Military and Emergency Services Health Australia (MESHA), a charity of The Hospital Research Foundation Group

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Submission in response to the Productivity Commission's *Delivering quality care more efficiently*, interim report

Introduction

The Hospital Research Foundation Group – Military and Emergency Services Health Australia (MESHA) is a profit-for-purpose research, training and programs centre that supports the mental health and wellbeing of current and former Australian Defence Force (ADF) members, current and former emergency service personnel, and their families. MESHA conducts co-designed and impact-driven research in priority areas of unmet need. We embed lived experience in the design and delivery of our evidence-based training, programs, resources, and services to ensure authentic and sustainable wellbeing outcomes for service communities.

MESHA is grateful for the chance to respond to the Productivity Commission's interim report into *Delivering quality care more efficiently*. Our comments and recommendations are grounded in evidence, experience, urgent positivity, and a certainty that the community, the sector, and governments want to deliver effective and efficient services – and to collaborate rather than compete. Because of the specificity of MESHA's mission, our submission focuses on military populations – including the interim report's focus on what it calls 'veteran care'. We do not wish to downplay the needs of other sections of the community. Rather, we situate the needs of military populations in the context of the Productivity Commission's interim report.

General comments and recommendations

MESHA supports efficiencies in the care sector when delivered in the context of positive community outcomes. It **recommends** that the final report include a comprehensive definition of 'efficiency' underpinned by the application of social return on investment and the social determinants of health.

MESHA takes seriously the Australian Government's concern about Australia's low productivity growth, while noting that productivity is not a blunt instrument. MESHA is committed to being part of a sustainable future in the care sector, characterised by evidence-based policies, processes and solutions; simplified and sustainable funding models; and a strong focus on prevention. While MESHA supports 'reforms that enhance the connections between sectors and break through the siloed approach to government decision making', it **recommends** that such reforms take full account distinct needs of population groups and

those providing services to them. Military and emergency services populations, including families, face unique challenges – during and following service.

MESHA expresses uncertainty about the Productivity Commission's references to 'veteran' in its interim report. This is not a minor point; it reflects on the interim report's contention that there are 'substantial similarities' between the aged care, NDIS and veterans' care sectors which justify the recommendation that a more consistent approach to delivering quality care initially focus on these sectors.

It appears to MESHA that the interim report may define veterans as former serving ADF members. However, a 2017 agreement between the Australian Government and state and territory governments defines 'veteran' as a person who has served or continues to serve as a member of ADF or Reserves. In other words, all current and former serving ADF members are veterans. The Royal Commission into Defence and Veteran Suicide, directed by its Letters Patent, used this wider definition. So, too, did the Productivity Commission's own 2019 report, *A Better Way to Support Veterans*.

The interim report states that the veterans' care sector 'primarily' serves older people – which we take to mean people aged 65 years and older. However, the 2021 Census shows that of 581,100 people who had ever served in the ADF:

- 60,286 were currently serving members (regular service or reserves)
- 233,026 were former serving members aged 64 years and under
- 263,249 were former serving members aged 65 years and over.

The Department of Veterans' Affairs *Annual Report 2023-24* stated that veterans and their family members by age were:

- under 30 years: 42,555
- 30-39 years: 43,794
- 40-49 years: 38,220
- 50-59 years: 43,468
- 60-69 years: 45,374
- 70-79 years: 84,484
- 80-89 years: 30,618
- 90 and over years 22,545
- unknown: 59.

MESHA **recommends** that the final report:

- define 'veteran' and clarify the interim report's claim that the care sector primarily serves older veterans
- clarifies what it means by 'veterans' services' – for example, does it mean 'services for older former serving ADF members'?
- acknowledge the extensive and unique supports needed by former serving ADF members of all ages and their families.

MESHA has published research that shows the challenges younger former serving ADF members and their families face. This includes individuals and groups transitioning out of

service and groups who are most vulnerable due to factors such as injury and loss of identity. This research has directly informed the development and delivery of programs to address the unmet needs of these high-risk groups. MESHA's current research priorities includes understanding the unique challenges facing older former serving members – that is, those aged 65 years and over – and their families. This includes the interaction between mental health and chronic disease, including dementia, and access to high care needs in home and residential care settings.

Draft recommendation 1.1 The Australian Government should pursue greater alignment in quality and safety regulation of the care economy to improve efficiency and outcomes for care users

MESHA supports categorically an evidence-based approach to quality and safety regulation in the care sector. We also support aligned regulation across parts of the sector, where feasible and advantageous. However, we **recommend** that the pursuit of aligned and efficient regulatory principles and processes not compromise cohort-specific needs. For military populations – that is, current and former ADF members and their families – this includes recognising that:

- members of military populations who access care services have faced and will continue to face unique circumstances. If the Australian Government pursues establishment of a common suitability assessment and cross-sectoral registration system for providers across the care sector, it must do so while maintaining dedicated and properly funded regulatory processes and support for military populations
- currently, military populations have access to both cohort-specific and mainstream service ecosystems. Each ecosystem is complex and challenging to navigate; in combination, the difficulty is compounded.
- the care sector would provide more efficient and effective support, resulting in better outcomes for care recipients, if the workforce receives Military Identity and Cultural Competency training delivered by lived experience paraprofessionals
- any cross-sector 'national screening clearance' and 'unified approach to worker registration' should include ongoing recognition that workers will need defined skills to properly support certain population groups or care recipients
- any development of a standardised quality and reporting framework must avoid over-generalisation. Definitions of 'productivity' or 'efficiencies' must be evidence-based, incorporating measures for social return on investment and social determinants of health. While MESHA recognises this is the work of implementation, an unintended consequence of interim report Recommendation 1.1 must not be development of solutions too narrow for the realities of the care sector, including for military populations.

Draft recommendation 2.1 Governments should embed collaborative commissioning, with an initial focus on reducing fragmentation in health care to foster innovation, improve care outcomes and generate savings

MESHA supports an outcomes-based care sector, including reforms to the care sector that makes funding decisions and processes that prioritise:

- excellent, equitable, and sustainable care
- cooperation over competition
- identifying and reducing fragmentation without creating unintended consequences for specific population groups with specific needs
- evidence-based at every step.

MESHA **endorses** draft recommendation 2.1 but emphasises that the aspiration for integrated and outcomes-based funding approaches and models is not novel. The deep challenge, addressed minimally in this interim report, comes from turning the intent for change into action across governments and the sector.

Draft recommendation 3.1 Establish a National Prevention Investment Framework to support investment in prevention, improving outcomes and slowing the escalating growth in government care expenditure.

MESHA offers in-principle support for the development of a National Prevention Investment Framework. It **recommends** that:

- the framework is itself evidence-based, and takes full account of social return on investment and social determinants of care principles, as well as the cost burden of injury management
- on an ongoing basis, the framework promotes evidence-based investment decisions. Governments should empower leaders in the care sector and funding agencies to use the framework and related data to determine the best investments in terms of health economics and social returns on investment.

MESHA emphasises that the creation of an independent Prevention Framework Advisory Board will only support equitable, outcomes-based solutions if the framework's cost-benefit analysis takes social return on investment and social determinants of health fully into account. A major driver of MESHA's research program, including through its partnership with Flinders University, is to understand how social determinants of health inform models of care. This includes identifying ways these models can prevent or reduce the long-term cost burden for governments and the community by enabling individuals to receive care before their mental health and wellbeing needs become severe. MESHA also conducts research into suicide prevention and postvention, including the cost both in morale and economics of a suicide death.

Conclusion

MESHA reiterates that excellent care support for military populations requires:

- a paraprofessional peer workforce
- access to evidence-based services and funding, including a focus on social determinants of health and social return on investment
- recognition that military populations, including family members, have unique experiences and needs. ADF members and their families have – and continue to have – access to cohort-specific and community programs services
- recognition that military populations need – and will continue to need – support to navigate complex systems, even as those systems become more efficient over time.

MESHA takes seriously the Australian Government's concern about Australia's low productivity growth. In the care sector – and in other sectors – MESHA stresses that efficiency and productivity cannot be blunt instruments. MESHA is committed to being part of a sustainable, evidence-based, and outcomes-focused future.