



Submission to the Royal Commission into Aged Care Quality and Safety

Response to Recommendations in Counsel Assisting's Final Submission

**Prepared by
COTA Australia
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COTA Australia

COTA Australia is the national consumer peak body for older Australians. Its members include State and Territory COTAs (Councils on the Ageing) in each of the eight States and Territories of Australia. COTA Australia and the State and Territory COTAs have around 45,000 individual members and supporters and more than 1,000 seniors' organisation members, which jointly directly represent over 500,000 older Australians.

COTA Australia's focus is on national policy issues from the perspective of all older Australians as citizens and consumers and we seek to promote, improve and protect the circumstances and wellbeing of older people in Australia. Information about, and the views of, our constituents and members are gathered through a wide variety of consultative and engagement mechanisms and processes.

Authorised and co-authored by:

Ian Yates AM
Chief Executive
iyates@cota.org.au
02 61549740

Prepared by:

David Wright-Howie, Senior Policy Officer
Sophia Petrov, National Manager Aged Care Reform

COTA Australia

Suite 9, 16 National Circuit
BARTON ACT 2600
02 6154 9740

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This submission is supplemental to COTA Australia’s response to the full set of recommendation in the Royal Commission’s Excel Spreadsheet based format. This submission draws attention to recommendations that COTA Australia supports – sometimes with qualifications or carve-outs – and which we consider particularly important. It also draws out the recommendations with which we substantially disagree, or that are absent and should have been included.

We acknowledge that some of the matters we raise are addressed in the text of Counsel Assisting’s presentation to the Final Hearing, or in their written submission, but did not become recommendations. We also note that some matters, such as much of the Funding and Financing discussion, have not found their way as yet into recommendations. Due to both time constraints and page limits set by the Commission, our submission is largely restricted to Counsel Assisting’s actual recommendations, rather than wider issues.

COTA Australia welcomes many of the recommendations of Counsel Assisting covering areas required to transform the aged care system in Australia. We have fully supported about 81% and “supported in principle” another 16% of the propositions and sub-propositions. We do note that “Support in principle” can involve significant disagreement with how the principle is proposed to be implemented, as noted in Comments, and that sometimes support is contingent, as noted in Comments.

1. Key recommendations COTA supports (with some caveats)

(a) Introduction

We are supportive of many of the intentions and principles sitting behind the proposed recommendations particularly establishing a new Aged Care Act based on human rights, removing waiting times for home care, implementing quality indicators, improving access to health care, responding more effectively to and supporting informal carers, reforms to prudential regulation and oversight and steps to provide more effective care for Aboriginal and Torres Strait Islander people. We do note that Counsel Assisting has not yet made proposed recommendations in regard to key founding and financing matters, without which it is difficult to make an overall assessment of the viability of the reform package.

There is a strong and commendable focus in the submission on making older people safer through stronger regulation in some areas, to improve system governance mechanisms to enable stakeholders in the aged care system to work more effectively together to achieve better outcomes and to ensure providers comply with their responsibilities. The submission correctly notes that there have been failures in clinical governance, but also the insufficient attention paid to achieving wellbeing and non-clinical quality of life outcomes for older people.

(b) A New Act, a strong base for effective and lasting change

A new Aged Care Act based on human rights is essential and the specific elements and rights recommended are supported and welcome, particularly those that empower consumers to make informed decisions about their care and to be treated fairly. As we note in the Excel spreadsheet some of the Principles should become Rights The proposal for a new Act provides an essential foundation for genuine change and a transformed aged care system.

However, whilst the purpose of protecting consumers from harm and poor care is clear in many later recommendations, reforms to empower consumers to “make decisions about their care and the quality of their lives” are not reflected in all recommendations and in some cases the recommendations are antithetical

to this principle, that should become an unassailable right. We explain our views in this regard later in this submission.

(c) Reducing waiting times in home care

COTA Australia supports the recommendations to urgently reduce and then eliminate waiting times for home care packages. This is critical to enabling people to receive the care they need to age in place at home, and for which they have been assessed. It will ensure that older people do not die waiting for care.

Recommendations about the reporting and transparency of the status of the waiting list are also very important to assist planning and ensure accountability.

Strengthening the availability of and access to home care packages is an essential service element in moving to a less institutionalised aged care system where consumers can receive individualised care at home at the level they need and make informed choices about how and when they receive care.

COTA Australia has consistently supported the view of the Royal Commission that older people should not have to wait more than 30 days **from assessment** to be guaranteed care. There should **also** be a 30 day maximum period from enrolment to assessment.

(d) Defining and measuring quality is important but must be consumer informed

COTA Australia supports the principles in Counsel Assisting's submission that seek to define high quality care and to develop meaningful measures that inform improvements to the holistic care of older people, and that enable the performance of providers to be assessed. Appropriate quality indicators will also inform better costing of services, training and professional development for staff and service planning.

COTA Australia strongly argues that to really develop appropriate and effective quality measures consumers need to be fully involved in their co-design. Counsel Assisting's submission rightly acknowledges the importance of the relationship between older people and carers, the need for respect and dignity and for older people to feel safe and comfortable. **Indicators measuring clinical outcomes are important and necessary, but they are NOT sufficient.** COTA's work with consumers over many years demonstrates emphatically that consumers are seeking a broader range of respect and dignity measures and quality of life indicators to inform their decision making about care options. See for example:

<https://www.cota.org.au/publication/project-report-measuring-quality-and-consumer-choice-in-aged-care/>

Whilst the development of quality indicators is certainly needed, **we are not convinced** that this will be more effectively achieved through the proposed Australian Commission on Safety and Quality in Health and Aged Care. This may result in improved measurement and monitoring of clinical indicators aligned with other hospital and health measures but could result in less focus on the distinct needs of aged care and struggle to establish effective quality of life indicators.

(e) Informal carers or family/friend carers must be supported as part of the system

The slow shift in aged care policy over the last decade to supporting ageing in place and gradual recognition of the desire of most older people to live at home has contributed to an increasing reliance on family and friends to provide care at home, as well as to supplement formal government-supported home support services.

Recommendations made by Counsel Assisting support and strengthen the role of informal carers as part of the aged care system, particularly the introduction of carers leave, linking informal carers to the front door elements of the proposed new system, and establishing a community-based Carers Hub network

More detailed work is required on how My Aged Care and the Carer Gateway would link up to assist informal carers.

(f) Improving access to health care for older people in both residential and home care

Counsel Assisting’s submission rightly acknowledges that many older people living in either residential or home care are not accessing important health care due to a range of system and service barriers.

The integration of aged care services and health and wellbeing services is a critical part of aged care reform, to ensure effective and quality outcomes for many older Australians. Integrated funding mechanisms, systemic and organisational governance arrangements, stronger coordination requirements linking aged care and health and wellbeing services are needed to ensure that older people receive timely care that meets their needs.

The primary health care sector, including GPs, pharmacies, dental practitioners and allied health, is a large, comprehensive and important part of Australia’s health system. However, it has significant problems. Access to some services is limited. Some care is poorly integrated and coordinated, especially for people with complex needs. Information on patient characteristics and outcomes is fragmented and incomplete. System governance and management is weak, and there are no independent, national, government-sponsored institutions to guide the development of primary care.

The implementation of a new primary care model, steps to improve access to mental health services, dental services and specialist telehealth services, the establishment of multidisciplinary outreach services, further requirements to improve the aged care to hospital transfers, changes to the Medicare Benefits Schedule to improve access to allied health services, enhancements to the Rural Health Outreach Fund, improvements to the interaction of data between health and aged care and a greater clarification of roles and responsibilities, are all welcome recommendations.

(h) Reforms to Prudential regulation and financial oversight welcomed

The development of a new prudential and financial oversight approach with guiding principles that can be refined over time, applies stronger statutory duties on providers, and enhances regulatory powers and capability, is welcomed to improve and protect the sustainability of the sector.

Providers should have the ongoing financial capacity to deliver high quality care and meet their financial obligations; and financial reporting should be effective and complementary to prudential standards. Stronger liquidity, capital adequacy, financial reporting, and continuous disclosure requirements on providers are important.

COTA Australia supports substantially building up the capability of the regulator in the area of prudential regulation and financial oversight.

2. Recommendations we do not support, or which require further attention and reconsideration

The Royal Commission’s **Interim Report: Neglect** was clear in citing the failure of the current system to serve the needs and interests of consumers by not placing older Australians at the centre of aged care and seeing them as active partners with a clear and substantive interest in their care. We believed that the Commission was on the way to recommending a truly consumer centric aged care system that serves the interests of

older Australians. This would indeed “turn the system on its head”, as COTA and others believe the new Aged Care Standards actually require.

Regrettably, in Counsel Assisting’s final submission, we have seen a softening in the language which has diluted the strength of the Interim Report and previous submissions, resulting in a tipping of the balance of power further away from older adults. The concept of self-determination is only referenced a few times, and whilst ‘determining’ is often used in the recommendations, it is never older adults who are doing the determining or seen as full partners in determining. Provider paternalism, a major problem with the current system, will be reinforced. This is an overlay to the whole set of recommendations – so in a sense our support is overall contingent on this being reversed.

With a number of Counsel Assisting’s recommendations there is a disconnect or confusion between principle or intent and application or prescription. COTA Australia agrees with many recommendations in principle or in part but cannot support the full recommendation in detail. In some cases, this is because the rationale for the policy approach is not sufficiently clear or articulated.

Overall, many of the key themes, arguments and issues that we think are important are contained in the report. However, we disagree with, or there are omissions or a lack of clarity and detail in the following areas:

- a) Consumer empowerment, choice and control must be a key outcome of reform
- b) Care finders and case managers/management should be on the consumer’s side and independent of government and providers
- c) Transparency and accountability of service performance and cost is critical
- d) Rationale and argument for ‘System governor’ recommendation will not achieve objective and likely to be counterproductive – in particular COTA opposes lumping all functions together
- e) User contributions should be easy to understand, fair and meaningful
- f) Home care needs significant policy and program development recommendations
- g) Implementation of the abolition of the Aged Care Approvals Round (ACAR) process

(a) Consumer empowerment, choice and control must be a key outcome of reform

Counsel Assisting’s proposed new Act would enshrine the right of older people to receive safe and high quality aged care, and to be protected from neglect and maltreatment, and this flows through to and is reflected in many of the recommendations. However, the right that empowers consumers to make informed decisions and choices about their own care is generally not embodied in the recommendations, indeed some of the recommendations will achieve the opposite.

A new human rights approach to aged should ensure that recipients of home and residential care are supported and enabled to set their own care agenda, make their own decisions, and have their decisions respected and supported.

In our submission to the Royal Commission on aged care program design, COTA Australia recommended additional principles that should sit behind a new system. Two of those principles are relevant here:

- Ensure that older Australians are full collaborators in the co-design of the aged care system.
- Ensure that older Australians and their family/friends are at the centre of decision making about services available broadly and services specifically for them.

The proposed new Act gives scope for these principles to be applied in many recommendations, but the opportunity is not pursued. More work needs to be done to not only protect consumers from harm but to

embed consumer engagement and empowerment into the practices and processes of the new system and the providers within it. Older people receiving care are the key stakeholder in the system, their views and perspectives need to inform and shape the system. This is not guaranteed by Counsel's recommendations. A key feature of the new Act should be provisions to enable funding to be allocated to the consumer and not to the provider.

An overarching rule or ethos is that consumers 'wishes and preferences' must be of primary consideration and applied throughout the Act. This must replace current legal principles of the 'best interests of' which in practice are often used to diminish consumer rights by well-intentioned providers and substituted decision makers (both formal and informal).

A key principle of system governance should be the embedding of consumer engagement and service co-design in the culture and processes of governance. There is little or no reference to this in Counsel Assisting's submission and recommendations.

The governance and leadership of the system and of organisations needs to ensure that engagement and co-design are more than rhetoric and that consumer engagement mechanisms are embedded, entrenched and expanded. This will require a proactive educational approach that promotes consumer engagement and the development of systemic consumer engagement protocols, rules and requirements and incentives for providers to implement effective consumer engagement processes and strategies, and penalties for not doing so.

Evidence from a range of health and human service fields demonstrates that engagement with consumers not only leads to improvements in the health and wellbeing of older people who take greater control of their care but is fundamental to enabling high quality and financially viable service organisations and systems. Leading aged care providers have demonstrated that, but the vast majority of providers still do not. The Royal Commission has let providers "off the hook" in this regard, criticising government but not the providers who run the system.

COTA Australia was instrumental in having the consumer engagement provisions written into the Aged Care Quality and Safety Commission Bill that was subsequently passed by Parliament. These were ground-breaking provisions that went some way to giving effect to the Carnell / Paterson Review Report's support for a Consumer Commissioner. However, these provisions are not enough. They mandate the Commission educating the sector and promoting engagement, but they do not explicitly require the sector to embed consumer engagement against measurable indicators.

The Royal Commission could provide a series of recommendations that embed consumer engagement in system and organisational mechanisms and inclusion in performance measurements. It could also support the establishment of a Consumer Commissioner.

Whilst consumer engagement is included in the Quality Standards, the culture and approach of much of the sector is so antithetical to it that a more explicit and comprehensive requirement on providers is needed to drive change.

Consumer engagement should include the co-design of services with consumers. Co-design involves consumers being in on the ground floor, rather than being "consulted" on pre-developed proposals, reflecting on their experiences of services to identify improvement and redesign priorities and devising change strategies. In this process, consumers are regarded as 'experts of their experiences' and are an equal stakeholder in exploring and articulating needs and behaviours and developing solutions.

Another recommendation could be the establishment of specific **Aged Care Consumer Advisory Council** to inform government policy and program design. A range of mechanisms should be explored to ensure that the consumer has a greater voice in the development of the new aged care system, including much greater financial support to the consumer advocacy sector.

(b) Care finders and case managers must act on behalf of consumers and be independent of government and providers

COTA Australia is **deeply concerned** by the recommendation for care finders to be employed as public servants and employees of the Australian government.

For us, for consumers, it is critical that these services are independent from providers and from government.

The role of the care finder (who we also see as having a case manager function) is to work alongside older people, to inform and empower them to make decisions about their own care. Older people need to see that their care finder or case manager is on their side, separate from and not aligned with providers and government which may not advocate fully for their needs due to conflicting and competing interests. Too often we hear of aged care provider linked case managers promoting their own organisation's services and/or interests over the needs or expressed preferences of the consumer, often at considerable difference in cost to the consumer's preference.

Considerable research demonstrates that many older people find it difficult to trust services provided by government employees, particularly those from disadvantaged backgrounds (e.g. Aboriginal and Torres Strait Islander people, people from Culturally and Linguistically Diverse backgrounds). Also, government employees often do not have the flexibility or capability to walk alongside and advocate for consumers.

We support the establishment of local care finders/case managers and assessment services, linked with each other, to support older people to develop their care plans and utilise local services.

Care finder/case management services should focus on improving outcomes for older people including utilising wellness and reablement approaches which support independence and quality of life. Staff must have appropriate qualifications and skills in case management and engaging with and listening to older people.

A redesigned aged care system must provide structural separations between case managers working exclusively for the benefit of aged care consumers, and any person employed by an aged care provider, or their parent and/or associated companies.

The delivery of a truly independent case manager/assessor may change the type of cases that present through the National Aged Care Advocacy Program (NACAP) and may require legislative changes to enable a case manager to make a complaint to the Aged Care Quality and Safety Commission (ACQSC) about a service provider, distinct from the consumer themselves.

The benefits of case management, independent of providers and government and combined with assessment services, include:

- A relational approach, provided from the time of system registration, supporting individual capacity building
- Focus on consumer wellbeing and readiness for care services

- Independent from care service delivery, ensuring that care and services are in line with consumer need and choice rather than provider capacity and that vulnerable clients receive appropriate support
- Supporting self-management and effective choice and control over budget allocations for care and support
- Enabling a comprehensive single care plan based on a true reflection of consumer choices and ongoing need.

(c) Transparency and accountability of service performance and cost is critical

The Royal Commission’s Interim Report said:

‘The [aged care] system lacks transparency in communication, reporting and accountability. It is not built around the people it is supposed to help and support, but around funding mechanisms, processes and procedures.’

The Royal Commission has also highlighted that: ‘There is much that can be done to improve the accuracy, consistency and timeliness of information and communication about the current aged care system provided by the call centre and the website, without waiting for larger changes to the system’.

COTA Australia has argued for some time that accessing our aged care system is like navigating an obstacle course blindfolded. Currently there are very few obligations for providers to publish any information about their services and pricing, or their performance.

Counsel Assisting’s submission and recommendations does not strongly articulate reform requirements to implement transparency and accountability. This appears to be a stepping back from comments made in the Interim Report.

COTA Australia has consistently argued that there should be total transparency regarding:

- pricing, on a comparable like for like basis
- agreed descriptors of services
- staffing numbers and mix
- complaints processes and outcomes
- quality performance – internal measures and external standards
- consumer experience, engagement and reporting

We support the work, commissioned by the Royal Commission, to investigate the implementation of a star rating performance measurement system for aged care in Australia. Once implemented, this would provide a solid step forward in enabling consumers to compare services on a like for like basis. A star rating system would need be complemented by other performance information to inform consumer decisions. It is critical that each service provider’s results are made publicly available through a range of channels, with trend data over time, and benchmarked against similar types of services.

Counsel Assisting’s recommendations are insufficient and unclear as to how the proposed new complaints system and process would be better for consumers. Other industries and sectors make this type of information readily available to consumers and understand it as integral to quality improvement. Public availability of complaints information should be mandated by government. This is a priority for consumers. It

is vital that the importance of complaints in driving service and system improvement and engaging with consumers is recognised.

Government must remain active and fully engaged; its role is that of system steward. Within Australia's redesigned aged care system, it will be government's responsibility to ensure that people are and remain at the centre of the system. Government must act as the primary enabler for optimising consumer choice and control through setting up and maintaining the appropriate legislative and policy levers, regulatory oversight and harmonising sustainability and funding arrangements.

(d) Rationale and argument for independent 'system governor' will not achieve intended goals

Counsel Assisting's submission has stated their preference for an "independent" model of system governance for aged care. Under this model, independent statutory bodies operate on their own budgets, free from Ministerial direction. The responsible Minister and Department retain only an overarching supervisory and policy role.

Counsel Assisting argue that the independent model is the best way to achieve systemic coherence and stability, and that it would be agile and have the capacity to respond to future need. They argue that aged care would be removed from the uncertainties of politics, lobbying and annual debate about budgetary allocations.

Part of this model is the establishment of a 'system governor' named the Australian Aged Care Commission that would be an independent corporate entity with system management functions and responsibilities for monitoring the performance of the system and formulating new policy and reform proposals for improvement. The submission argues that there are advantages in the consolidation of quality and safety monitoring and compliance, financial risk monitoring and prudential compliance, together with general system management functions.

The principle of establishing an independent model of system-governance architecture, separate from politics and government budget allocation cycle is undoubtedly well intentioned. However, it is unlikely to be accepted and, in the unlikely event that it was implemented, COTA believes it would not achieve the aspirations Counsel have for it. The various recommendations about this, taken together, are in fact not really consistent with our system of government, in which Cabinet government and its Ministers are responsible and accountable for public policy outcomes and sound fiscal management. Counsel does not seem to have considered the systemic incentives that their proposal could create for both unconstrained expenditure and operational inefficiencies in providers.

COTA Australia absolutely does not support the proposed Australian Aged Care Commission being responsible for both the management and funding of the system **and** for standards compliance and complaints. We support a separate regulator for compliance and complaints. Aged care consumer movement organisations and advocates spent decades getting these functions set up independent of the managing Department and we cannot support them being put back again into the one body. It was dysfunctional before and it will be again. 'Provider capture' will be inevitable.

Radical structural change to system architecture is not, in our view, the major issue. The major issue is getting commitment at the highest levels politically, and across the political aisles, to transforming the aged care system in ways that other Counsel recommendations envisage, plus a whole of government commitment to properly resourcing aged care, both financially and in terms of the level of Departmental capacity; and

equipping the Aged Care Quality and Safety Commission with the resources and powers and tools that other public sector regulators have.

The establishment of new statutory bodies or administrative arrangements is resource intensive, energy consuming and usually disruptive to the implementation of other important reforms. Even a change of Department from Health to Social Services in 2013 set back the reform process by months and was then reversed not that long after at a similar cost. Those two ‘MOG’ changes cost the Living Longer Living Better reform process critical momentum in several key areas from which it never recovered.

Counsel Assisting’s submission recognises the current departmental model as the other system governance option but does not provide any argument regarding the advantages or disadvantages of this approach. COTA Australia accepts that there have been major problems with the Department over the last few years, during which its staffing was significantly reduced, and leadership instability impacted for a variety of reasons. Mostly it was because the Department of Health did not give aged care a high priority and neither did governments (of both persuasions). But that is not solved by creating a separate entity. Indeed, it could make it worse. A separate entity could easily become “out of the loop”, especially if located outside Canberra (see how many key NDIA staff are now in Canberra) and fail to attract high quality staff as a result. It needs the opposite.

Over recent years, system governance architecture has been reformed to enable the greater separation of regulatory responsibility from policy and management responsibility and the consolidation of regulatory responsibilities in the Aged Care Quality and Safety Commission (ACQSC) following the Carnell/Paterson Review. The government has been sitting on major proposals for strengthening the powers and tools of the ACQSC, and we welcome Counsel Assisting’s support for these as a short term measure. We believe the ACQSC should be further strengthened and be a long term part of the system governance fabric.

COTA Australia therefore has the most serious reservations about the recommendation for a new ‘system governor’, in effect, an aged care equivalent of the National Disability Insurance Agency (NDIA) that manages the NDIS. The change required is in the regulatory environment, incentives for cultural change and structural change, and a high-level political commitment to major resourcing injections.

Attempting to establish new system governance arrangements is risky and would without question impact negatively on the implementation of other Royal Commission recommendations. It would create severe system disruption and distract and divert focus from the implementation of key reforms. The history of the NDIA bears this out and that was in a “greenfield” context. In the morass of aged care, the risks are far greater.

COTA Australia urges the Royal Commissioners to take a practical and outcome focused approach to the Commission’s final recommendations on system governance.

(e) User contributions should be meaningful, simple to administer, easy to understand, fair and meaningful

The Counsel Assisting’s submission is inconsistent regarding a consistent, fair approach to user contributions that is easy to understand and provides meaningful contributions. The submission tends to view consumer financial contributions from mechanistic or administrative perspective rather than from the perspective of the consumer.

COTA Australia accepts that consumers should make a greater financial contribution to the cost of their care. The argument for increasing both government and user contributions at the same time is stronger than trying

to do either on its own. User contributions should be transparent, fair, based on capacity to pay and simple to administer and understand.

Consumers should also have the choice to pay more for their aged care and support but only if all relevant information on service quality and costs is available to them on a timely, transparent and comparable basis, and strong consumer protections are in place.

Most consumers tell COTA Australia that, depending on their financial capacity, they are more than willing to contribute to the cost of their care as they are used to paying for other health and community services.

The levels of user contributions, and the public/private share, are ultimately political decisions. Decisions should be informed by sophisticated modelling but obviously involve consideration of and political decisions about means testing policy, superannuation policy settings and taxation policy.

Government policy should also support the capacity of consumers to save for their future aged care costs by enabling a range of financial products and incentives to be provided, including as a (deferred) component of superannuation. It would have helped if the government had released the Retirement Income Review in time to inform the Royal Commission.

Funding raised from higher user contributions will never cover the increased funding required for the highest quality aged care system, regardless of a more robust, comprehensive and equitable means testing regime, and changes to retirement income policy to preserve some retirement funds for aged care. Government's annual contributions towards aged care will need to increase substantially.

Consumer contributions should be based on capacity to pay. Contributions should be equitable and proportional to services received. An equitable assessment of capacity to pay should have regard to total wealth regardless of the form in which it is held (real property, cash, equities, superannuation, etc). Such an approach may consider alignment of these financial points with any tapered amount of client contributions towards care.

COTA supports those with means providing an increased contribution towards their care, provided the necessary safety nets are included in any such approach.

Current aged care charges are confusing and some means testing arrangements are regressive and unfair.

COTA suggests that there are a range of ways this could be improved. This includes assigning a self-funded retiree amount (i.e. full contribution amount) and a 'concession' amount (i.e. amount paid by full pensioners, part pensioners and health care card recipients). This would leverage existing and widely understood distinctions. With calculations undertaken behind the scenes, contributions are presented to consumers as a "cents in the dollar" value. Consumers contribute based on their capacity to pay and a consistent methodology is used to calculate fees.

Counsel Assisting's submission could have recommended a strategy, approach or framework that addresses user contributions in aged care.

(f) Home care needs significant policy and program development

Counsel Assisting's submission, in its early introductory comments recognises "that the vast majority of people that need care will want to receive it in their own home" and the importance of this to "a person's sense of identity and independence." However, despite this sentiment and the evidence heard at the specific hearings on Home Care, there were no specific recommendations regarding the future home care program. Given that demand for home care will grow significantly and that much of aged care policy reform discussion

and debate gets tied up with residential care, Counsel Assisting missed an important opportunity to articulate a vision and express key principles and recommendations in relation to care at home.

The submission makes a brief reference to the pending integration of Commonwealth Home Support Programme and the Home Care Package program and the role of care management in a home and community care context. Given that that reform has twice faltered, COTA urges the Royal Commission to make an explicit recommendation that CHSP and HCP programs be combined into a single Care at Home program no later than 1 July 2023. This needs to be strongly supported by the Royal Commission in its Final Report.

Whilst Counsel Assisting's submission makes recommendations to improve the provisions of home care packages and to eliminate the waiting list, and on the establishment of a new integrated aged care program, there is little reference to, or policy discussion regarding developing the 'care at home' program. It appears that Counsel Assisting is referring responsibility for home care policy and program development to the Department of Health.

There are a range of issues related in home care to be addressed including:

- Funding categories (social support, enabling care, respite care, care at home and care management)
- Strengthening consumer directed care and self-management
- Greater flexibility of funding and services to meet individual need
- Pricing of service activities
- Workforce skills, qualifications, training and professional development
- Home care worker employment and engagement arrangements
- Home care certification
- Quality indicators and data collection to measure outcomes
- Implementing a consistent re-enablement approach

Some of these points may be contained, implicitly, in some other recommendations and are referenced in text. However, home care is important enough to have its own section and recommendations that deliver reform and extend policy and program development possibilities.

COTA has made extensive recommendations about home care in earlier representations to the Commission and we stand by those.

(g) Abolition of the ACAR - putting control into the hands of older people and their families

Counsel Assisting were inexplicably silent on the issue of the Aged Care Approvals Round (ACAR). This has been the means of allocating new funding for residential aged care places. Historically, the ACAR mechanism served a useful purpose for a considerable period- to correct problems with the mostly unregulated system that preceded it. However, for many years it has had the effect of encouraging uniformity and both embedding and protecting mediocrity by stultifying consumer choice and restraining the capacity for consumer preferences to competitively reward excellence. The ACAR stops providers with waiting lists - because they are good operators and people want to go there - from expanding and protects poorer quality providers just because they were allocated beds years ago. People don't want to go to them, but they need a bed and the good ones are not available.

In the 2018 Federal Budget the current government announced its in-principle decision to replace the ACAR with a new arrangement putting more choice and control in the hands of consumers. It's taken two years (longer than it should), but the government has before it the Impact Study on the removal of the ACAR, which has also been tabled in evidence to the Royal Commission. Government has had this report on how to implement its decision since January this year this but has squibbed it again. The government seems captive to poor provider interests; it's time for change.

The Royal Commission needs to insist that the government actually do what it has said it would do and implement this reform. Without that happening the Royal Commission's own recommendation about residential care have a snowballs chance of being implemented.

Ends