



**+ AAC Allied Aged Care Submission Inspector-General of Aged Care Bill 2023 and the Inspector-General of Aged Care (Consequential and Transitional Provisions) Bill 2023**



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## **Inquiry into the provisions of the Inspector-General of Aged Care Bill 2023 and the Inspector-General of Aged Care (Consequential and Transitional Provisions) Bill 2023**

**3<sup>rd</sup> April 2023 AAC – ALLIED AGED CARE  
RESPONSE TO THE STANDING COMMITTEE ON  
COMMUNITY AFFAIRS**



## **AAC Allied Aged Care Submission Inspector-General of Aged Care Bill 2023 and the Inspector-General of Aged Care (Consequential and Transitional Provisions) Bill 2023**

Blue Ribbon Allied Health Pty Ltd trading as AAC – Allied Aged Care

Submission authorized by Alwyn Blayse CEO AAC Allied Aged Care

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### **Executive Summary**

**AAC Allied Aged Care, a regional allied health provider and advocate for aged care residents and health practitioners, broadly support these Inspector General Aged Care (IGAC) bills. However, the current bills are sorely lacking detail and in their present state the IGAC role will be completely ineffective, without**

**a) The recommendations to amend below which includes those raised by Allied Health Practitioners Australia, Aged Care Reform Now and Aged Care Justice which we also strongly support.**

**b) a much improved Aged Care Act that includes a better human rights based model such as the model suggested by Dr Steven Duckett of the Grattan Institute <sup>1</sup>, and that includes a right to health that includes ENS, allied health and dental care access for older adults.**

**c) an Aged Care Act which mandates clinical levels of ENS, allied health and dental health care, and the IGAC urgently prioritising a funding system for these professions to meet the recommendations of the Royal Commission, particularly 36, 38 and 122 by no later than 1<sup>st</sup> July 2024 <sup>2</sup>**

**Without these above changes to the IGAC bills, any Inspector General's role will be ineffectual, symbolic, and utterly toothless in ensuring that the clinical care needs and human right to health of older adults are met.**

**AAC Allied Aged Care Recommendations to changes in IGAC bills.** As well as our own recommendations we also strongly support the following recommendations to these bills presented in a joint submission from Aged Care Reform Now, and Aged Care Justice, which we are also members. Although we are not members we also strongly support the following recommendations of Allied Health Professionals Australia (AAC are not members, although the Australian Physiotherapy Association and OT Australia that we are members of, and many other professional groups are members of AHPA). Any of these statements below from these groups we support are in italics.

**Recommendation 1 – AAC strongly support the following recommendation from Aged Care Justice and Aged Care Reform Now submission** *In the Final Report by the Royal Commission into Aged Care Quality and Safety, it was recommended that a key role of the Inspector-General is to 'review regulator decisions on a systematic basis to ensure regulator integrity and performance' and 'monitor the adequacy of aged care data collection and analysis' (Rec. 12(c)). Currently, the draft Bill does not include a prescribed system or regulatory function in which the Inspector-General consistently reviews the regulator's performance, outside of conducting reviews, which are discretionary. We recommend that the Inspector General performs an oversight function over the regulator as a statutory consideration.*

**Recommendation 2 - AAC strongly support this recommendation in full from Allied Health Professions Australia** *The phrase 'facilitate positive change for older Australians' in the Objects of the Bill (Clause 3) should be replaced by wording along the lines of 'develop and maintain high standards of aged care quality and safety for older Australians and in accordance with human rights obligations'.*

**Recommendation 3. AAC strongly support the following recommendation from Aged Care Justice and Aged Care Reform Now submission** *To enable the Inspector General to meet the objectives of systemic review, we recommend a process by which the regulator (currently the ACQSC) identifies and reports on issues in need of review to the Inspector-General. The process must be proactive in its approach such as quarterly reporting to the Inspector-*



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*General by the regulator on complaints received and handled, to ensure the Inspector-General can effectively recognise and address systemic issues. This is vital to timely management of serious aged care issues, and to avoid delays in the investigation of crucial matters.*

**Recommendation 4 AAC strongly support this recommendation in full from Allied Health Professions Australia**

*The roles of the Inspector-General and the Office should be legislatively embedded in a consultative structure that requires effective input from the aged care sector on systemic concerns, including annual work plans (Clause 15(3)), reviews on the Inspector-General's own initiative (Clauses 17–19), draft review reports (Clauses 21–22) and extra reports to Parliament (Clause 29). This input should be obtained via the Aged Care Advisory Council, the Council of Elders, and a stakeholder consultative mechanism similar to those currently operating for the National Disability Insurance Scheme Quality and Safeguards Commission.*

**AAC adds that input above be sought from a broad group of stakeholders including but not limited to groups that advocate for elders such as OPAN, COTA, Dementia Australia, Meals on Wheels, but also grassroots groups like Aged Care Reform Now, Aged Care Justice, Aged Care Crisis, QACAG, Older Women's Network, Elder Rights Association, and aged care health practitioner professional associations such as ANMF, the Health Services Union, and professional associations AHPA (and its individual member Organisations), SARRAH, Australian Dental Association, Australian Dental and Oral Health Practitioners, AHANA, Recreation and Lifestyle Australia. Nursing home residents and community home care package recipients must also form part of stakeholder groups, in ways that they can access effectively.**

**Recommendation 5. AAC strongly support the following recommendation from Aged Care Justice and Aged Care Reform Now Submission** *The Royal Commission recommended that complainants who are not satisfied with how a complaint has been handled by the regulator or believe the complaint warrants the attention of the Inspector-General, can go direct to the Inspector-General. This will ensure the Inspector-General is informed of any serious mismanagement of the complaints process, allow transparency and build consumer confidence.*

**The IGAC must help regain consumer confidence around allied health by providing transparency over what minimum levels of clinical care from ENs, allied health and dental an elder should be receiving, and what to do if they are not receiving what they need.**

**Recommendation 6 AAC strongly support this recommendation in full from Allied Health Professions Australia** *The Inspector-General must be statutorily empowered and resourced to monitor and/or review the implementation of responses to final review report recommendations, so that the relevant wording in Clause 24 of the Bill is similar to that in Clause 28 of the Bill (Reviews of implementation of Aged Care Royal Commission recommendations).*

**AAC add – the Bill needs to address specific requirements of the IGAC to ensure recommendations 36, 38 and 122 relating to allied health are met.**

**Recommendation 7. AAC strongly support the following recommendation from Aged Care Justice and Aged Care Reform Now submission** *Sections 22 and 24 state that the Inspector-General is to report on the progress of the implementation of the Aged Care Royal Commission recommendations, with the first review scheduled for 2026 and second in 2031. We say, that the Inspector-General should report annually commencing in 2024, as it's in the public interest and will improve public confidence in the Government's implementation of the recommendations. We recommend annual progress reporting to ensure a coordinated and effective approach for implementing the Royal Commission recommendations, and to allow for changes in approach or strategy to be actioned as required. Further, if the report is delayed, incomplete or limited in scope, the report should set out the issues related to its delay and its content limitations. Transparency in reporting regarding the nature of the report, which include any delays and level of content is necessary for aged care reporting in the public interest.*

**AAC add – the IGAC should specifically include in this report the progress on Royal Commission recommendation 36, 38 and 122, as well as reporting on actual minutes and spend on allied health, EN and dental care in Australian residential aged care facilities (not the self-reported information nursing homes provide in ACFRs), which is independently forensically audited to give the public confidence it is correct.**

**Recommendation 8 AAC strongly support this recommendation in full from Allied Health Professions Australia** *The Inspector-General should be mandated to report regularly on implementation of Royal Commission recommendations at least every six months.*



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**AAC add – Given the urgent time limit to implement an allied health funding to start by July 2024, the IGAC should specifically report quarterly on progress towards Recommendation 36, 38 and 122**

**Recommendation 9 AAC strongly support this recommendation in full from Allied Health Professions Australia**  
*The Inspector-General should be mandated to conduct independent evaluations of the effectiveness of selected measures and actions taken in response to the Royal Commission’s recommendations, at least every two years. If Recommendation 4 is not accepted, these evaluations should include monitoring of progress on uncompleted implementation and should be conducted annually.*

**4. GENERAL COMMENTS on the crucial role of the IGAC ensuring the right to health, and access to appropriate levels of clinical care as per the Royal Commission into Aged Care Quality and Safety recommendations.**

**The IGAC crucial role in ensuring older adult’s Right to Health that includes ENs, allied health and dental**

The Inspector General of Aged Care will have a crucial oversight role in ensuring that the Royal Commission recommendations, including those around human rights of older adults are met, especially the right to health. The right to health that an IGAC needs to help protect includes an older adults right to have access to effective clinical care from ENS, physiotherapists, allied health and dental care practitioners in both community and residential aged care.

The right to health is acknowledged by the government in their explanatory notes to these bills (page 6 below highlighted)

**Human rights implications**

The IGAC Bill engages the following human rights:

- the right to an adequate standard of living in article 11(1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR) and article 28 of the Convention on the Rights of Persons with Disabilities (CRPD);
- **the right to health in article 12(1) of the ICESCR and articles 23(1)(c) and 25 of the CRPD;**
- the right to a fair trial in article 14(1) of the International Covenant on Civil and Political Rights (ICCPR);
- the right to the presumption of innocence in article 14(2) of the ICCPR;

*Australia is a party to seven core international human rights treaties. The right to health is contained in article 12(1) of the [International Covenant on Economic Social and Cultural Rights\(ICESCR\)- external site](#).*

*The UN Committee on Economic Social and Cultural Rights has stated that health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity.*

*The Royal Commission final report agreed xi. care and supports should, as far as possible, emphasise restoration and rehabilitation, with the aim of maintaining or improving older people’s physical and cognitive capabilities and supporting their self-determination.*

It is impossible for an older person to have this quality of life above, if they don’t have access to these practitioners

- Enrolled Nurses play a crucial role working with care workers and Registered Nurses. They take load off RNs, and can deliver a range of specialized treatments that carers cannot. They help prevent pressure injuries, pain, can deliver medications, and manage complex care needs.
- Dental health care is crucial for older adults. Failure to provide dental care causes untreated pain, aspiration pneumonia, heart issues, malnutrition and a poor quality of life.





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- Falls are the leading cause of death and disability in older adults. Physiotherapy alone can reduce falls by 55%. Physio helps keep older adults mobile, strengthens bones, keeps range of movement and to manage pain.

The Royal Commission into aged care quality and safety clearly outlined that the system governor had a crucial role in ensuring that clinical care from appropriately trained skilled workforce, including Ens, allied health and dental care was delivered.

Reablement and rehabilitation need to be a central focus of aged care. We recommend that care at home should include the allied health care that an older person needs to restore their physical and mental health to the highest level possible—and to maintain it at that level for as long as possible—to maximise their independence and autonomy.

Throughout our inquiry, many witnesses described the crucial role of allied health in maintaining mobility and functionality and providing restorative care in response to acute events. We also learned that many people receiving aged care services do not have sufficient access to allied health services.

We recommend that the benefits of allied health services should be considered in an assessment of a person's aged care needs, and that the person's aged care entitlement should adequately reflect those needs. For care at home, funding assigned for the older person should include an amount to meet any identified need for allied health care and the lead home care provider should be responsible for ensuring that allied health services are delivered. For residential care, we recommend that the System Governor should ensure providers provide allied health care in accordance with each older person's individual care plan, and should monitor the level of allied health services that are actually delivered. Allied health should become an intrinsic part of residential care.

In evidence Royal Commission by the Australian Health Services Research Institute (AHSRI) at the University of Wollongong gave, they used international benchmarks to show that 2019/2020 allied health levels of 8 minutes a resident per a bed day were inadequate to stop clinical deterioration of older adults, and 22 minutes a resident per a bed day of allied health was needed to ensure an older person be able to have their highest quality of life.

The Royal Commission also clearly outlined that many providers did not value allied health leaving older adults without the access to allied health they needed.

Royal Commissioner Briggs noted “providers have demonstrated little curiosity or ambition for care improvement and have not prioritised enablement and allied health care.” And “throughout our inquiry, many witnesses described the crucial role of allied health in maintaining mobility and functionality and providing restorative care in response to acute events. We also learned that many people receiving aged care services do not have sufficient access to allied health services.” P 110

Allied health care, and care from Enrolled Nurses, are also key parts of palliative care, and the palliative approach. This is echoed by Ms Katie Snell of Palliative Care Australia in evidence to the Senate November 2021 (Community Affairs Committee report page 16)

### **2.7 Ms Katie Snell of Palliative Care Australia told the committee that allied health is 'crucial' in the delivery of palliative care:**

...I think our big concern around the AN-ACC would be the delivery of allied health and enough registered nurses in aged care. At the moment, it's not clear how that would be funded under that model. We would stress very clearly that, if we really want to take aged care to the next step and deliver a professional level of care and have things like palliative care delivered, we need an answer on how allied health and nursing will be funded.<sup>7</sup>

The Australian Labor Party (then in opposition) also commented on the importance of allied health, and concern around access of aged care residents to allied health, in the Senate November 2021.



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consultative to ensure its success and to rebuild confidence in the system.

- (b) **The lack of detail surrounding the future implementation of AN-ACC—** provider peak bodies have raised concerns about the lack of detail surrounding the future implementation of AN-ACC including issues such as:
- (i) access to shadow assessment information to assist with 2022/2023 Financial Year Budgets;
  - (ii) aged care resident access to allied health services;

Labor politicians the Hon Meryl Swanson, and the Hon Ged Kearney in the leadup to the May 2022 elections also publicly supported the need for older adults to have allied health.



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15 November 2021

AN-ACC funding model and allied health workers

Labor has a number of potential concerns regarding the new AN-ACC funding model that will be implemented from October 2022 by the Morrison Government.

We're concerned that with the implementation of the AN-ACC so close, so much about the new funding instrument is still unknown, leaving many aged care residents, providers, and health care professionals in the dark about what this means for them and the provision of safe and quality care.

Access to allied health care is crucial to the health and wellbeing of aged care residents. There is a wealth of evidence that tells us just how important these interventions are in maintaining and enhancing a resident's cognitive functions, dexterity and mobility, for example.

We have raised the issue of allied health in aged care under AN-ACC with the Government and will continue to do so.

Aged Care Deputy Aged Care Minister Ged Kearney, also supported the need for aged allied health when speaking in an online Facebook live event that “Don’t worry. Labor has got allied health.”

**The role of the IGAC is crucial in helping meet the Royal Commission recommendations and ensuring allied health is delivered in time frames given, particular Recommendation 36,38 and 122.**

The Royal Commission was very clear that allied health was an essential pillar of aged care, and also that the System Governor (IGAC) was the one to ensure that allied health was delivered when it was considered insufficient in 2019/2020

***“The System Governor should ensure providers provide allied health in accordance with each older person’s individual care plan, and should monitor the level of allied health services that are actually delivered. Allied health should become an intrinsic part of residential aged care.”***

Recommendation 36, 38, 122 of the Royal Commission into Aged Care emphasizes that the role of the system governor (IGAC) is essential in ensuring allied health care for older adults.

**What did the Royal Commission say about the IGAC’s role in its recommendations?**

**Recommendation 36** - The Royal Commission said that the **system governor by the 1<sup>st</sup> of July 2023** (less than 3 months away) should ensure home care allied health is appropriately delivered



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**Recommendation 36: Care at home to include allied health care**

1. From 1 July 2023, the System Governor should ensure care at home includes a level of allied health care appropriate to each person's needs.
2. From 1 July 2024, System Governor should:
  - a. ensure that the assessment process for eligibility for care at home identifies any allied health care that an older person needs to restore their physical and mental health to the highest level possible (and maintain it at that level for as long as possible) to maximise their independence and autonomy
  - b. ensure that the funding assigned to the older person following the assessment includes an amount to meet any identified need for allied health care, whether episodic or ongoing. This allocation must be spent on allied health care and be consistent with practice guidelines developed by the System Governor

**Recommendation 38** The Royal Commission recommendation stated that Recommendation 38 was the responsibility of the System Governor by the 1<sup>st</sup> of July 2024.

**Recommendation 38: Residential aged care to include allied health care**

To ensure residential aged care includes a level of allied health care appropriate to each person's needs, the System Governor should, by no later than 1 July 2024:

- a. **Commissioner Pagone**: require providers to have arrangements with allied health professionals to provide services to people receiving care as required by their assessment or care plan
- b. **Commissioner Briggs**: require approved providers to:
  - i. employ, or otherwise retain, at least one of each of the following allied health professionals: an oral health practitioner, a mental health practitioner, a podiatrist, a physiotherapist, an occupational therapist, a pharmacist, a speech pathologist, a dietitian, an exercise physiologist, and a music or art therapist
  - ii. have arrangements with optometrists and audiologists to provide services as required to people receiving care
- c. provide funding to approved providers for the engagement of allied health professionals through a blended funding model, including:
  - i. a capped base payment per resident designed to cover about half of the costs of establishing ongoing engagement of allied health professionals
  - ii. an activity based payment for each item of direct care provided with the Pricing Authority determining the quantum of funding for the base payment and the level of activity based payments, including by taking into account the extra costs of providing services in regional, rural and remote areas

The Government **accepts-in-principle** this recommendation. The Government is acting to improve allied health and palliative care services through the design of the Australian National Aged Care Classification (AN-ACC) funding model and a new support at home program, as well as through measures to support increased access to allied health care appropriate to each person's needs. These measures include allied health training, increasing virtual access to primary care and allied health professionals in residential aged care facilities, and building an evidence base to inform allied health workforce planning.

**Recommendation 122 -** The role of the System governor was also covered in recommendation 122 below (reporting of staffing hours, that the system governor should assess reports against minimum staffing requirements (which included allied health professionals)).

**Recommendation 122: Reporting of staffing hours**

1. From 1 July 2022, the *Accountability Principles 2014 (Cth)* should be amended to require all approved providers of residential aged care to report, on a quarterly basis, setting out total direct care staffing hours provided each day at each facility they conduct, specifying the different employment categories (including personal care workers, enrolled nurses engaged in direct care provision, registered nurses engaged in direct care provision, and allied health care professionals engaged in direct care provision).
2. The System Governor should assess the reports against the minimum staffing requirements, and initiate appropriate action in cases of non-compliance.

**What exactly is the level of spend and minutes of minimum staffing that the system governor would be using to establish compliance or non-compliance?**

The Government **accepts** this recommendation and is responding through the measure **Residential Aged Care Services and Sustainability - Reforming residential care funding to drive better care and a viable system**.

From 1 July 2022, residential aged care facilities will be required to report total care staffing minutes by registered nurses, enrolled nurses and personal care workers on a quarterly basis. **?allied health not mentioned**

Subsequently, as part of the move to introducing a star rating system, this information will be used to determine a star rating for each residential aged care facility, which will be published on My Aged Care.

The IGAC must make as an urgent priority to

- a) Commit to a plan for a funding model in community for allied health to start by 1<sup>st</sup> July 2023.
- b) Commit to a plan for funding model for RACF to start by 1<sup>st</sup> July 2024
- c) Using a "system lens", investigate system wide failures and provide solutions to barriers in rolling out these funding models to ensure adequate clinical care of older people from allied health, Enrolled Nurses and Dental practitioners.





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The role of the IGAC in ensuring a funding model for allied health starts in community by 1<sup>st</sup> July 2023, and RACF by 1<sup>st</sup> July 2024.

Both commissioners in Recommendation 38 ~~enough~~ a blended funding model with a capped base payment per resident for half of the costs of establishing ongoing engagement of allied health professionals, and then an activity-based payment for each item.

Recommendation 122 was supposed to include allied health by the 1<sup>st</sup> of July 2022, but this is not the case. Even though allied health is included in ACFRs, it is not mandated, and self-reporting data varies widely in the ACFR format to that which is reported to aged care consultants Stewart Brown and Mirus Australia, Provider Assist and others.

Given that this deadline of 1<sup>st</sup> July 2023 for Recommendation 36 and the 1<sup>st</sup> of July 2024 for Recommendation 38 is fast approaching, and we are overdue for Recommendation 122, the IGAC needs to urgently address a timeline and plan to ensure that adequate allied health for each person's needs, that is not occurring currently, be in place and ready to go. Providers would need to be aware of this timeframe to plan for staffing needs in place by this date.

### **How can the IGAC monitor allied health data, when the allied health data is incorrect? They can't.**

However the System governor (IGAC) would be unable to perform this recommendation at present, as there are no minimum staffing levels of either enrolled nurses or allied health or dental care staff defined by government or Department of Health.

So the data needs to be transparent, and publicly released, with independent forensic accounting to confirm it is correct, to rebuild public confidence in the data around allied health.

Dr Nick Hartland in public statements confirmed that the department of health's "expectation" is that RACFs provide an average of at least 8 minutes a resident per a day, roughly 4% of AN-ACC income which is separately funded for allied health. Then Aged Care Minister Senator Colbeck reported that this 4% of income equated to \$800 million.

However there is not a consistent method of ensuring that this "expectation" is met. Data varies widely from government and provider consultancies Mirus Australia, Stewart Brown and others on the actual levels of allied health, which do not match reports from Allied Health Professions Australia and others.

There is a lack of transparency around how much of taxpayer funds that were allocated separately for allied health are actually passed on for allied health service provision. <sup>3</sup> Using Mirus numbers (who look after 40% of providers) for January 2023, allied health is 2.86 minutes a day. If this were Australia wide, then this means that only \$285 million of allied health funding has been passed on for allied health from the \$800 million Senator Colbeck mentioned. This means that \$515 million is unaccounted for of taxpayer money that community and government and Department of Health expected to be passed on in full by nursing home providers to pay for allied health.

The Inspector General of Aged Care would need to restore public confidence by ensuring that separate funding for allied health paid by taxpayers is actually spent on allied health for older people.

### **How to ensure any Inspector General of Aged Care meets community expectations around allied health, ENs and dental care for older Australians.**

Mr Ian Yates, deserves much credit for his effective advocacy for older people over the last 30 years. He is someone who has widespread aged care industry respect for his longstanding service to aged care in his previous role as head of COTA, and it is understandable that Minister Wells nominated him for this important role he now holds. AAC We are not suggesting any unsuitability for the role Mr Yates now holds, that of interim Inspector General of Aged Care, quite the opposite, it is fantastic to see someone who advocates for older adults in this important role.

We do note though from discussion with many advocate groups and individuals AAC have had, that for many who are concerned about allied health and human rights, some of Mr Yates past statements around allied health are at odds with his current role (see below). Mr Yates' position may well have changed, so to avoid any concern around these statements, we would appreciate if Mr Yates, or any future IGAC publicly clarify their current position around elders access to ENs, allied health and dental care, as well as the importance of these in an older persons right to health.





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### STAKEHOLDER VIEWS

## What should count for 200 minutes of care?

THERE IS A degree of controversy about what cannot be counted in the legislated average 200 minutes of care per resident per day, particularly in relation to so-called lifestyle activities and the provision of allied health services. Neither of which are included.

The 200 minutes is for nursing and personal care staff time only.

Leading providers have argued that at least lifestyle activities should be included, and if it is not, many providers will significantly reduce the provision of lifestyle activities.



Ian Yates, chief executive of COTA Australia and care staff only; AN-ACC is funded as a level that is

“The 200 minutes is for nursing and personal care staff time only.”

practice lifestyle support and allied health care.

There is some issue with some staff time being mandated while other essential roles are not. The royal commission recommended that because there has unquestionably been too much emphasis

the new quality standards balance that approach with requirements for choice, control, agency and community.

I don't believe that good providers will reduce their lifestyle or allied health services, but we need to continue to address the failure of many providers to provide these services, or to do so in only token ways.

Time will tell which of the government's or providers' financial predictions are correct, but the sky will not fall down in October.

However, the new arrangements need to be

<https://ahpa.com.au/wp-content/uploads/2022/10/AAA-SO22-Sprds-8.pdf>

However this statement by Mr Yates appears to have been premature, as in the 6 weeks after October 1<sup>st</sup>, AHPA reported a 37% cut in jobs and hours of allied health professionals. And this was all providers, not just the “good ones”.

So on the surface Mr Yates statement that he does not believe allied health needs separate mandated funding appears to be at odds with Royal Commission recommendation 38, and the Governments own release on workforce which says allied health is funded separately under the AN-ACC.

### 3.2.1 Allied health and lifestyle exclusions

Allied health and lifestyle services are excluded from care minutes reporting and funded separately under AN-ACC. Funding under AN-ACC is sufficient to provide residents with allied health treatment and lifestyle services consistent with their individual care plans, including rehabilitation support and therapy services.

Allied health and lifestyle services are an important component of care. Providers must continue to provide these services to residents consistent with the [Aged Care Act \(1997\)](#) and the [Quality Standards](#). This includes specified care and services that must be provided without cost to residents who need them, as detailed in Schedule 1 of the [Quality of Care Principles 2014](#).

[https://www.health.gov.au/sites/default/files/documents/2022/11/care-minutes-and-24-7-nursing-requirements-guide\\_0.pdf](https://www.health.gov.au/sites/default/files/documents/2022/11/care-minutes-and-24-7-nursing-requirements-guide_0.pdf)

We would however like to see Mr Yates or anyone who is in the role of the Inspector General of Aged Care, to be not just open to, but advocating as a more urgent priority to meet the requirements of the Royal Commission recommendation 38 that more allied health was needed, that are currently not occurring.

Meeting this recommendation is not just a recommendation of as well as community expectations that clinical care of older people involves physiotherapy in particular.

**Mr Yates previous statement not supporting minimum mandated allied health levels, is also at odds with the position of calling for what is called for by the peak nursing home and community aged care body ACCPA in its prebudget submission.** AHPA, APA, ACCPA, Aged Care Reform Now, Aged Care Justice, OT Australia, SARRAH as well as the Australian Greens all have made statements supporting minimum mandated allied health levels.

Aged Care reform now in its 13 questions, found that every surveyed politician running for office in May 2022 elections supported more access to allied health for older people.

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Again we emphasise we are not accusing Mr Yates of any unsuitability for this interim Inspector General of Aged Care role which is well deserved for his many years of service to older Australians that we are grateful for. We reproduce these statements to emphasise why for public confidence in an IGAC will include previous comments made before they were in the role, and a need for clarification of their current position if at odds with previous statements.

**For the IGAC role to be effective, including protecting a right to health, the Aged Care Act needs a much more detailed human rights based model, such as the one proposed by Dr Steven Duckett et al Grattan Institute, a model which AAC Health Group support.**

AAC also strongly support the calls for a much more detailed human rights based Aged Care Act that were made by a “coalition of the aged care concerned” broad group of individual and advocate groups at an Aged Care Roundtable hosted by Senator Janet Rice on March 10<sup>th</sup> 2023 in Canberra, which included our CEO Alwyn Blayse in his capacity as QLD representative of Aged Care Reform Now.



Care Roundtable March 10<sup>th</sup> 2023

Senator Janet Rice and representatives including Sarah Holland Batts, Council of Elders members Margaret Walsh, and Gwenda Darling and advocate groups Aged Care Reform Now, Aged Care Crisis, Aged Care Justice , Professor Joe Ibrahim, OPAN, Meals on Wheels, Older Women’s Network, QACAG, Elder Rights Advocacy.

**Conclusion** - The Government and Minister Wells deserve credit for prioritising aged care reform and making so many recommendations already. The next of these, the Inspector General Aged Care, is crucial in helping establish an oversight role that ensures older people are able to have improved aged care which meets the recommendations of the Royal Commission into Aged Care Quality and Safety.

As we have outlined however, without considerable changes to the Bills, and a strengthened Aged Care Act with a human rights based model such as Dr Ducketts, and minimum mandated levels of ENs, allied health and dental care, the IGAC role will be limited in its effectiveness.

We would like to thank the committee for their time considering our input into the Inspector General Aged Care Bills. We are available to assist your committee in its important work with further information, either privately or in public evidence



**AAC Allied Aged Care Submission Inspector-General of Aged Care Bill 2023 and the Inspector-General of Aged Care (Consequential and Transitional Provisions) Bill 2023**

Thank you again for your consideration and care of older Australians.

Authorised for AAC Allied Aged Care by Alwyn Blayse CEO and Principal Physiotherapist

AAC - Allied Aged Care and Campaign Director  
#bringbacknursesandphysios

#### References

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2/ Eagar K, Westera A, Snoek M, Kobel C, Loggie C & R Gordon, 'How Australian residential aged care staffing levels compare with international and national benchmarks', Centre for Health Service Development, AHSRI, University of Wollongong, 2019 <https://agedcare.royalcommission.gov.au/publications/Documents/research-paper-1.pdf> ,  
3/ 2.85 from Mirus for January 2023; 4.9 from University of Technology Sydney Ageing Research Collaborative for FY22; 5.07 from StewartBrown for FY22; 5.6 from Department of Health and Aged Care, Quarterly Financial Snapshot of the Aged Care Sector Quarter 1 2022-23 July to September 2022; 6.36 from StewartBrown for the three months ending 30 September 2022. These figures are averages, except for the Department's, which is a median.