Australian Nursing & Midwifery Federation

13 September 2019

Consultation Hub

Department of Health

Via email: ACARimpactanalysis@health.gov.au

Dear Madam/Sir

Re: Residential aged care - proposed alternative models for allocating places

The Australian Nursing and Midwifery Federation (ANMF) appreciates the opportunity to provide a response to the Australian Government Department of Health consultation on the Residential aged care: Proposed alternative models for allocating places. We note that this consultation seeks feedback on two options for altering the current funding model: an adjustment of the current Aged Care Approval Round (ACAR) model, and a new model that allocates funding to individuals rather than to providers.

The ANMF is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 275,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

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ANMF Journals

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Australian Journal of Advanced Nursing (AJAN)
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Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

With regard to care of older people, ANMF members work across all settings in which aged care is delivered, including over 40,000 members who are currently employed directly in the aged care sector. Many more of our members are involved in the provision of health care for older persons who move across sectors (acute, residential, community and in-home care), depending on their health needs. Being at the fore-front of aged care, and caring for older people over the twenty-four hour period in acute care, residential facilities and the community, our members are in a prime position to make clear recommendations to improve care provided and enhance processes for access to that care.

The ANMF has a strong commitment to achieving the changes required to improve care provision to people in both residential aged care and home care environments, including the way residential aged care is funded. Our position on residential aged care is that, above all, residents and potential residents need access to places within a transparent, accountable and viable sector that provides person-centred quality care.

The ANMF has significant concerns about making substantive alterations to the funding allocation model at a time when the aged care sector is in crisis. Any change to the funding allocation model should be considered in light of recommendations from the Royal Commission into Aged Care Quality and Safety.

We understand there are issues with the current bed allocation funding model and agree it needs to be re-invented. The current ACAR system primarily centres on benefitting investors, not Australians in need of care. It allows geographic monopolies and inhibits creative solutions to guarantee equitable access for residential aged care places. Further, the Department of Health appears to rely too heavily

on provider opinion to make decisions rather than end users, which has contributed to a scarcity of places where they are most needed.

Aged Care Approval Round Issues

The existing lack of transparency regarding wait list lengths for residential aged care places, particularly in 'thin markets' and for underserved populations,[1] needs to be addressed, and funding allocated for these groups should be purposeful to enable access. At present there are no regulatory processes to ensure these funds are used as intended. While national occupancy is around 94%, and most metropolitan areas have short wait times, in regional, rural, and remote areas there are significant issues with access. Our Northern Territory ANMF Branch report an example of where one patient occupied an acute care hospital bed for over two years, before finally securing a place in residential aged care.

When there is evidence of providers 'cherry picking' certain residents, equity of access issues are further highlighted as areas of major concern. Individuals with long standing and refractory mental ill-health, problematic behaviour, and other chronic complex care needs may have no alternative than to select a government-managed facility, which disproportionately increases both their workload pressures and costs associated with providing safe, skilled and individualised care. The ANMF believes a higher proportion of aged care facilities should be entirely government funded and operated. This would allow for greater accountability and improved choice for those residents who find themselves not considered by private aged care providers.

The ANMF is concerned about the way residential aged care allocations are determined, the complete absence of nurses, and other health practitioners involved in the allocation process. Decisions about where funding is allocated should be made in consultation with state and territory governments, consumers, and health practitioners, as this may result in more places in underserved areas, with the added benefit of reducing the number of allocated but unoccupied beds. The ANMF strongly supports the use of nurse navigators to advocate for residents and facilitate equitable access across the sector.

[1] Aboriginal and Torres Strait Islander elders, gender and sexuality diverse folk, people from culturally and linguistically diverse backgrounds, and populations in remote and rural areas

Proposed models

The ANMF does not support the implementation of either model one or model two at a time when the sector is in crisis and a Royal Commission in progress. While both models may have some potential merit, we have outlined our concerns below.

Model one

Our major concern with model one is that it does not fully address access issues for underserved populations, as the proposed reduced locational controls on the distribution of residential aged care places does not go far enough to enable access. There needs to be stronger policy levers to enable these populations access to residential places. Allowing providers to transfer ACAR places could also have potential unintended consequences of favouring providers' needs over people accessing places where they are required. Should model one be progressed a potential benefit is the proposed reduction in the large number of non-operational residential places.

Model two

The ANMF's primary concern with model two is from a workforce perspective. Some providers have already identified that potential financial uncertainty of this model will affect workforce planning, specifically increased casualisation, in a sector where continuity of care is critical for resident safety and wellbeing. Branches of the ANMF have reported the concerning effect this kind of consumer-directed funding model has had for both staff, who face unpredictable and insecure work.

If the queue approach is implemented into the residential funding model it would be useful for identifying shortfalls in geographic areas. However, depending on the way the queue system is designed, this could also reduce access for some people living in a location where there are residential beds available, as they would have to wait to reach the top of the list before being able to access a bed. Based on the experiences of those accessing home care services, queuing has produced significantly unacceptable results in terms of waiting times, service levels and consumer anxiety. The need for residential aged care is often urgent and is commonly not the outcome of a controlled transition process. If model two (or variation of this) is accepted, the capacity for a consumer to gain funding for a residential place must be timely and meet the needs of the individual and not be based on a position in a queue.

A potential unintended consequence of a change to the funding allocation model by linking it to the individual may change care delivery models. The home care services change to Consumer Directed Care provide learnings to consider. Staff working in home care services are often unable to deliver comprehensive care. They report feeling compromised in the care they're able to deliver, utilising the level of resources with which they have been provided. This is due to a mismatch in part, of the persons assessed care needs and accessible care delivery, which occurs for a number of reasons:

- People being assessed as needing a residential bed but the person either cannot access a place or chooses not to enter a residential facility.
- People being assessed as needing a level 3 or Level 4 home care package but due to the lengthy waiting lists are only provided a level 1 or 2 package.
- Time delays in care delivery occurs due to the lengthy waiting list and people have progressed to needing a higher level of care than for which they have been funded or provided.

These issues have emerged during the Royal Commission hearings, with alarming number of people not receiving the care they require.

Insufficiencies of both proposed models

Neither model addresses the known issues, particularly in rural and remote areas, with accessing residential beds, respite care, and NATSIFlex (National Aboriginal and Torres Strait Islander Flexible Aged Care Program) places. Respite is a vital component in keeping people at home for longer and the current access difficulties need to be strongly considered in any recommended changes to the funding allocation for residential places.

Any reform of the sector, including changes to the funding allocation model, must consider the staffing needs of people requiring care in both home care and residential care. This means not only the right numbers and mix of registered nurses, enrolled nurses, and carer workers[2], it also means retaining those workers and providing them with secure employment. This can have benefits for both the employee and the older person as it contributes to continuity of care and improved job satisfaction.

[2] Willis, E., Price, K., Bonner, R., Henderson, J., Gibson, T., Hurley, J., Blackman, I., Toffoli, L and Currie, T. (2016) Meeting residents' care needs: A study of the requirement for nursing and personal care staff. Australian Nursing and Midwifery Federation

Finally, the ANMF recommends that any change to residential aged care allocation funding should be subject to a limited scale trial before being nationally implemented. This should be inclusive of remote, rural, and socioeconomically disadvantaged areas, before being implemented across the sector. Lessons learned would identify issues to be rectified for future implementation.

We appreciate the opportunity to participate in this consultation process and provide our feedback on behalf of our membership. We look forward to further assisting the ongoing process for review of funding models in residential aged care.

Should you require further information on our response, please contact Julianne Bryce, Senior Federal Professional Officer, ANMF Federal Office, Melbourne on 03 9602 8500 or jbryce@anmf.org.au.

Yours faithfully

Lori-Anne Sharp
A/Federal Secretary
ANMF