



final report overview

Presented by Derek Dittrich

Senior Manager Strategic Policy

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ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY

The Final Report

The Royal Commission and the Report

- The Final Report is long and complex, over five volumes, with many findings and 148 recommendations
- While the Report makes recommendations to Government and the sector, it is up to Government and industry to respond
- **R145** – by 31 May 2021 the Australian Government should report to Parliament with its response to the recommendations
- Government has indicated that it will provide its full response in the May Federal budget

The Report: 'a once in a generation opportunity'

Standout findings:

1. Much of what the report requires and comments on is the underfunding of the sector, addressing this is fundamental to many of the proposed reforms – we spend only 1.2% of GDP on aged care (OECD ave 2.5%)
2. Care failures must be addressed and not repeated

Key proposals within the report

- The older person must be at the **centre of reform** – with reform viewed through a ‘human rights’ lens
- **System governance** – structural reform is required
- Access based on **assessed need**, not rationed
- Significant **additional funding** is required
- **Workforce** challenges must be addressed, including training and remuneration

Key proposals within the report

- The National Prioritisation wait list for **home care packages** must be cleared
- **Residential care** viability and sustainability must be addressed with services funded to deliver quality and safe care
- **Transparency, comparability** and **disclosure** matters need to be addressed
- The **interface** between **aged care** and **health care** systems requires attention

Foundations of the new aged care system

- **R1:** A new Act – proposes a new Act – based on a universal right to high quality care
- **R2:** Rights of older people receiving aged care – the rights of older people to be included in the legislation
- **R3:** Key principles – making paramount the concept of putting the older person first – with their needs driving service delivery

Foundations of the new aged care system

- **R4:** Integrated long-term support and care for older people – Government to coordinate development of a vision for integrated long-term support and care for older people across:
 - * welfare;
 - * Housing;
 - * Health care; and
 - * Aged care

Structural reform – differing views

Commissioner Pagone

Recommended a structure **independent** of Government:

- An Aged Care Commission
- An Aged Care Pricing Authority
- An Aged Care Advisory Council; and
- An implementation Unit

Structural reform – differing views

Commissioner Briggs

Recommended a structure **within** Government:

- A senior Cabinet Minister
- A renamed Department of Health – **with ‘day-to-day responsibility’** for aged care
- Replace the ACQSC with a new Authority to manage compliance
- An expanded Health Pricing Authority – **to include aged care**
- An Implementation Taskforce

The Royal Commission and the Report

Government indicating its response will be 'driven by the principle of respect and care and through the lens of five broad pillars'

- Home care
- Residential aged care quality and safety
- Residential aged care services and sustainability
- Workforce, and
- Governance

Government's initial response

Initial response tabled with an additional \$452 million, including:

- **\$189.9M** - residential care financial support payment
 - * \$760 per resident in metropolitan
 - * \$1,145 in Regional, rural and remote
- **\$90M** – residential care viability support
 - * continuation of homeless and viability supplements
 - * until end June 2021

Government's initial response

Initial response tabled with an additional \$452 million, including:

- **\$91.8M** – ‘growing a skilled workforce’
 - * to build on existing workforce – ensuring opportunities to gain necessary skills and training to work in aged care
 - * seeking to attract over 18,000 jobseekers
- **\$30M** – ‘improving provider governance’ – \$15.9M training for Boards

“Government continuing support to ensure viability, while work continues on the full response to the Royal Commission”

(Australian Government)

Government's initial response

Initial response tabled with an additional \$452 million, including:

- **\$32M** – enhanced capacity of the Aged Care Quality and Safety Commission – including greater regulation around the use of restraints
- **\$18.4M** – enhanced oversight of HCP Program – to deliver 'better value for senior Australians and the taxpayer'

FUNDING

'at the core of problems'

Funding

- We know the sector is struggling with viability
- Both Commissioners noted:
 - * there has never been an assessment of how much money is required to deliver high quality care;
 - * indexation arrangements have systematically reduced the real value of funding

Funding – interim measures

The Report has recommended some interim measures:

- **R110** – amendment to indexation arrangements from July 2021*
- **R112** – Immediate change to the basic daily fee by \$10/day
- **R113** – amendment to viability supplement – with immediate effect

*(we have been advocating addressing of indexation (to the Wage Price Index)

Funding – longer term measures

The Report has recommended structural reforms:

- Introduction of an aged care levy / tax – split on how this would be attended
- Introduction of a Pricing Authority
- Introduction of casemix funding – by 1 July 2022
- Phasing out RADs by July 2025 – est. an aged care capital facility – creating incentives for a ‘small-house’ model
- Means testing and contributions

HOME CARE FOCUSED RECOMMENDATIONS

General recommendations

Home care related

- **R39** – meeting preferences to age in place – by 31 December 2021 to clear the HC waiting list by allocating all people a package at the assessed level
- **R35** – Care at home category – as part of an integrated aged care system comprised of the former CHSP,HCP and residential care programs
- **R40** – Transition to care at home – by 1 July 2022 any older person accessing care at home can also access low level respite or social supports (not paid for from HCP's)

Home care related

- **R33** – a social supports category – aims to reduce social isolation
- **R34** – Assistive technology and home modifications category
- **R36** – Care at home to include allied health – a wellness approach
- **R93** – Accreditation of high-level home care services – a new Act requiring Home Care Providers who deliver care management and clinical services to be ‘accredited’

Home care related - funding

Funding Related:

- **R118** – A new funding model – individualised budgets or casemix classification
- **R117** – Grant funding for support services – advised by an IPA
- **R123** – Payment on an accruals basis – already in train

RESIDENTIAL FOCUSED RECOMMENDATIONS

General recommendations

General recommendations

- **R37** – to implement a category within the new aged care system for ‘residential care’
- **R38** – residential care to include allied health - and appropriately funded
- **R60** – establish a Senior Dental Benefits Scheme
- **R64** – increased access to medication management reviews
- **R65** – Restricted prescriptions of antipsychotics
- **R70** – Improved access to state / territory health services

General recommendations

- **R17** – regulation of restraints – use of restraints must be based on an independent expert assessment and subject to ongoing reporting
 - * Follows NDIS approach
 - * concerns regarding availability of qualified practitioners
- **Food and nutrition** – the Report links the recommendation for an additional \$10/day for the Basic Daily Fee – to include the provision of quality food

General recommendations – minimum staff time

- **R86** – minimum staff time for residential care – would require:
 - * by July 2022 – 200* minutes (3.3hrs) for the ‘average’ resident (with 40 mins by an RN)
 - * providers to meet minimum staff time quality and safety standard
 - * providers would pick the appropriate mix for their model of care
 - * commentary regarding ‘at least one RN on site per facility at all times
 - * an exemption to RN requirement could be sought for a range of grounds incl. for MPS services, or for RRR providers in certain circumstances

*prescribed staffing outcomes must be adequately funded

General recommendations – ‘equity of access’

- **R58** – Access to specialists and other health practitioners through Multi-disciplinary outreach services – funded through National Health Reform Agreement
- **R59** – Increased access to Older Persons Mental Health Services - funded through National Health Reform Agreement
- **R70** – improved access to State and Territory health services – through reforms to the National Health Reform Agreement - incl. palliative care, sub-acute rehabilitation

“People receiving aged care should have the same access to State and territory health services...as other people in Australia.”

(Royal Commission Final Report)

WORKFORCE

Related recommendations

Workforce

Workforce recommendations cover:

- Employment and training for ATSI aged care (**R51**) – incl. [Workforce Plan](#)
- Workforce planning (**R75**)
- National registration scheme (**R77**)
- Mandatory minimum quals & review of certificate courses etc. (**R78, R79, R81, R82**)
- Remuneration and award wages (**R84 & R85**)

We need reform measures to include specific measures to address RRR challenges

Workforce

We need:

- More workers,
- That are well trained and skilled, and
- Better paid!

PRUDENTIAL

Related recommendations

Prudential related

- **R130 / R131** – Prudential regulation and standards – a System governor to oversight to make and enforce new prudential standards
- **R132** – Liquidity and capital adequacy standards – est. thresholds
- **R133** – More stringent financial reporting requirements – to be prescribed
- **R134** – Strengthened monitoring powers for prudential regulator
- **R135** – Continuous disclosure requirements – APs required to comply
- **R136** – Tools for enforcing disclosure standards - guidelines

GOVERNANCE

Related recommendations

Governance related

- **R88** – Legislated amendments to improve provider governance – by Jan 2022 governing body of an AP must have a majority of independent non-Executive members
- **R89** – Leadership responsibilities and accountabilities – responsibilities and accountabilities for leaders and managers
- **R90** – New governance standard – introduction of a new standard

Governance related

- **R91** – Program of assistance to improve governance arrangements – proposes funding to assist providers to improve governance arrangements – note \$30.1M provided by Govt. to respond
- **R101 & R102** – Civil Penalties and compensation for breaches – prescribes the new Act address civil penalties in prescribed circumstances (i.e. breaching the general duty to provide high quality care) – where there is a breach in Standards or the breach gives rise to harm – we are concerned about precedence

AGED CARE ACCOMMODATION?

Related recommendations

Aged care accommodation

We know:

- The Royal Commission is favourably disposed to small scale accommodation ‘small-house’ design
- We know that they spoke about transitioning away from large design settings – used language like ‘depersonalised’ and ‘large, noisy institutional environments’

aged care accommodation - changes in bed numbers

The average size of RACFs has increased over time

- * in 2008 – 39% of facilities had over 60 places – by 2019 this increased to 60%
- * in 2008 – 32% of facilities had 40 places or less – by 2019 this decreased to 20%
- * in 2008 – 7% of facilities had 20 or fewer places – this was less than 5% by 2019

It is important to understand the drivers of accommodation size – efficiencies for staffing, economies of scale etcetera

Aged care accommodation

- **R45** – Improving the design of aged care accommodation
 - * Government should develop and publish set of national aged care design principles and guidelines on accessible and dementia friendly design

(separately noting the ABCB is currently reviewing accessibility standards)
 - * by July 2023 a program is in place to promote adoption of these
 - * including the provision of financial incentives i.e. accommodation supplements or capital grants
 - * by July 2025 – new class 9c buildings to reflect above principles, plus those substantially refurbished

Aged care accommodation

- **R46** – Capital grants for ‘small household’ models of accommodation
 - * from January 2022 government should provide additional capital grants for building or upgrading existing RACFs to provide ‘small-scale’ accommodation
 - * Commissioner Briggs – capital grant funding should be increased to \$300M – then to \$600M and then to \$1B in 2023-24
 - * priority funds given to special needs groups, low means recipients, those who do not live in a major city

Report's commentary

- 'Residential aged care services should transition progressively away from large institutional design settings
- Accessible and dementia friendly design should be the norm for new or substantially re-furnished buildings
- Appropriate design must compliment and support an effective operational model of care delivery

Report's commentary

- 'There may be other ways that Government could support the provision of small-scale accommodation':
 - * financing; funding; commissioning; policy direction or regulation
 - * one approach could require pricing to 'account properly for the costs associated with small household models of accommodation'
- In 2019 ACFA estimated that combined total investment for new/rebuilds over the next decade to be about \$56B
- 'Imperative that this investment be directed towards the aged care of the future not the creation of more institutions'

ACSA comments

- We support the exploration of small-scale accommodation as one of the accommodation options available – recognising the benefits of domestic scale
- Further analysis and consideration needs to be given to factors that impact the viability of builds:
 - * land costs and yield – particularly in larger cities
 - * will small scale homes provide appropriate returns?
 - * staffing and other efficiencies – that relate to building size
 - * the building of domestic scale outcomes (wings/pods) into larger builds
 - * keeping flexibility in standards to meet varying needs – restorative care, respite etc.

ACSA comments

- There is an important question to ask?
 - “Can we build domestic scale outcomes into larger facilities?”
 - * through individual pods and wings
 - * building into these wings, kitchens for residents to participate in
 - * domestic scale TV/sitting rooms
 - * Small laundries for residents to use etc.

REGIONAL, RURAL AND REMOTE

context

- Around 7 million people or 20% of the population are said to live outside our major cities
- This cohort generally experiences poorer health and welfare outcomes
- Australian Association of Gerontology (2019) reports that on average older people in rural and remote areas have:
 - * lower incomes
 - * experience greater levels of disability
 - * Reside in poorer quality housing and have lower levels of education

context

- We are seeing stresses in these providers including closures of facilities in regional and country areas
- Closure or risk of closure creates significant stress for residents, their families, and their communities – with significant risk of social dislocation
- Were standalone facilities in isolated towns to close then it is unlikely that another aged care provider will be found

context

These services are vital to the communities they serve, not simply for the important care and services they provide to older Australians but also as part of the economic, employment and social fabric of their communities

Aged care services in RRR locales must be able to thrive and grow!

RRR related recommendations

Acknowledging many of the recommendations in the Report cut across RRR

- **R54/58/59/70** – older people in RRR environments should have **equitable access** to aged care in their community - ? funded through National Health Reform Agreement – will this provide access to:
 - * specialist and in-reach services across regions
 - * reliable telehealth services
 - * mental health services, palliative supports, behavioural health supports etc?

Some RRR related recommendations

- **R86** – **Minimum staffing time** standard for residential care – noting exemptions may be required for RRR services where providers can demonstrate:

*“it has been unable to recruit sufficient numbers of staff
with requisite skills”*

R55 – The **Multi Purpose Services Program** – Government should maintain and extend this program, including addressing the funding model

Disability and younger people in aged care

- **R74** – no younger people in residential aged care
 - * no new younger people into aged care from January 2022
 - * no person under 45 in RACFs by January 2022
 - * no person under 65 living in residential care from January 2025

(ACSA supports the plan to transition younger people out of aged care facilities, noting that there may be legitimate circumstances where people choose to remain in these facilities, for example in regional and country areas – to remain connected to family / community)

Funding – longer term funding measures

- Introduction of a Pricing Authority – may better address costs and pricing for RRR providers
- Introduction of casemix funding – with weightings for RRR would benefit (ACFI has never addressed this environment)
- Phasing out RADs by July 2025 – est. an aged care capital facility with a focus on non-metro

Workforce

Workforce recommendations cover:

- Employment and training for ATSI aged care (**R51**) – incl. [Workforce Plan](#)
- Workforce planning (**R75**)
- National registration scheme (**R77**)
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We need reform measures to include specific measures to address RRR challenges

ABORIGINAL AND TORRES STRAIGHT ISLANDERS

Related recommendations

Aboriginal and Torres Strait islander services

- **R37** – ATSI aged care pathway – culturally appropriate care regardless of where people live, is culturally ‘safe’ and delivered regionally
- **R49** – ATSI Aged Care Commissioner
- **R50** – Prioritise ATSI organisations to become aged care providers
- **R51** – Government to develop a national ATSI workforce plan
- **R52&53** – Funding cycle / streams – flexible funding streams across Home Care and residential care

PALLIATIVE CARE

Related recommendations

Palliative care

- **R2** – Rights of older people to receive end-of-life care including equitable access – *addressed by a new Act*
- **R19** – Review of quality standards to ensure provision of high quality palliative care*
- **R80** – Government to ‘require’ provision of palliative care training of staff
- Palliative care is also captured among other recommendations such as **R14** – a general duty to provide high quality care

* we support quality provision of end-of-life care, supported by well trained staff and specialist in-reach support services

DISABILITY AND YOUNGER PEOPLE IN AGED CARE

Related recommendations

Disability and younger people in aged care

- **R72** – Equity for people with disability receiving aged care – older people with a disability receiving aged care should have supports equivalent to those received under NDIS
- **R74** – No younger people in residential aged care
 - * no new younger people into aged care from January 2022
 - * no person under 45 in RACFs by January 2022
 - * no person under 65 living in residential care from January 2025

(ACSA supports the plan to transition younger people out of aged care facilities, noting that there may be legitimate circumstances where people choose to remain in these facilities)

DEMENTIA AND REGULATION OF RESTRAINTS

Related recommendations

Dementia and restraint

- **R15** – Establishment of a dementia support pathway – by January 2023 development of a dementia pathway
- **R16** – Specialist dementia care services – by July 2023 government to report on the adequacy of the Specialist Dementia Care Units
- **R17** – Regulation of restraints – by January 2022 the QoC Principles to be amended and that the use of restrictive practices be based on an independent expert assessment and subject to ongoing reporting and monitoring – a move towards an NDIS style approach

QUALITY AND SAFETY

Related recommendations

Quality and Safety

- **R13** - Embedding high quality care – characteristics of high quality care
 - * diligent and skilful care
 - * safe and insightful care
 - * caring and compassionate relationships
 - * empowering care; and
 - * timely care

Quality and Safety

- **R14** – A general duty to provide high quality and safe care – refers to a non-delegable statutory duty on approved providers to provide high quality and safe care:
 - * Includes reference to any worker engaged in personal care has the skills and experience and training to perform their work
- **R94** – greater weight attached to the experience of people receiving care:
 - * From July 2021 the ACQSC should publish a report on the experience of people receiving an aged care service

Quality and Safety

- **R19 / R20 / R21** – Urgent review of the Aged Care Quality Standards – that by mid-2021 an urgent review should occur and where required amendments made on the following matters:
 - * best practice care across a range of areas i.e. oral care
 - * nutritional needs
 - * needs of those living with dementia
 - * provider governance; and
 - * palliative care

Quality and Safety – Quality indicators and star ratings

- **R22** – Quality indicators – responsibility allocated for the ongoing research into use and evidence basis for quality indicators and publication of guidance on use of indicator data
- **R23** – Using quality indicators for continuous improvement – by July 2022 implement reporting and benchmarking of provider performance against quality indicators
- **R24** – Star ratings performance information for people seeking care – by July 2022 the Australian Government should develop and publish a system of star ratings on measurable indicators to enable ‘meaningful comparisons’ of services and providers

THANK YOU

Questions