

Opening Statement

Department of Health

Senate Select Committee on COVID-19

29 September 2020

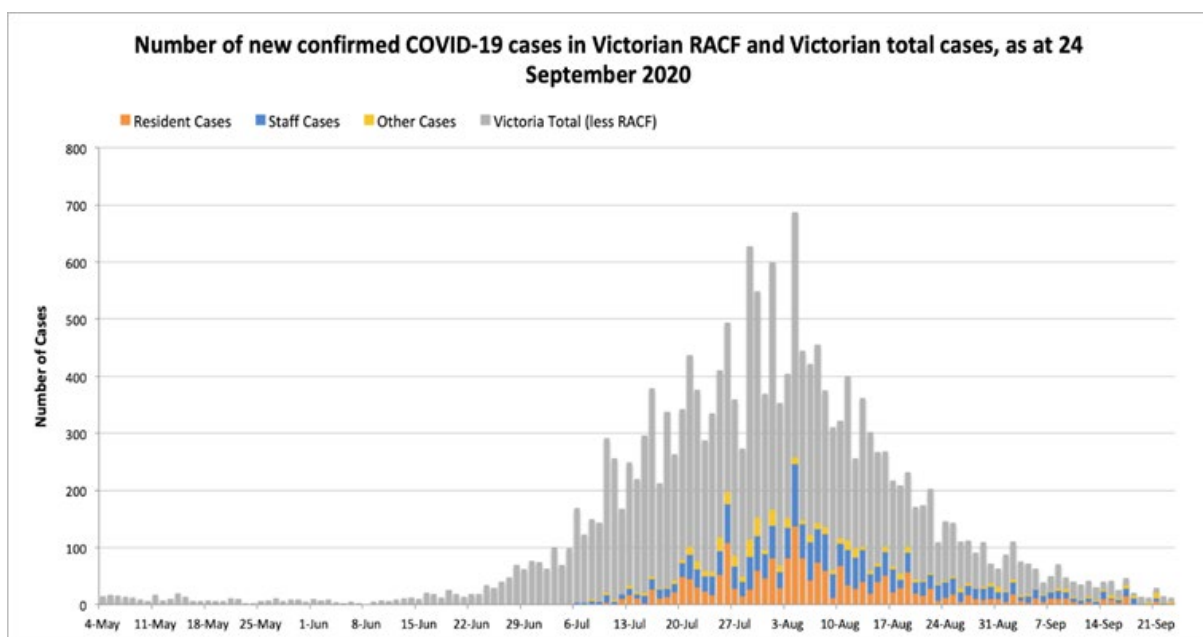
The impact of the outbreak on older Australians in aged care, and the loss of life which has occurred, has been devastating for many families. Every death that has occurred in Australia due to COVID-19, including the deaths of older Australians in residential aged care, is tragic.

As at 28 September 2020, of the **2,049** residents in aged care facilities across Australia diagnosed with COVID-19, there have been **657** deaths, of which **627** were in Victoria

In my previous appearance before this Committee, I outlined the Commonwealth's plans to deal with the impact of COVID-19 on the aged care sector. These plans were formulated in February and March and updated as we learned lessons from the two major early outbreaks in New South Wales, and some of the experiences in the Victorian outbreak.

In spite of early successes in managing COVID-19 in Victorian aged care homes, the scale of the second wave in Victoria was bigger than anything envisaged by National Cabinet when physical distancing restrictions were relaxed in May. National Cabinet, on the advice of the Australian Health Protection Principal Committee (AHPPC), explicitly adopted a strategy of aggressive suppression of community transmission as the only proven effective defence to fully protect vulnerable Australians. They therefore required a strong national capacity to detect and rapidly suppress outbreaks as a prerequisite to relaxation of restrictions.

Directly related to the growth in community transmission in the Victorian second wave, outbreaks were seen in residential aged care, predominantly as a result of infected workers bringing the virus into facilities. This direct relationship is seen in the figure below.



As a result of these residential aged care outbreaks, some high profile failures to meet standards of care and communication occurred. There were unprecedented severe workforce shortages in Victoria as many thousands of health and aged care workers were in isolation or quarantined. The Victorian public health response came under huge pressure and was overwhelmed with the scale of community transmission. The demands on the Public Health Units meant that their support to aged care homes was compromised.

In response to the significant challenges in Victoria, the Commonwealth initiated the Victorian Aged Care Response Centre (VACRC). The VACRC is a joint Commonwealth-state government mechanism to coordinate and expand resources to manage the outbreaks in Victorian aged care services. From its establishment on 25 July, the VACRC has worked at rapid pace to deploy much-needed resources and expand operational capacity as part of its robust effort to stabilise Victoria's residential aged care sector during the COVID-19 outbreak. This joint arrangement between the federal and state governments has brought together more than 80 staff from 22 agencies in a unified response to this crisis.

The VACRC prioritises the safety and care of residents and staff, and has worked to ensure the rapid identification and prioritisation of outbreaks, providing a timely response and prevention interventions. The VACRC has enabled emergency provision of clinical and support personnel, and undertaken significant infection prevention and control efforts which continue to expand across metropolitan and regional facilities.

The Commonwealth has continued to build and adapt the response to COVID-19 in aged care in collaboration with the Aged Care Sector and with State and Territory Governments and health authorities, incorporating lessons learned from Australia and other countries.

In response to lessons learned and the success of the VACRC model, on 21 August, the National Cabinet endorsed the AHPPC *Guide to the Establishment of Aged Care Health Emergency Response Operations Centres* and committed to the establishment of response centres in each jurisdiction, in the event of any uncontained future outbreaks. Every state and territory has advanced plans to stand up these centres should the need arise, including the identification of key personnel. This has been complemented by additional action to boost preparedness at the provider, local, state and national level including: ongoing assessment of the preparedness of aged care providers and the provision of additional face-to-face infection prevention and control training for residential aged care providers and their workforce.

In addition, a time-limited AHPPC Aged Care Advisory Group has been established to support the national public health response to COVID-19 in aged care. The Advisory Group builds on the learnings of the VACRC and comprises many of the VACRC clinicians together with other national experts to provide a broad range of critical expertise about the aged care sector, infection control and emergency preparedness, and public health response. Prior to its establishment, aged care advisers would participate in meetings of the AHPPC when aged care matters were considered. This Group provides an additional and more structured way of accessing this expertise and ensuring it is readily available to the AHPPC.

It is important to distinguish the serious and tragic issues in Victorian Residential Aged Care in recent months from the general challenges facing Aged Care in Australia. The Department of Health has acknowledged, including in the Aged Care Royal Commission, that the sector is under general financial pressure, that there are instances of poor quality care and system

leadership and inconsistencies in staff training and leadership. Home Care needs reform and further investment. The Department has been working on a global reform agenda to assist in the Government response to the Royal Commission in 2021. This broad reform agenda will take some years to fully implement, in partnership with Aged Care sector. At the conclusion of this reform journey, the Residential Aged Care sector will be in an even better position to respond to disease outbreaks in the context of another pandemic. As we have seen, however, across the world, in some of the best Victorian providers and even in the Victorian health system, no amount of preparation can prevent outbreaks in aged care, in hospitals and workplaces, when there is widespread community transmission.