Delivering quality care more efficiently

Response to Productivity Commissions interim report

15 September 2025

UNSW Ageing Futures Institute

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About the UNSW Ageing Futures Institute

The UNSW Ageing Futures Institute is a global leader in ageing research and research translation, making a visible and positive impact on ageing both nationally and internationally. The Institute continues to drive excellence in health, social and policy outcomes in response to the major challenges and opportunities in ageing.

Our research is interdisciplinary in nature, meaning it brings together investigators from different disciplines working toward a common goal. The Institute draws together experts from across all UNSW Faculties including Art & Design, Arts & Social Sciences, Built Environment, Business, Engineering, Law, Medicine and Science. By capitalising on partnerships with a growing number of government, industry, community and academic collaborators, we ensure our research is translatable across the full spectrum of issues relating to ageing.

The Institute also takes a life-course approach to ageing, that is, we consider the events, choices, situations and influences of individuals from birth, and how these factors accumulate and impact ageing. We want people to not only live longer, but to age optimally throughout all stages of life.

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Dear Commissioners,

The UNSW Ageing Futures Institute welcomes the opportunity to respond to the Productivity Commission's interim report. Our submission draws on the expertise of clinicians and researchers working across aged care, disability care, rehabilitation, and digital health innovation. We support the Commission's reform directions and offer insights to strengthen implementation, particularly in the areas of collaborative commissioning, investment in prevention, and digital enablement.

Embedding Digital Technologies as Core Enablers

While the interim report acknowledges the potential of technology, particularly AI, to improve care outcomes and efficiency, further action is needed to embed digital technologies as a core enabler across the proposed reforms.

Digital tools, including those for assessment, communication, remote service delivery, decision support, and outcome monitoring, can reduce administrative burden, enhance early identification of risks, and support more timely and personalised interventions (Wilkinson, 2025; World Health Organization, 2019). They also improve access to services in rural and remote areas and support more flexible, scalable workforce models (Australian Institute of Health and Welfare, 2024; World Health Organization, 2019).

One example is the use of sensor-based digital mobility assessments, which have been shown to identify functional decline and fall risk in daily life (Ambrens et al., 2024; van Schooten et al., 2015), enabling earlier and more targeted care planning. Another example is the use of digitally-delivered fall prevention programs, which can reduce falls and injuries by 20% (Ambrens et al., 2022; Delbaere et al., 2021). These types of tools have been successfully used in Australian research and implementation trials and can be integrated into routine care delivery to support both quality improvement and prevention goals. However, alongside the introduction of new technology there is a need to streamline processes for implementation and approvals.

Recommendations:

- The proposed quality and safety reporting framework should include digital data capture and feedback loops that support active quality improvement.
- Collaborative commissioning bodies should be supported to integrate digital technologies for prevention, access, coordination, and workforce sustainability *(*OECD, 2023).
- The National Prevention Investment Framework should recognise digital approaches and include mechanisms for cross-sector evaluation and cost-effectiveness.
- A consistent regulatory approach to digital and AI-enabled technologies is essential for safe, scalable innovation (Commonwealth of Australia, 2024).
- Inclusion of relevant training is needed for care workers and health professionals.

Collaborative Commissioning to Reduce Fragmentation

Insights from a rehabilitation physician highlight the challenges of transitioning care across the age divide (e.g., NDIS to aged care) and the need for more integrated, flexible care pathways. This response is informed by challenges faced in practice and addresses the two recommendations, Governments should embed collaborative commissioning, with an initial focus on reducing fragmentation in health care to foster innovation, improve care outcomes and generate savings and government investment in prevention.

These key recommendations to improve care for older Australians, particularly those ageing with disability, should emphasise a life journey approach, flexible care pathways, and stronger local planning to reduce hospital bed blockage and carer burden and promote continuity across care types (community, respite, permanent). At this point there is significant strain on hospital resources due to a lack of services to support care in the community in both aged care and disability sectors and delays in transitioning between services (Hussain et al., 2021). Better collaboration between the local health networks, primary health networks as

well as the levels of governments including local, state and federal is necessary to deliver care. The role of local government programs like meals on wheels is not could be better highlighted in the interim report. Short term increase in supports that will supplement the change in function due to acute illness or other health related conditions should also be part of the flexible care available across both aged care and disability sectors.

Recommendations

- Adopt a life journey approach to care, with flexible pathways and stronger local planning.
- Improve collaboration between Local Health Networks, Primary Health Networks, and all levels of government.
- Include short-term support mechanisms for functional decline due to acute illness.
- Recognise and integrate local government programs into commissioning models.

Investment in prevention

Prevention is a cost-effective strategy to reduce disability accumulation, promote healthy ageing, and improve quality of life.

Maintaining optional function in later life alongside continued social participation and prevention of impairments in physical and cognitive function is perhaps the most cost-effective solution to the public purse. There is promised increase in the federal budget for prevention activities, however the difficulties have been obtaining ongoing long-term funding to those programs that has shown effectiveness. Both community-based activities and support for appropriate accommodation that is located close to amenities with adequate support to enable people to age well are needed. Preventive measures need to address isolation and its impact on mental health and cognitive decline (World Health Organisation, 2019). This is not entirely a health issue rather a broader issue of social wellbeing and urban design and may not be covered comprehensively as part of the third recommendation.

Recommendations

In summary more investment in preventive health and housing the facilitates continued social engagement using a person-centred approach is essential to meet the evolving needs of all older Australians. These reforms as elucidated in the interim reports will hopefully reduce hospital bed blockage, improve quality of life, and support carers more effectively.

Strengthen Prevention Governance

To maximise the impact of the proposed National Prevention Investment Framework, the Independent Prevention Framework Advisory Board must be empowered to lead long-term, evidence-informed investment across health and social care.

Recommendations

Ensure the Independent Prevention Framework Advisory Board is:

- Highly interdisciplinary with representation across public health, ageing, primary care, disability, digital health, First Nations health, and social policy
- Includes network managers to ensure alignment between strategy and local delivery
- Has clear regulatory oversight and accountability
- Be supported by operational staff with expertise in evaluation, horizon scanning, equity monitoring and cost-effectiveness modelling
- Routinely assesses well-defined, well-funded programs

Develop flagship programs that integrate prevention and care, such as:

- Scalable, evidence-based risk reduction programs to promote healthy ageing that can be tailored to cultural and ethnic diversity, and urban, regional and rural settings.
- Dementia care integration and destigmatisation
- Programs targeting vulnerable groups over realistic timeframes (e.g., 20–30 years ahead of old age) and relevant healthcare professionals
- Promote person-centred care and use established frameworks to evaluate both pharmacological and non-pharmacological treatment effects.

Conclusion

The UNSW Ageing Futures Institute supports the Commission's reform directions and urges stronger integration of digital technologies, collaborative commissioning, and prevention strategies. These reforms are essential to meet the evolving needs of all older Australians, and to reduce pressure on hospital systems while improving care outcomes.

Contributors

Scientia Professor Kaarin Anstey is an ARC Laureate Fellow and Director of the UNSW Ageing Futures Institute. She leads scalable digital health programs to promote healthy ageing across diverse groups and is an expert in dementia epidemiology and dementia prevention.

Associate Professor Kim van Schooten is a Senior Research Fellow at Neuroscience Research Australia and Associate Professor in Population Health at UNSW Sydney, internationally recognised for pioneering wearable sensor methods and digital interventions to assess, monitor and improve mobility, and prevent falls in older people.

Dr Seema Radhakrishnan, is a Rehabilitation Specialist at Fairfield Hospital working across disability rehabilitation of those less than and over 65 and has provided medical care for those transitioning across the arbitrary age of 65 where disability care through NDIS is taken over by the aged care sector. Dr Radhakrishnan is also a Conjoint Senior Lecturer Medicine & Health, School of Population Health at UNSW.

Associate Prof Lucette Cysique is a cross-disciplinary neuropsychologist with extensive neuroimaging training and long-term experience with neuro-, viral and immune biomarkers. She leads a research program into the neurocognitive complications in major infectious diseases (COVID-19, HIV) and their main comorbidities: brain pathological ageing, cardiovascular diseases, and depressive disorders. She also works as a clinical neuropsychologist in the dementia trial unit at the Sydney St. Vincent's Hospital.

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