

# **Submission - Aged Care and Other Legislation Amendment (Royal Commission Response No. 2) Bill 2021**

**Standing Committee on Community Affairs  
Legislation Committee**

**3 November 2021**



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## About HammondCare

Established in the 1930s, HammondCare is an independent Christian charity specialising in dementia care, palliative care, rehabilitation and older persons' mental health services. HammondCare is committed to supporting people who are financially disadvantaged and has a mission to improve quality of life for people in need, regardless of their circumstances.

HammondCare is a recognised leader in both the provision of specialist dementia care services, and innovate palliative and supportive care models.

In FY21, HammondCare cared for approximately 33,811 people in the home and in the community, in our residential aged care services and through HammondCare's sub-acute hospitals. HammondCare's Dementia Centre is recognised in Australia and internationally for its high-quality research, consultancy training and conferences in the area of best-practice dementia care.

## Contact

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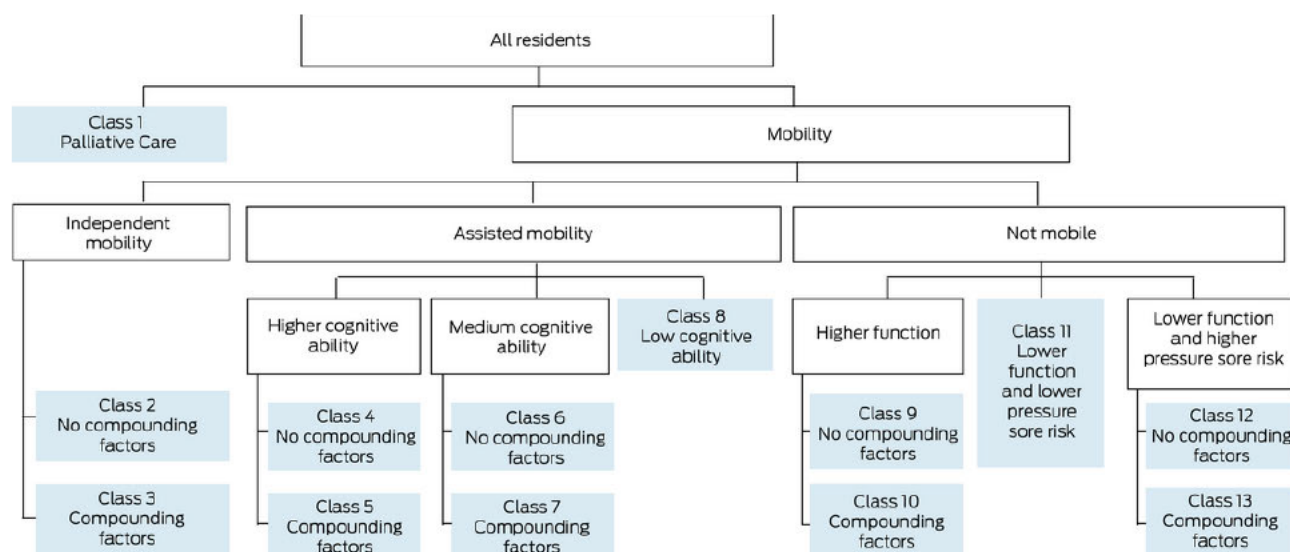
## Schedule 1 — Residential aged care funding

Schedule 1 of the Bill amends the Aged Care Act 1997 (Aged Care Act) and the Aged Care (Transitional Provisions) Act 1997 (Transitional Act) to enable the introduction of the Australian National Aged Care Classification (AN-ACC), to replace the Aged Care Funding Instrument as the residential aged care subsidy calculation model from 1 October 2022

### HammondCare response

Given the funding model is a significant economic reform, HammondCare would ask the committee to consider the following in regard to the Australian National Aged Care Classification (AN-ACC) legislative framework:

- As a significant provider of dementia-specific residential aged care services, we are concerned that the classification system’s primary focus on mobility is based on the assumption that if a person is mobile, they require less care as per the AN-ACC table below. This could lead to a funding system that favours residents who are physically frail over those whose primary care needs are related to cognitive impairment. A resident with dementia who may be physically mobile or able to self-mobilise with some assistance, may become lost easily or frequently wander into other people’s bedrooms or personal space, requiring significantly more care, guidance and time from our care workers. HammondCare believes this can be addressed through by specifically adding the dementia to compounding factors which would enable the correct classification and statistical weighting to those who are living with dementia and Behavioural and Psychological Symptoms of Dementia(BPSD) in care.



- The overwhelming weighting on regulations to support the framework removes the parliamentary mechanisms of proper review, debate and refining the architecture of the bill
- HammondCare is known as a provider who cares for those living with dementia in a small cottage environment with a Model of Care that empowers our care workers to take a holistic approach to care in our residential care facilities which is unlike the traditional institutional systems of hierarchy that still exist in the sector today. Therefore, the absence of legislative clarity over care minutes and how it applies to a case mixed model where a smaller proportional of residents could affect the number of Registered Nurses required on site is a concern for several reasons:
  - Restricts our ability to be agile and plan for this need which could lead to negative, yet avoidable impacts on our sector and for those who are under our care



- Amplify the existing shortage in registered nurses in the sector in our metropolitan areas not just the rural and remote areas.
- There is further concern that without the detail of the 'shadow assessments' being known prior to legislation being passed that this will remove further opportunity to provide proper consultation and input on the makeup of this important reform.

## Schedule 4 - Extension of incident management and reporting etc.

Schedule 4 of the Bill amends the Aged Care Act, specifically, the Serious Incident Response Scheme (SIRS) from 1 July 2022.

### HammondCare response

HammondCare agrees that reporting is essential an essential component in the safeguarding of residents living in care, however HammondCare believes the bill requires further detail in the following areas:

- **No provision if instances of under reporting occurs** – HammondCare's reporting culture ensures reporting goes beyond its regulatory requirements, and while this is essential to our organisation in delivering better care, we are concerned that under reporting in the sector could go unnoticed with no measures in place to uncover or encourage the need to report within the architecture of the bill, this is a particular highlight given the extension of this into the homecare sector.
- **Considerations of how incidents are weighted** – HammondCare agrees that reportable incidents need to be reported, however there the current legislation lacks the framework that leads to the clinical 'Harm Score' which is found within the health care sector. An example of this is that if a resident is assaulted by another resident or if a resident is assaulted by a member of staff the outcome and report is at the same level. Both of these serious incidents need to be reported and treated based on the circumstances not just under a simplified definition.
- **Incident reporting** – There needs to be more structure in the Act to consider the impacts of incident reporting for facilities that have a higher proportion of residents living with dementia and/or with BPSD. These facilities would naturally have a larger number of incidents to report than traditional facilities that mainly have frail aged residents.

## Schedule 5 – Governance of approved providers etc.

From 1 March 2022, the amendments will introduce new governance responsibilities for approved providers in relation to the membership of their governing bodies and the establishment of new advisory bodies, as well as measures to improve leadership and culture. Schedule 5 also introduces new reporting responsibilities for approved providers, which will help consumers and their families to understand the operations of providers.

### HammondCare response

HammondCare understands in theory the role of the *consumer advisory body* however holds concerns in relation to the processes and avenues for recourse, specifically:

- **Schedule 5, Section (7)(a) and 7(b)** – Provide detail on what is required from the provider, however, offer no indication of the options should the provide wish to appeal or counter the 'feedback' should the provider have reasonable justification to disagree with the feedback given.



HammondCare also understands the synergy in which sections of the bill may have with aspects of the **National Disability Insurance Scheme Act 2013**, while there is certainly benefits in using the legislation to form the structure of the new Aged Care Act, due diligence needs to be undertaken to ensure the aspects that are considered from this Act and others take into account the specific nature of the sector.

## Schedule 8 – Independent Health and Aged Care Pricing Authority

Schedule 8 to the Bill amends the *National Health Reform Act 2011* (National Health Reform Act) and the Aged Care Act to expand the functions of a renamed Independent Health and Aged Care Pricing Authority (Pricing Authority) to include the provision of advice on health care pricing and costing matters, provision of advice on aged care pricing matters and the performance of certain functions conferred in the Aged Care Act. The amendments also establish new governance arrangements and appointments processes for the Pricing Authority. The new governance and appointment arrangements will reflect the enhanced responsibilities and integrated functions of the Pricing Authority and streamline its administration.

### HammondCare response

HammondCare supports the need for this legislative measure via the expanded role of the Independent Hospital Pricing Authority. As recommended in the Aged Care Royal Commission's Final report, the sector needs to incorporate the expertise and level of detail afforded to our hospitals to ensure the delivery of financial sustainability and quality of care to those within our care.

Specifically, HammondCare welcomes the Pricing authority's role in:

- Supporting the sector in on the development and retention of a highly motivated and appropriately skilled and workforce necessary for the provision of high quality and care
- Ensuring the availability and continuity of high quality and safe aged care services
- Continual review of relating to the costs associated with care and particular aged care services are redetermined to ensure a high quality of care can be delivered.