

Northern Collaborative Project (NCP) presents:

MEMBER CONSULTATION REPORT A New AGED CARE ACT: EXPOSURE DRAFT, CONSULTATION PAPER NO.2

8 March 2024

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1. Background

To address the concerns of Commonwealth Home Support Programme providers, consumers, Assessment Services, the Sector Support and Development (SSD) providers: Northern Collaborative Project (NCP) actively engaged with provider and consumer groups in providing feedback and recommendations on ‘A New Aged Care ACT: Exposure Draft, consultation paper No.2 through following consultation sessions.

- Special online member consultation session on 31 January 2024
- Consumer consultation at the NCP Community Ambassador Work Group Meeting on Friday 2 February 2024
- Executive Committee meeting on Tuesday 13 February 2024

To support members to participate and contribute NCP developed a presentation capturing essential information on the Consultation paper No.2 and the Exposure Draft aimed at supporting providers to rethink how the foundations of the proposed new ACT would impact provider day-to-day operations. Digital copies of the [A new Aged Care Act: exposure draft- Consultation paper no.2](#) and [Exposure draft- Aged Care Bill 2023](#) were distributed to providers and printed copies were distributed to NCP Community Ambassador Work Group (consumers) .

The Special online member consultation session delivered on 31 January 2024 was published at the SSD Community of Practice aimed at creating opportunities for service provider nationally to voice their concerns, feedback, and recommendations through NCP written submission.

NCP delivered member consultation sessions exploring chapter 1, 3 and 9 of the Consultation paper No2 and these include:

- Objects of the new ACT
- Definition and key concepts
- Aged care rights and principles
- Supporters and representatives
- Provider registration categories
- Obligations
- Statutory duty and compensation
- Aged care digital platform operators
- Timeline and readiness support

2. Purpose of this Report

The purpose is to present the Department of Health and Aged Care with a consolidated overview of observations and perspectives from various stakeholders, including metropolitan Adelaide Commonwealth Home Support Programme Providers, Specialist Services Providers, consumers, Assessment Agencies, and the wider aged care sector. These stakeholders actively participated in the member consultation conducted by the NCP.

The report serves as a platform and a voice for Adelaide Metro CHSP Providers to voice their opinions and concerns, while also providing an essential opportunity for small/medium, single service, and diverse multi-cultural CHSP providers to have their voices heard on the drafting of the Bill for the new ACT (Exposure Draft) released for comment on 14 December 2023.

The main concerns for these providers were identified, their impacts considered and discussed and collated into this report which provides an opportunity for the Department of Health and Aged Care to listen to their issues, concerns, and proposed solutions and/or suggestions for change/improvements which will inform the Drafting of the Bill for a new Aged Care ACT (the Bill).

3. Recommendations

The Northern Collaborative Project (NCP) Network recommendations includes:

- **Recommendation 1:** A phased approach to reform is welcomed. A minimum of 12 months lead time should be granted for providers from the point of time at which final version of information become available.
- **Recommendation 2:** The Complaints Commissioner, System Governor and the Aged Care Quality and Safety Commissioner roles should be independent roles.
- **Recommendation 3:** Definition of aspirational should remove from the New Aged Care ACT
- **Recommendation 4:** The new Aged Care ACT should not clash or contradict with other laws of Commonwealth and or State or Territory. Duties on registered providers, aged care workers and responsible person must aligned with Work Health and Safety laws and requirements.
- **Recommendation 5:** Request to add following as part of Independence, autonomy, empowerment and freedom of choice, Aged Care Rights (section 20)
An individual has a right to:
 - receive consultation prior to any change to service of an individual.
- **Recommendation 6:** There only be civil penalties introduced and no criminal penalties are recommended.
- **Recommendation 7:** The Department of Health and Aged Care to consult the IT sector and continuously improve regulations for digital platform operators aimed at minimising risks for older people
- **Recommendation 8:** The Department of Health and Aged Care to consult the insurance sector whether criminal penalties can be insurable or uninsurable.
- **Recommendation 9:** The Department of Health and Aged Care to review associated dual registration costs for providers delivering both NDIS and aged care services.
- **Recommendation 10:** The Department of Health and Aged Care to review adverse implications generated for aged care providers due to the Social, Community, Home Care and Disability Service (SCHADS) award and growing distressing situations for care recipients and aged workers.
- **Recommendation 11:** The Department of Health and Aged Care to consult local government agencies to discuss challenges and barriers on participation in the new Support at Home Program
- **Recommendation 12:** The Department of Health and Aged Care to provide transitional support for providers.
- **Recommendation 13:** The Department of Health and Aged Care to play a major role on informing consumers about the new Aged Care ACT, Support at Home Program, Single Service List, Single Assessment System and should not leave key consumer engagement and discussion points solely on providers to navigate.
- **Recommendation 14:** Consistent messaging should be incorporated to Single Service List . The Department of Health and Aged Care to further consult the sector on how to improve communication aspects of the Single Service List aimed at supporting diverse consumer groups accessing aged care.
- **Recommendation 15:** Statement of rights should not be one sided and should recognised the rights of all parties associated with providing care including but are not limited to care recipients, providers, aged care workers/contractors, volunteers, visitors and the community.
- **Recommendation 16:** Rights comes with responsibilities therefore the Department of Health and Aged Care to consider developing and including a Statement of Rights and Responsibilities or a Statement of Responsibilities aimed at balancing the conflicting rights for care recipients, aged care workers/contractors, volunteers, visitors and the community

4. Member Consultations

4.1 Member consultation: Chapter 3 – Registered providers, aged care workers and digital platform operators

4.1.1 Revised proposed registration categories

All categories are subject to provider obligations

- **Category 1** – home and community services
 - **Category 2** – assistive technology and home modifications
 - **Category 3** – advisory services
 - **Category 4** – personal and social care in the home or community (including respite)
 - **Category 5** – nursing and complex care management
 - **Category 6** – residential care
- **Category 4 is subject to aged care quality standards 1-4, category 5 to aged care quality standards 1-5, and category 6 subject to aged care quality standards 1-7**
 - Care management (basic) is in category 3 (advisory services)
 - Personal care is in category 4 (personal and social care in the home or community (including respite))
 - Allied health is in category 4 (personal and social care in the home or community (including respite))
 - Nursing is in category 5 (nursing and complex care management)
 - Care management (complex) is in category 5 (nursing and complex care management)



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4.1.1.1 Do you have any concerns with the proposed registration process?

Providers reviewed the revised proposed registration categories and feedback include:

- Allied health should be in 5 not 4.
- a separate category for social care

4.1.1.2 Do you think there will be issues with care management being separated in to basic and complex categories?

Providers informed they are unsure why care management is spread across in category 3 and 5. Generally a similar criterion will apply in determining for both complex and basic care management therefore to avoid future complexities in service delivery providers have requested a clear definition for both categories including necessary qualification needed to deliver basic and complex and or both care management service types.

Furthermore, potential conflict situations and additional risks may arise in situations where some providers may want to keep clients under basic aimed at avoiding accreditation audits and others may attempting to move clients to complex care to attract higher care fees.

4.1.1.3 Do you agree with personal and social care in the home or community (including respite) in category 4

- Providers have expressed that group social care involves getting people out and about and mixing them with other people therefore emphasized the importance of assigning a separate category for social care that reflects solely on the social aspect, distinct from nursing or allied health.
- Providers also noticed the increase likelihood to have people with high level needs (example, dementia) and highlighted the importance of having more eyes and ears on the ground so that changes are picked up and make referrals to other service types as appropriate from those clients assessing group and or an individual social support service.

Proposed obligations and statutory duty



- Do you have any concerns in relation to the proposed obligations on registered providers, responsible persons or aged care workers?
- What impact do you think will have current aged care workforce including volunteer work?
- What impact do you think the new statutory duties might have on the willingness of people to become responsible persons?
- Do you think there will be an impact on the cost of insurance or the ability to obtain insurance?
- **What will be the impact on your business operations ?**

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4.1.2 Proposed obligations and statutory duty

4.1.2.1 Do you consider that the proposed draft statutory duties on registered providers and responsible persons achieve the proposed policy intent?

Providers informed the new Aged Care ACT will target people personally and as a result volunteers and volunteer Board Members will shy-away from participation. Following concerns were raised.

- The proposed draft statutory duties on registered providers and responsible persons will change and challenge the current CHSP recruitment process.
- A Responsible Person include anybody in the governing body of the registered provider and the senior people working for the registered provider. Providers are concerned about the numerous criminal penalties introduced and the size of those penalties. When considering purposed draft statutory duties aged care is not funded by the Commonwealth enough to make the risks worthwhile for Responsible Persons.
- Generally, the local government agencies are averse to risks taking therefore will need to review the impact of the new Aged Care Bill closely in the context of local government business operations.
- Board of Directors in small organisations (small standalone community providers, CALD Providers, First Nations providers, any provider with a focus on special needs groups) who are volunteers and may deter participation from the Director roles due to significant risks associated with their fiduciary duties.
- New statutory duties will challenge many Boards capacity and capability to transition from the community perspective and approach to a high legislative compliance. Small providers expressed they will pose many challenges in the Support at Home Program where community focussed services are measured and grouped them to layers of legislative compliances. (each registration categories with their own complexities, reporting and evidence requirements with potential liabilities).
- CHSP program, management and funding body approaches have been one of “gentling” organisations into required performance and compliance through cooperation and collaboration. The new changes are mandatory with limited time frame for providers to implement business transformation tasks and restructures with the away from the continuous improvement process. This may be extremely difficult for CHSP specific service to understand until an adverse outcome is notified with stringent rectification requirements and possible punitive action.

- CHSP workers have been predominately employed under the Social and Community Service Stream because they do not fit under the Aged Care or Home Care Awards. Remuneration is higher but the skills sets, job roles and qualifications do not align with aged care – particularly for Groups. As such, the risk and on cost of an Award Stream that is not fit for purpose needs to be reviewed for legal and litigious liability. Furthermore, current services are based upon client choice and SCHADS award changes do not fit well within the person-centred care model. If a client wants a 1 hour or 1.5 hours of service such as personal care, cleaning for a one bed unit, providers must roster the staff member for minimum of 3 hours and these additional employment costs cannot be transferred to the client. Furthermore, providers informed relying on agency staff for ad-hoc services almost impossible as agency also have to adhere to the SCHADS award and do not have staff available for short notice services specially for those services are less than 3 hours.
- Small CHSP organisations have employees who may not had formal Cert 3 qualifications, however have worked in the industry for 15+ years, given the wage difference with skills that do not align, where will the investment come in creating a significant cultural shift in the sector, client, worker expectations, program delivery, against organisational accountability and liability?
- This will be further exacerbated by the Stage 3 Fair Work Commission Aged Care Wage Case which will draw in a significant proportion of current SACS employees.
- Embedding high quality care in the new ACT will require substantial investment on staff training. Providers raised concerns and questioned on how and who should bear the cost of training a workforce to be able to deliver safe, high quality services whilst operating in a very different service model and workplace environments without losing both volunteers (CHSP sector already lost significant number of volunteers due to mandatory Accredited First Aid Qualifications and COVID -19) and staff during a time of a critical staff shortages.

4.1.3 Provider Deeming, Registration, Deregistration

All service providers must register in one or more of the provider registration categories will generally be registered for a period of 3 years. Providers raised concerns on:

- high registration costs for small CHSP providers including additional increases on multiple care type registrations
- substantial increase of registration costs for providers delivering both NDIS and aged care services
- Impact to business operations if a shorter registration period is received and the potential risk and burden on provider cash flow.
- Impact on business operations if an extended wait times applies on provider registration renewals
- deregistration of a provider will place clients at a substantial risk and may discourage future capital investments in aged care

4.1.4 Statutory duties, obligations and Compensation pathways

Proposed obligations and statutory duty



- Do you have any concerns in relation to the proposed obligations on registered providers, responsible persons or aged care workers?
- What impact do you think will have current aged care workforce including volunteer work?
- What impact do you think the new statutory duties might have on the willingness of people to become responsible persons?
- Do you think there will be an impact on the cost of insurance or the ability to obtain insurance?
- **What will be the impact on your business operations ?**

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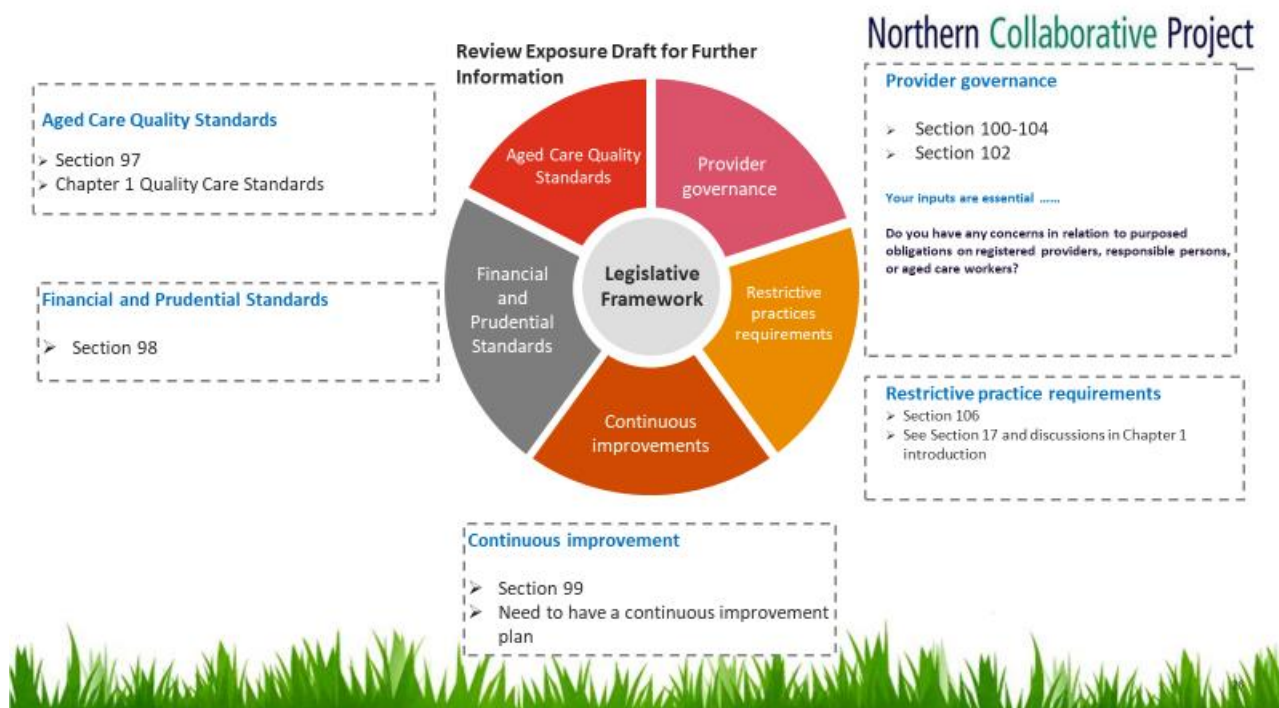
Providers agreed with the foundational concept of making providers and the responsible persons accountable aimed at protecting the people accessing aged care services however raised concerns for risk adverse entities such as small providers and local governments participation in the new Support at Home Program. The provider withdrawal may negatively impact on diversity, consumer choices and will place clients at more risks. The Department to consider speeding up the Provider deeming, registration and de-registration process in order to evaluate whether there are adequate service types are available to support the growing ageing population.

The impact of statutory duties will de-incentivise people to work in the sector. Some providers may withdraw themselves from transitioning to the Support at Home Program and recent Key contributing factors include but are not limited to:

- Impact on higher insurance premiums
- Risks of uncertainty around whether some business risks can be insured at a satisfactory level and or uninsurable (example criminal offences)
- Risk of losing investor confidence in aged care and impact on ongoing adequate future capital investments
- Impact on losing volunteer workforce in the CHSP and financial viability concerns associated with having to replace volunteers with the paid staff under the existing national unit prices ranges. Due to increase costs associated with administration, quality compliance and inflation CHSP providers current workforce structures/arrangements will not be sustainable in the Support at Home Program.

4.1.5 Aged Care Digital Platform Operators

4.1.5.1 Does the proposed definition of aged care digital platform appropriately identify the kinds of online platforms that should be regulated?



Providers welcomed the idea that the new ACT identifying the need to regulate aged care digital platform including a separate statutory duty on aged care digital platform as organisations that facilitate access to funded aged care services (section 129). Also, other obligations, including if an operator is a constitutional corporation such as notifying the Commissioner that they are operating an aged care digital platform as a 'must' activity. As the regulator who has been notified about a digital platform the Commissioner also has an ongoing responsibility to safeguard the public and these include but are not limited to:

- ensure notified aged care digital platforms information are meeting the obligations of the new aged care ACT. (example: display the Statement of Rights in way that is easily accessible to older people seeking to access aged care services, information on satisfactory complaints management system and incident management system)
- ensure consumer safeguard systems are implemented and managed appropriately. (example implement a complaint management system and manage complaints in accordance with that system)

4.1.5.2 What information should be displayed on aged care digital platforms to help protect people receiving services within the Commonwealth aged care system?

The older person seeking to access aged care services will search for Service types (domestic assistance, home modification) and services (laundry services, group social support) therefore this information should be displayed at a central point for people accessing the digital platforms. Other display information includes:

- Statement of Rights
- Statements of Principles
- Incident management policy
- Fees and payment for each service
- Complaint management policy
- Cyber security policy

- Statement to ensure all necessary worker screening assessments are obtained, reviewed for all aged care workers advertised/referred by the digital platform operators including but are not limited to police checks. First Aid Qualification, Flu vaccination and COVID- 19 vaccination as necessary).

4.1.5.3 What obligations should operators of digital platforms have to check information provided by aged care workers and registered providers? Can you identify any practical issues with operators validating the proposed information?

The digital platform operators must ensure information provided by the aged care workers (police clearance) and registered providers are legitimate (registration categories, accreditation requirements) and minimum level of security must be provided to mitigate risks and build confidence of end users in the platform. These include but are not limited to:

- (a) only authorised users are the only users accessing privacy and confidential details of clients
- (b) deregistered service provider information is removed from the platforms immediately

Providers have experienced vendors in the CRM area are limiting their resources to remain compliant in the legislative compliance, if this trend continues and as a result sector will find less choices in the market place. Furthermore, vendors are unable to release their end products to providers when the new Aged Care ACT has not been passed through the parliament.

Furthermore, vendors will need significant development and investment in order to make aged care digital platforms compliance to the new strengthened quality standards.

4.1.5.4 Do the proposed additional obligations on digital platform operators address the key risks and areas of oversight for online platforms?

- Compared to the global average, Australia has experienced the highest number of operational breaches and data loss. This suggest cyber-security has to go further than placing trust in digital platforms operators. Therefore, the Department to consider making digital platform operators are responsible for ongoing maintenance of an appropriate cyber security insurance as a mandatory activity. Furthermore, Department to ensure digital platform operators have sufficient cyber insurance policy which also cover third-party vendor incidents in situations where a digital platform operator use independent contractors to deliver aged care services to the older Australians.
- As a vulnerable group, aged care clients are frequently targeted by scammers and as users of the aged care digital platforms, digital platform operators likely to become a target. Scammers are using Artificial Intelligence (AI) to hack in to systems therefore cybersecurity and minimum level of digital infrastructure requirements should be a mandatory activity for digital platform operators to be considered.

4.2 Member consultation: Chapter 1 – Introduction

4.2.1 The Department is particularly interested to hear your views about:

- Are the revised **Statements of Rights, Objects, and /or Statement of Principles** clear and do they achieve their intent? If not, what changes are required?

4.2.1.1 Revised Statement of Rights

Rights should come with responsibilities and the Exposure Draft does not address responsibilities of care recipients. People assessing aged care, staff who are providing care services and the rest of the society are part of a wider community. If responsibilities of each parties are not appropriately balanced, connectivity and the

harmonisation of stakeholder groups will not become sustainable. Therefore, as per below example care recipient responsibilities must be restored and uphold in order to create courtesy, dignity and respect for all parties.

Example:

A care recipient has a right to smoke in their own home as part of exercising their right under the 'Statement of Rights' while a care worker is performing his or her duties at the Client home. If care recipient rights are only upheld with no references to associated responsibilities, care worker may not have a voice in this situation to remove themselves from an involuntary or passive smoking work environment. Under the Health and Safety Act 2011, registered providers are obligated to provide a safe work environment for aged care workers. If responsibilities of care recipients are not recognised or uphold appropriately providers may not able to satisfy high quality care as highlighted in the Exposure Draft as a result of with no or inadequate harmonised partnership between the care worker and the client.

4.2.1.2 Statement of Principles

Providers informed that they are pleased to notice that in Section 22 (4) individual entry list to aged care has expanded to cover better representation of the Australian society.

Providers raised concerns whether revised Statement of Principles are drafted in a such a way that the System Governor and the Commissioner and any other person or body must perform functions or exercise their powers under this ACT, by referring to the Statement of Principles' specified in the section 22, which may have indirect implications for providers. In the section 22 (3), the Commonwealth aged care system supports individual to: 'be aware of and exercise their rights under the Statement of Rights when accessing, or seeking to accessing, or seeking to success, funded aged care services'. With only recognition of rights and with no associated responsibilities recognised in the ACT for care recipients, decisions of the System Governor and the Commissioner may not be balanced and create negatively implications on providers.

Please refer to example provided in the 3.2.1.1 Revised Statement of Rights

4.2.2 The Department is particularly interested to hear your views about:

- Do you think a **Single Service List** will increase clarity of the services that the Commonwealth aged care system provides to older people?

Chapter 1 – Introduction



The Department is particularly interested to hear your views about:

- Do you think a **Single Service List** will increase clarity of the services that the Commonwealth aged care system provides to older people?



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Providers informed government should consider whether the Single Service List will create 'have' and 'have not' within the community, particularly raising discussions about levels of satisfaction around what people can access rather than what they need and the Single Service List needs to be promoted with a much-strengthened messaging from the Department and the media aimed at the Single Service List is based upon needs and not wants.

Furthermore, the clarity of the Single Service List is vital given that aged care services are accessed by diverse groups of people (culturally, ethnically and linguistically diverse background, First nations, people with literacy issues) therefore Single Service List needs to be one set of pictorial or icon based alongside with a clear, easy to understand service descriptor because people will actually tends to pick up more information if they are navigating with references to picture or the icons . If messaging is consistent with pictures or icons across all Service List, then there is transferability of the service identification for both clients, providers and the Department.

4.2.3 The Department is particularly interested to hear your views about:

- **Do you consider the revised definition of high-quality care will encourage providers to aim higher? Does it align with your future vision for aged care?**

Providers raised concerns around why there is the need to have a subjective term as high quality rather than addressing the term as 'All providers are responsible for delivering quality care'. The CHSP sector will follow a staged approach and transition to the new Support at Home Program no earlier than 1 July 2027. The current national unit price ranges will not sufficient to employ large number of paid staffs. The CHSP providers raised concerns that volunteers may see the new program as a fee for service program and may not want to participate.

On July 2027, single service provider model will change to a multiple service provider model, creating greater competition in the market place. In an open market, quality of a service will be determined by how much consumers are willing to pay for that particular service. CHSP national unit prices are pre-set by the Commonwealth and Commonwealth will likely set client contributions fees in the future. Therefore, the Commonwealth has a responsibility to ensure sector is adequately funded to deliver high quality care as prescribed in the exposure draft.

Provider has raised concerns use of the word 'aspirations' and the appropriateness and practicality in the context of aged care. Under the NDIS model, a lot of support is provided at the beginning of the journey and aspirations are taken into consideration to be reliant on servicing later in life. In the context of aged care, older people are likely to be declining their day-to-day functionally therefore likely to need more services which would cost more to keep up for aspirations.

4.3 Member Consultation: Chapter 9 – The reform timeline and readiness support

Chapter 1 & 9 : The reform timeline and readiness support

- Do you support a phased approach to reform?
- Do you consider this will allow for staged implementation and more time for consultation on key changes? Or do you consider that it will add complexity and prove challenging for the aged care sector?
- What do you consider to be the benefits that will be delivered via each phase of the reforms?
- Do you have any views on the best approach to schedule the implementation of these important reforms to help ensure a smooth transition and compliance with the new legislative framework?



4.3.1. Do you support a phased approach to reform? What do you consider to be the benefits that will be delivered via each phase of the reforms?

A phased approach to reform is welcomed and generally will allow for more comprehensive consultation and engagement. However limited /restrictive time frame set up to review complex (325 pages on exposure draft), lengthy and informative information on consultation paper, exposure draft and upcoming subordinate legislation will not support to deliver genuine consultations.

4.3.2 Do you consider this will allow for staged implementation and more time for consultation on key changes? Or do you consider that it will add complexity and prove challenging for the aged care sector?

Providers were and still are concerned on the lead time required to make informed decisions on the implementation of the new Support at Home program in their services with limited clarity in the design, process, procedures, and outcomes it will bring. At the time of writing this report providers concerned that provider registration categories are still considered as revised proposed registration categories and getting these rights will be critical to success of the new program.

Furthermore, key information on fees, payments and subsidies are missing in the Exposure Draft.

Providers informed that available information in the Exposure Draft is still in the draft format and raised strong concerns on when will the finalised version of information will become available for the sector and how much lead time providers will have when after the finalised version of information set is realised for the sector. To implement important business transformation essentials, complete set of information must be available in a finalised/confirmed version. Example: digital transformation activities imbedded to their business operations.

Providers requested a lead time of one year, after the final version of the Aged Care ACT is become available/ passed through the parliament.

4.3.3 Do you have any views on the best approach to schedule the implementation of these important reforms to help ensure a smooth transition and compliance with the new legislative framework?

Providers noticed they have not seen subordinate legislation as yet which will set out the rules of engagement and delivery of aged care services under the new program. Providers are concerned the volume of information released on the next round on subordinate legislation will be substantially larger and probably more complex than the exposure draft.

Due to current work shortages in the sector providers are time poor to review detailed and complex information therefore provider friendly learning support on these areas are much appreciated aimed at gathering essential feedback from the sector.

4.3.4 Are there any particular reform initiatives that you consider must be prioritised for commencement? Alternatively, are there any initiatives that you think would benefit from delayed commencement?

Providers are concerned about the proposed time line and 3 major changes that are required to be implemented as of 1 July 2025, the new Aged Care ACT, Strengthened Standards and the Single Assessment System.

The Assessment will be an important milestone in the Support at Home Program and needs to ensure assessments are strong and accurate as they act as a foundation for people entering in to the aged care system.

The Regional Assessment Services (RAS) informed that:

- Contracts for the new Single Assessment System will be signed on 15 August 2024
- Establishment of the new service will be on 6 December 2024
- Commencement will be on 1 Jan 2025

Providers welcomed the new improvements in the new Single Assessment System as part of 'getting it right' at the beginning of the client aged care journey and these include:

- two level processes that will be added to the low-level services including a Triage delegation process (clients going to be contact upfront and after the assessment services and there will be a delegation process even for CHSP).
- Triage delegation will be performed by a person and not an automated process
- Adding more steps in the process to safeguard people falling through the cracks.

Providers suggested Department to consider in supporting a strong Goal setting approach in the assessment process specially at the triage delegation.

Providers also raised concerns that adding new filtering systems may delay the assessment process which will create an even longer waiting list for people needing the care therefore suggested to implement efficiencies aimed at speeding up the assessment process in the new Single Assessment System. Furthermore, families can be increasingly time poor if clients want to include their family in to the decision making up to 3 different occasions which can cause problems and delays for people who are in need.

4.3.6 What type of activities will you need to do to transition to the new aged care system (e.g. structural changes, staff training etc) and how much time will you need for these activities prior to the new system taking effect?

One the final set of information is become available there are number of key septs that required to be completed as part of transition to the new aged care system and these include but are not limited to:

- Review of new business rules
- Design, develop and implement new approaches to operate under the new ACT (new skills, news systems and fresh thinking)
- Set up business intelligence systems
- Scenario modelling and evaluation for service provisions under the ACT
- Design, develop and implement business transformation actions on workforce, financial management, information and communications technology, wellbeing and reablement

4.3.7 Are there factors that may impact your readiness for transition that you would like the Government to consider?

Providers are very concerned about reform timeline and sector readiness including the need for appropriate transition timeline. The Readiness to transition evolves not just time but also availability of confirmed information. The current information is only presented in a draft format and important information such as

Fees, payments and fees arrangements are not included in the Exposure Draft. Until the information is finalised and accessible to the wider sector, ongoing business confidence to transition to the new program including future investment in aged care sector may not occurred.

4.3.8 Do you have any concerns about the sector being ready to transition to the new aged care system from 1 July 2024? How much time do you think the sector realistically needs?

Chapter 1 & 9 : The reform timeline and readiness support

- Are there any particular reform initiatives that you consider must be prioritised for commencement? Alternatively, are there any initiatives that you think would benefit from delayed commencement?
- What type of activities will you need to do to transition to the new aged care system (e.g. structural changes, staff training etc) and how much time will you need for these activities prior to the new system taking effect?
- Are there factors that may impact your readiness for transition that you would like the Government to consider?
- Do you have any concerns about the sector being ready to transition to the new aged care system from 1 July 2024? How much time do you think the sector realistically needs?



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A phased approach is welcomed by the providers however informed timeline set up for phase 5 (Aged Care ACT 2024 and a new aged care system to commence from 1 July 2024) is too tight to receive and incorporate proper sector feedback appropriately and make changes to the Bill where appropriate, ahead of the Hon Anika Wells MP, Minister for Aged Care introducing the Bill to the Parliament.

The new ACT represents a significant amount of change across the sector and information presented at this stage is only on draft format. To implement responsive business transformation strategies by the providers information **must** be finalised and confirmed. Therefore, to commence key business transformation actions incorporating proposed changes providers must receive a lead time commencing from the new Aged Care ACT has been passed through the parliament. A minimum of one full year was suggested by the providers.

Furthermore, Exposure Draft and consultation paper were released on 14 December 2023, which was too close to the Christmas and New Year holiday season. As a result, delivery of timely and responsive consultation activities were challenged due to lack of available time to develop consultation resources using the complex and high volume of information targeting diverse multifaced aspects that are important for providers and consumers.

Providers at the NCP Network suggested an independent review of the new ACT in 3 years to ensure that it works as intended and the reform journey remains on target.

Providers informed even though detailed information is provided they will not have enough opportunity to impact the timeline due to tight timeframe associated with the series of next phases of reform agenda.

- Providers have welcomed the consultation workshops delivered by the Department on early 2024 to capture feedback on the draft new Aged Care Act and its impacts for consumers however the consumer engagement activities were greatly unsatisfactory due to limited workshops and or lack of available consumer friendly information and resources. Consumers will provide feedback and

concerns if consumer friendly information is available for them. However much of Department releases cannot be understood by many older people therefore, it is vital the wording is tested with audience of older people before communication materials are released for consumers. Providers expressed that Government has a key responsibility on informing consumers about the Exposure Draft of the Bill, new Aged Care ACT, Support at Home Program and should not leave key consumer engagement and discussion points solely on providers to navigate.

5. Consumers

5.1 Consumer feedback

NCP Community Ambassadors Work Group (consumer group) have informed they have experienced significant change over of staff members coming to their homes to deliver funded CHSP services recently, in some occasions within a very short period of time a large number of new staff members have attended one individual's home. Our consumer group voiced that this is severely distressing for the individual and the staff member, especially when changes are not informed and/or consulted with the individual.

Request to add following as part of Independence, autonomy, empowerment and freedom of choice, Aged Care Rights (section 20)

An individual has a right to:

- receive consultation prior to any change to service of an individual.

5.2 Providers Prospective

Providers informed when traveling from one customer to another customer often means that organisations are required to ensure that travel time in between clients are not passed to the customers as well as absorbing as minimal as possible. Increased on costs due to SCHADS award has forced aged care organisations to ensure that there is minimal time in between one service to the next is scheduled at all times. As a result, likelihood of new staff members attending to one individual's home will tends to increase in the future.

5.3 Department to Consider

Providers informed the Department to review the impact on SHARD Award to aged care business operations as constraints around managing the overhead forced organisations to deliver services to customers and may not be always delivered in a way that best suited for the customer by honouring all of their preferences.

These actions have led to higher customer and workers dissatisfaction in the sector. Furthermore, Consumer group highlighted flow on effect on SHARD Awards should not place above customer mental health.

6. Acknowledgement



Email us your concerns on or before COB Wednesday 7 Feb 2024

Susantha Athurugiri, Project Coordinator - Northern Collaborative Project

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The Northern Collaborative Project (NCP) would like to express gratitude to everyone (NCP network, Executive Committee members, Community Ambassadors Work Group members) who contributed to the information and feedback presented in this report. NCP would like to specially thank Leanne Davis- King, NCP Chair joining with NCP Project Coordinator to deliver the member consultation session. The NCP looking forward to continued collaborating with the Department of Health and Aged Care as we collectively work toward the realization of an improved in-home support program to better serve older people.

7 Appendix 1 Participating Organisations

Following table represents organisations expressed an interest and made registrations to attend the NCP Member consultation session on 31 January, 2 February and 13 February. Please note material herein this report does not necessarily represent the views or policies of each of the organisations or their representatives.

Access Care Network Australia (ACNA)
ACH Group
Aged & Community Service Providers Australia (ACCPA)
AgedCare Alternatives
Adelaide Hills Council
Aged Rights Advocacy Service (ARAS)
City of Burnside
Barunga Homes
Centacare
Care and Share Trinity
Carers and Disability Link
City of Port Adelaide Enfield
City of Tea Tree Gully
City of Prospect
Co-ordinating Italian Committee Incorporated
Carers SA
City of Wollongong
City of Marion
City of Playford
Department Health and Aged Care
Federation of Polish Organisations in SA Inc
Government of South Australia
Gleam Team
Kirrae Health Service
Local Government Association of South Australia
Mental Health & Wellbeing Training Solutions
Northern Collaborative Project (NCP), City of Salisbury
Northern Collaborative Project Community Ambassador Work Group
See Differently
Town of Gawler