organisations and activities that cater for the needs of an ageing population. It needs to support clubs such as golf, lawn bowls, dance, seniors' centres, croquet and others. These activity-based organisations have replaced traditional seniors' support networks, such as Churches and charities but many are now struggling to survive. They play a critical role in providing seniors with opportunities for participation and social support. It should include funding of seniors' daytime care centres to provide opportunities for the frail elderly to have physical activity and social interaction.

⁶ Steering Committee for the Review of Government Service Provision data, *Report on Government Services 2018*. Based on data from ABS (unpublished) Survey of Disability, Ageing and Carers 2015, Cat. no. 4430.0

⁷ Bor, J.S. 2015. 'Among The Elderly, Many Mental Illnesses Go Undiagnosed' in *Health Affairs*. 34, 5: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2015.0314>

⁸ Australian Institute of Health and Welfare (AIHW) 2015. Australia's welfare 2015. Australia's welfare series no. 12. Cat. no. AUS 189. Canberra: AIHW. <https://www.aihw.gov.au/getmedia/c2ff6c58-e05e-49ed-afd7-43bd21eef4e2/AW15-6-4-Mental-health-of-older-Australians.pdf.aspx>

⁹ AIHW 2015 *Ibid*. <https://www.aihw.gov.au/getmedia/c2ff6c58-e05e-49ed-afd7-43bd21eef4e2/AW15-6-4-Mental-health-of-older-Australians.pdf.aspx>

Housing

- 7. Increase the supply of affordable and appropriate housing for older ACT residents.**
- 8. Provide an immediate increase in crisis housing for homeless seniors.**
- 9. Ensure a more stringent inspection and certification regime to enforce new age-friendly building regulations**

National Seniors is concerned that housing is becoming too expensive for seniors with a limited number of affordable housing options for those unable to meet the costs of the private market. Despite talk of a slowdown in the housing market, housing costs continue to increase in the ACT. According to CPI data, rents increased by 3.2 percent, well above the national increase of 0.4 per cent in the year to June 2019¹⁰.

The supply of private housing for people on low incomes is limited. A recent Anglicare Australia report has shown, for example, that for single people on the Aged Pension there was just over one percent of properties that were affordable and suitable from a sample of 67,000 available across Australia¹¹.

National Seniors recently made a submission to the Housing Choices consultation calling on government to promote housing options that are more suitable to older people¹². We raised concerns that seniors wanted different housing options available to the ones that were currently provided. Seniors value a wider choice of downsizing options that suit their diverse situations. Not every senior downsizing from a larger detached dwelling wants to live in a high-rise apartment, retirement village or seniors' lifestyle village. The ACT Government should encourage the development of single storey dual occupancy dwellings in low-density residential areas and mandate the use of universal or accessible housing design principles in all new dwellings.

Demand for crisis housing for seniors is becoming a real issue for the ACT. Demand will increase as the population ages and living costs rise. Innovative solutions for crises housing are needed to meet this growing demand. Immediate action is required to ensure that older people in Canberra are not living rough on the streets.

National Seniors is concerned the new building regulations are not being adequately policed and enforced. The ACT Government is to be lauded for the work done in changing building

¹⁰ ABS, Consumer Price Index, Australia, June 2019, cat. no. 6401.0, Table 10, CPI: Group, Subgroup and Expenditure Class, Percentage change from corresponding quarter of previous year by Capital City, Data 5, 6, ABS, Canberra, 2018

¹¹ Anglicare Australia 2018. 'Rental Affordability Snapshot 2018.' Anglicare Australia: Canberra.

¹² National Seniors Australia 2018. *Submission to the ACT Housing Choices consultation*. National Seniors Australia: Brisbane

regulations to make new homes and units more age-friendly, especially as this accommodates downsizing arrangements. However, there is a concern that the move to self-regulation, through the use of private certifiers, rather than qualified building inspectors (employed by the ACT Government), may lead to problems as has been experienced in other jurisdictions. There is a need for a more stringent inspection and certification regime that makes sure the regulations are adhered to.

End-of-Life care

10. Build, as a matter of urgency, hospices in Tuggeranong and Gungahlin

Seniors are concerned that there is an unacceptable and increasing waiting list for access to palliative care delivered in a hospice setting. As a modern society, we should expect that any pain or discomfort associated with a life-limiting illness is well managed regardless of the specific circumstance of an individual.

While most people express a desire to receive palliative care in their own home, the reality is that many people do not. The issue of pain management is one factor that is of significant concern for patients, family and carers. Studies have found that poor pain management is one of several key factors that inhibit patients from achieving their preferred place of death¹³. Patients are often transferred from home to hospital, for example, because pain is not able to be managed effectively causing significant distress.

As specialist palliative care services, hospices provide an important part of the palliative care system. It is unacceptable if people do not have access to specialised services to effectively manage pain and other symptoms associated with end-of-life. National Seniors calls on the ACT Government to fund, as a matter of urgency, additional hospices in Tuggeranong and Gungahlin to ensure that people die with dignity, free of pain and distress.

¹³ Damanhuri, G. 2014. 'What factors influence the terminally ill patient referred to the hospital specialist palliative care team in a NHS hospital, not achieving their preferred place of death? A critical evaluation.' in *BMJ supportive & palliative care*. 4, 1. http://spcare.bmj.com/content/4/Suppl_1/A54.3.short

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