

10 May 2013

Dr Ian Holland  
Committee Secretary  
Senate Community Affairs Committee  
Parliament of Australia  
CANBERRA ACT 2600

via email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

**Re: NACA Question on Notice**

Dear Dr Holland,

We refer to the question directed to the National Aged Care Alliance (NACA/the Alliance) through COTA Australia during its appearance before your committee on Thursday 2 May 2013.

Shadow Minister for Ageing, Senator Concetta Fierravanti-Wells asked<sup>1</sup> if the National Aged Care Alliance would respond to comments made by Dr Lucy Morris, CEO of Baptistcare Western Australia and Chairperson of Baptist Care Australia, during hearings of the Committee in Perth on Monday 29 April 2013. We note that other questions on notice from the appearance will be addressed separately by COTA Australia or National Seniors Australia.

The National Aged Care Alliance is a forum made up of 37 national peak organisations involved in the aged care industry<sup>2</sup> including consumer, provider and health professional representative bodies as well as unions. It would therefore be inappropriate for a single member to respond on behalf of the organisation.

Accordingly while this response has been drafted by NACA's Secretariat, this letter has been reviewed and approved by NACA Sponsoring Organisations<sup>3</sup> prior to its transmission to you.

We note that Baptist Care Australia (one of three organisations Dr Morris represented during her appearance) is a full member of the Alliance, and that Dr Morris is the current representative of Baptist Care Australia on NACA, and that the matters raised by her have not been raised at NACA meetings. ACSWA, for which Dr Morris also presented, is represented on the Alliance by ACSA. We welcome the opportunity provided by the Committee to respond. We have read the transcript<sup>4</sup> and summarised Dr Morris's comments and NACA's response at Attachment 1.

In doing so we feel it is important to give the Committee some background to the National Aged Care Alliance which was established in 2000. The purpose of the Alliance is to bring together key stakeholders to create a positive future for older people in Australia by working together across the care continuum, including acute care, residential care and community care.<sup>5</sup> The Alliance has

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<sup>1</sup> Questions to Mr Yates by Senator Fierravanti-Wells (pp35-36), Proof Committee Hansard, Senate Community Affairs Legislation Committee, Aged Care Reform legislation, Thursday 2 May 2013

<sup>2</sup> See current membership list in Attachment 2 including breakdown of sponsoring, full and associate members.

<sup>3</sup> NACA Sponsoring Organisations advance the work of the Alliance between meetings, develop meeting agendas and manage Alliance business. The Sponsoring organisations are ACSA, LASA, Uniting Care Australia, Catholic Health Australia, Alzheimers Australia, COTA Australia, the Australian Association of Gerontology, the ANF and the HSU.

<sup>4</sup> Opening remarks by Dr Morris (pp13-14) and Question by Senator Fierravanti-Wells and response from Dr Morris (pp17-18), Proof Committee Hansard, Senate Community Affairs Legislation Committee, Aged Care Reform legislation, Monday 29 April 2013

<sup>5</sup> National Aged Care Alliance Terms of Reference, Section 1 – Purpose. Available from:

provided a forum for dialogue and debate within the sector, with the Government of the day (both politically and bureaucratically) as well as with inter-related sectors and politicians of all persuasions.

The Alliance has operated within a consensus model, governed by respectful interaction rules and commonly agreed terms of reference, to ensure that maximum sector-wide goals may be achieved. NACA members have always been able to have, and record, a different view to the Alliance. In general the Alliance has, in the past, only made comment on areas where a consensus has been achieved, or an overwhelming majority of members agree and only a small number do not agree.

In response to the request for the Alliance to act as a key consultative body to decision makers on aged care reform, the Alliance recognised that it may not always be possible to present a consensus view and that the best advice would reflect the variety of views held. In the reform consultations NACA still strives to reach consensus but records differences of opinion when this cannot be achieved. This has enabled organisations to remain united under the Alliance, but note their differences where and when they occur.

Currently the NACA Aged Care Reform Secretariat provides secretariat duties for the following Advisory Groups:

- Ageing Expert Advisory Group;
- Aged Care Gateway Advisory Group (plus two subgroups);
- Home Care and Consumer Directed Care Advisory Group (plus subgroup);
- Home Support Program Advisory Group (plus five service review-specific sub-groups);
- Quality Indicators Advisory Group;
- Specified Care and Services Reference Group (plus subgroup); and
- Aged Care Interface Advisory Group (to be developed in Qtr 2 2013)

Details of all Advisory Groups, a full list of which is at Attachment 3, that NACA provide secretariat for, along with communiques of each meeting are publicly available from <http://www.naca.asn.au/Reform.html>.

We also note Senator Fierravanti-Wells' concern at not receiving a submission from the Alliance. As you can appreciate the level of coordination involved in generating a consensus position amongst 37 members can make tight timeframes prohibitive to make submissions. Accordingly on this occasion, a submission was not deemed possible in the very short consultation timeframe. However we would draw the committee's attention to the public advice provided to Government by the Alliance through the NACA reform Advisory Groups, available from <http://www.naca.asn.au/publications.html>.

Should you require anything further, please do not hesitate to contact me, in my capacity as NACA Secretariat, or Pat Sparrow in her capacity as the Aged Care Reform Secretariat for the Alliance

Yours sincerely

Lee Thomas  
**NACA Secretariat**  
**on behalf of the National Aged Care Alliance**

## APPENDIX 1: NACA response to Dr Morris comments

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**Feedback on legislation has not been listened to outside of the National Aged Care Alliance** (refer transcript Proof Committee Hansard, Senate Community Affairs Legislation Committee, Aged Care Reform legislation, Monday 29 April 2013 pg 13)

- COTA Australia has been contracted by the Department to resource the National Aged Care Alliance as NACA is not an incorporated body. Accordingly, as a sponsoring member COTA Australia entered into a contract to resource the Alliance to enable the provision of co-ordinated and independent sector advice to both the Minister for Mental Health and Ageing and the Department of Health and Ageing.
- NACA is providing advice on a significant number of reform areas. A list of current Advisory Groups and their membership is attached. Additional groups are scheduled to be established in the future. NACA is only responsible for consultation that occurs with and through those groups, the membership of which is broader than NACA, and with the NACA membership overall. The Department of Health and Ageing is responsible for consultation with parties outside of this framework.
- NACA does not have a formal role in providing detailed advice on the legislation. The Alliance has had information sessions with the Department of Health and Ageing regarding the legislation and some members of the Alliance have provided advice. In addition, we note that the Department has consulted separately in regards to the legislation with a series of events around the country open to all stakeholders to attend.

**Providers are seen as less critical stakeholders than consumers and/or unions.** (Refer transcript Proof Committee Hansard, Senate Community Affairs Legislation Committee, Aged Care Reform legislation, Monday 29 April 2013 pg 14)

- All members of the Alliance are treated equally in information provision, consultation and decision making.
- Provider representatives make up 10 out of 37 of NACA's membership, consumer organisations 13 and unions three. The balance of 11 are largely professional bodies. Providers are involved on every single NACA aged care reform advisory group
- The committee should note that NACA processes, and decisions by Government, are separate. It is the role of NACA to provide advice to Government about the reforms. Government makes its own decisions taking into account the advice provided.
- We note that the Committee was made aware of concerns raised by some NACA members about the Strategic Workforce Advisory Group (SWAG). We would clarify for the Committee's understanding that the Alliance was not involved in any capacity in the negotiations or outcomes of this advisory group, nor did it provide secretariat advice to this group.

**Diversity of voices in advisory group structures and broader debate appears to be restricted to peak bodies** (refer transcript Proof Committee Hansard, Senate Community Affairs Legislation Committee, Aged Care Reform legislation, Monday 29 April 2013 pp 13 & 14)

- NACA is only responsible for the diversity of membership within its aged care reform Advisory Groups.
- In the first instance, membership of the Advisory Groups is determined between NACA and the Department of Health and Ageing. Membership includes organisations that are not NACA members (including service providers who form The Aged Care Guild, consumer group National Seniors Australia, and professional groups such as the AMA) as well as NACA members.

- NACA is an alliance of peak national organisations in aged care, its membership therefore is limited to organisations which meet that criteria. All members were invited to nominate representatives to be on each of the Advisory Groups as they were established. NACA members had their own processes and decision making regarding their representation. In some instances peak body staff have been nominated and in others individual service providers, Board members, or others were nominated. No nomination was rejected by NACA. As there were large numbers of nominees for most groups not every nominee was able to be accepted. However most nominees were appointed to their preferred Advisory Group.
- The NACA Sponsors agreed to the final membership for each Advisory Group. In making this decision consideration was given to:
  - ensuring members had relevant knowledge and expertise about the subject areas;
  - gaining a balance of members (reflecting NACA's membership of providers, consumers, unions and health professionals); and
  - having a sensible size so meaningful discussion can occur at meetings.
- Some Advisory Groups also have Sub-Groups. Where this is the case the members of the Advisory Group determine membership of the Sub-Group.
- There are Western Australians on the Gateway Advisory Group, the Quality Indicators Advisory Group, and the Home Support Program Advisory Group and its Meals Services Review Sub Group.
- The Secretariat is unaware of any Baptist Care Australia nominations which were made but not accepted.
- The Secretariat is unaware of any Western Australian or rural and remote nominations which may not have been put forward by the appropriate NACA member. This is a matter for them as independent peak bodies.
- The Department of Health and Ageing pays airfares and accommodation (where required) to enable representatives to participate in all of the meeting. Tele/Videoconference costs are all borne by the Department.

#### *Diversity of Views*

- NACA generally operates on a consensus model.
- To ensure its advice on aged care reform was representative of the sector and therefore the most useful to decision makers, NACA agreed that while it would always try to reach a consensus position, where this was not possible it would record different views.
- This has been done throughout the process in order to capture the diversity of views and opinions of NACA members and members of the various.

**Reform agenda timelines and process have not enabled providers to engage along the consultation process** (refer transcript Proof Committee Hansard, Senate Community Affairs Legislation Committee, Aged Care Reform legislation, Monday 29 April 2013 pg 13)

- Timelines for some areas on which NACA is providing advice has been tight. In some instances, for example the review of the Specified Care and Services Schedule, the timeline has been driven by provider calls (supported by NACA) to bring forward the reform implementation date for charging for additional amenity and/or supplementary services.

### *Communication on the Advisory Groups Work*

- Communiqués are developed and issued to all NACA members post each Advisory Group meeting. They are also available on the NACA website.
- The Advisory Group meeting papers are posted to the member section of the NACA website and can be accessed by any NACA member at any time. Non NACA advisory group members also have access to the materials of the Advisory Groups on which they are represented from the NACA website.
- Views are able to be communicated to Advisory Group members or the NACA Aged Care Reform Secretariat at any stage.
- The NACA process does not limit in any way any organisation from engaging directly with Government on aged care reform at any time.

### *Finalising NACA Advice*

- Output from the Advisory Groups is subject to consideration and endorsement from the entire NACA membership prior to advice being provided to the Department and the Minister.

**Reforms has taken a piecemeal approach and end of rationing has not occurred** (refer transcript Proof Committee Hansard, Senate Community Affairs Legislation Committee, Aged Care Reform legislation, Monday 29 April 2013 pg 14 & 18)

- the Productivity Commission report (and the NACA Blueprint) called for a number of other reforms which Government has not enacted at this time. This includes moving to an entitlement system for aged care services, based on assessed need.
- NACA continues to advocate for an end to rationing and for greater investment in aged care services to ensure a sustainable sector can meet the needs of the growing number of older Australians.
- NACA has highlighted a number of other areas where its proposed reforms were not enacted and where further work needs to occur. The vast majority of NACA members want the LLLB reforms to proceed as a beginning to the major reforms needed to move the aged care system to a market driven model.
- NACA stands ready, as always, to work with the Government of the Day, and all interested stakeholders, to achieve quality, sustainable aged care services for all older Australians.

## Attachment 2: Current Membership of National Aged Care Alliance

As at 5 May 2013

### Organisational Constituency Breakdown

10 Providers  
13 Consumer  
11 Professionals  
3 Unions

### SPONSORING ORGANISATIONS

Aged and Community Services Australia  
Alzheimer's Australia  
Australian Association of Gerontology  
Australian Nursing Federation (Secretariat)  
Catholic Health Australia  
COTA Australia (Aged Care Reform Secretariat)  
Health Services Union  
Leading Age Services Australia  
UnitingCare Australia

### ASSOCIATE MEMBER ORGANISATIONS

Exercise & Sports Science Australia  
Macular Degeneration Foundation  
National LGBTI Health Alliance  
National Stroke Foundation  
Public Sector Residential Aged Care Leadership  
Committee  
Royal Society for the Blind  
Vision Australia

### FULL MEMBER ORGANISATIONS

Anglicare Australia  
Association of Independent Retirees Limited  
Attendant Care Industry Association  
Australian and New Zealand Society for Geriatric  
Medicine  
Australian College of Nursing  
Australian Healthcare and Hospitals Association  
Australian Medicare Local Alliance  
Australian Physiotherapy Association  
Baptist Care Australia  
Carers' Australia  
Diversional Therapy Australia  
Federation of Ethnic Communities' Councils of  
Australia  
Legacy Australia  
Lutheran Aged Care Australia  
National Presbyterian Aged Care Network  
Occupational Therapy Australia  
Palliative Care Australia  
Pharmacy Guild of Australia  
Returned and Services League of Australia  
The Salvation Army  
United Voice

**Attachment 3**

national  
AGED CARE alliance

## **NACA ADVISORY/REFERENCE GROUPS**

- **Ageing Expert Advisory Group (AEAG)**
- **Gateway & Sub-Groups**
- **Home Care CDC**
- **Home Support Program & Sub-Groups**
- **Specified Care & Services & Sub-Group**
- **Quality Indicators**

For all enquiries please contact:  
NACA Secretariat – Aged Care Reform:

## AEAG

Aboriginal & Torres Strait Islander Reference Group  
Aged & Community Services Australia  
Alzheimers Australia  
Association of Independent Retirees  
Australian Association of Gerontology  
Australian Nursing Federation  
COTA Australia  
Catholic Health Australia  
Federation of Ethnic Communities Councils of Australia  
Health Services Union  
Leading Aged Services Australia  
LGBTI  
National Seniors Australia  
The Aged Care Guild  
United Voice  
Uniting Care Australia

## GATEWAY ADVISORY GROUP

### **Chair - Ian Yates COTA Australia**

Aged and Community Services SA (representing Aged & Community Services Australia (ACSA))  
AMA  
Alzheimers Australia  
Anglicare Diocese of Sydney (representing Anglicare Australia)  
Princess Alexandra Hospital (representing ANZSGM)  
Australian Catholic University (representing Australian College of Nursing)  
Carers Victoria (representing Carers Australia)  
OzCare (representing Catholic Health Australia)  
Diversional Therapy Association  
Australian Greek Welfare Society (representing Federation of Ethnic Communities Councils of Australia)  
Leading Aged Services Australia (LASA)  
Illawarra Shoalhaven Local Health District (representing Occupational Therapy Australia)  
Frontier Services (representing National Rural Health Alliance)  
National Seniors Australia  
UnitingCare Community Options (Vic) (representing UnitingCare Australia)



## GATEWAY ADVISORY GROUP Sub Groups

### Assessment

Aged & Community Services Australia  
Alzheimers Australia  
Australian Medical Association  
Carers Victoria  
Catholic Health Australia  
Department of Family & Communities Services, Ageing, Disability & Home Care  
Leading Aged Services  
National Rural Health Alliance  
Office for the Ageing SA Health  
Occupational Therapy Australia  
UnitingCare  
University of QLD

### Business Design

Aged & Community Services Australia  
Australian Medical Association  
COTA Australia  
Feros Care (representing LASA)  
Occupational Therapy Australia  
OzCare (representing Catholic Health Australia)

### Carer Support

Access2HomeCare - SA Government  
ACSA  
Alzheimers Australia  
Australian Medical Association  
Brotherhood of St Laurence (representing Anglicare Australia)  
Carers Australia  
Catholic Health Australia  
Community Care Transitions – Dept of Human Services Tasmania  
FAHCSIA  
Federation of Ethnic Communities Councils of Australia  
Frontier Services (representing National Rural Health Alliance)  
Occupational Therapy Australia  
Palliative Care Australia

National Seniors

UnitingCare

University of NSW – Social Policy and Research

## SPECIFIED CARE AND SERVICES

### Neutral Chair - Pat Sparrow NACA Secretariat

Alzheimers Victoria (representing Alzheimers Australia)

Northern Coalfields Community Care Assoc (representing Aged & Community Services Australia (ACSA))

Princess Alexandra Hospital (representing ANZSGM)

Australian Catholic University (representing Australian College of Nursing)

Australian Medicare Locals Association

Australian Nursing Federation (ANF)

Carers Australia

Our Lady of Consolation Aged Care Services (representing Catholic Health Australia)

COTA Australia

Department of Veterans Affairs

Dutchcare Vic (representing Federation of Ethnic Communities Councils of Australia)

Leading Aged Services Australia (LASA)

National Seniors Australia

Occupational Therapy Australia

The Aged Care Guild

United Voice

Uniting Care Victoria (representing Uniting Care Australia)

## SPECIFIED CARE AND SERVICES Combined Sub Group

Alzheimers Australia

Australian College of Nursing

Australian Nursing Federation

Catholic Health Australia

COTA

Dutch Care (representing Federation of Ethnic Communities Councils of Australia )

Leading Aged Services Australia

Lifecare (representing ACSA)

The Aged Care Guild

Uniting Care Australia

## QUALITY INDICATORS

### **Chair - Glenn Rees (representing Alzheimers Australia)**

Aged and Community Services WA (representing Aged & Community Services Australia (ACSA))

Brotherhood of St Laurence (representing Anglicare Australia)

Australian Association of Gerontology (AAG)

Australian Nursing Federation (ANF)

Australian Physiotherapy Association

Southern Cross Care NSW/ACT (representing Catholic Health Australia)

COTA Australia

Centre for Cultural Diversity in Ageing (representing FECCA)

Leading Aged Services Australia Vic (representing Leading Aged Services Australia (LASA))

La Trobe University (representing LGBTI Alliance)

Lutheran Care QLD (representing Lutheran Aged Care Australia)

Palliative Care Australia

## HOME CARE & CDC ADVISORY GROUP

### **Neutral Chair - Pat Sparrow NACA Secretariat**

ACH Group

Presbyterian Aged Care NSW (representing Aged & Community Services Australia (ACSA))

Alzheimers Australia

Australian Nursing Federation

St Laurence Community Services (representing Anglicare Australia)

Southern Cross National Contact Centre (representing Attendant Care Industry Association ACIA)

Australian Association of Gerontology

Carers Victoria (representing Carers Australia)

COTA Australia

Co.As.It. (representing Federation of Ethnic & Cultural Communities Australia)

Leading Aged Services Victoria (representing Leading Aged Services Australia (LASA))

LGBTI Alliance

National Seniors Australia Policy Council Member (representing National Seniors)

United Voice

UnitingCare Ageing NSW & ACT (representing Uniting Care Australia)

Blue Care (representing Uniting Care Australia)

## HOME SUPPORT PROGRAM

### **Chair – Paul Sadler Presbyterian Care NSW (representing National Presbyterian Aged Care Network)**

Silverchain WA (representing Aged & Community Services Australia (ACSA))

Department of Health Victoria (representing Aged and Community Care Officials Rep)

Alzheimers Australia

Australian Community Transport Association (ACTA)

Australian Meals on Wheels Association

COTA SA (representing COTA Australia)

Carers Australia

Catholic Community Services NSW (representing Catholic Health Australia)

Department of Family and Community Services Ageing, Disability and Home Care

Multicultural Communities Council of the Gold Coast (representing FECCA)

Health Services Union

LGBTI Alliance

Leading Aged Services QLD (representing Leading Aged Services Australia)

Municipal Association of Victoria

National Seniors Australia Policy Council Member (representing National Seniors Australia)

NACA Support

Queensland Health (representing National Aboriginal & Torres Strait Islander Aged Care Reference Group)

NSW Home Modifications and Maintenance State Council

Occupational Therapy Australia

## HOME SUPPORT PROGRAM Sub-Groups

### **Community Transport Review**

ACSA

Australian Community Transport Association

Care Options WA

COTA

Community Transport Services Tasmania

Municipal Association of Victoria

National Rural Health Alliance

Suncoast Transport and Care Association

Transport for NSW

## **HACC Service Group 2**

Aged & Community Care Officials

Alzheimers Australia

ATSI Reference Group

Australian College of Nursing

Blue Care

Carers Australia

Health Services Union

Leading Aged Services QLD

Local Government Community Managers Network – SA

## **Service Group 5 – Home Modifications and Maintenance**

Builder (ACT)

Leading Aged Services Australia

LifeTec

National Seniors Australia

NSW Home Modifications

Occupational Therapy Association

## **Meals Review**

ACSA

COTA QLD

Meals on Wheels

Multicultural Communities Council Gold Coast

Municipal Association of Victoria

University Department of Rural Health, Tasmania (Dietician)

## **Respite**

ACSA

Alzheimers Australia

Anglicare Australia

Carers Australia

Catholic Health Australia

Department of Family and Community Services Ageing, Disability & Home Care

Health Services Union

## NACA MEMBERS

Aged and Community Services Australia  
Alzheimer's Australia  
Anglicare Australia  
Association of Independent Retirees Limited  
Attendant Care Industry Association  
Australian & New Zealand Society of Geriatric Medicine  
Australian Association of Gerontology Inc  
Australian General Practice Network  
Australian Healthcare and Hospital Association  
Australian Nursing Federation  
Australian Physiotherapy Association  
Baptist Care Australia  
Carers Australia  
Catholic Health Australia  
COTA Australia  
Diversional Therapy Australia  
Exercise & Sports Science Australia  
Federation of Ethnic Communities' Councils of Australia  
Health Services Union  
Leading Age Services Australia Ltd  
Legacy Australia  
Lutheran Aged Care Australia  
Macular Degeneration Foundation  
National LGBTI Health Alliance  
National Presbyterian Aged Care Network  
National Stroke Foundation  
Occupational Therapy Australia  
Palliative Care Australia  
Pharmacy Guild of Australia  
Public Sector Residential Aged Care Leadership Committee  
Returned & Services League of Australia  
Royal College of Nursing Australia  
Royal Society for the Blind  
The Salvation Army  
United Voice  
UnitingCare Australia  
Vision Australia