

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

12 August 2022

## **Aged Care Amendment (Implementing Care Reform) Bill 2022 [Provisions]**

Dear Secretary

Allied Health Professions Australia (AHPA) welcomes the opportunity to provide a submission to the Senate Standing Committee on Community Affairs on the Aged Care Amendment (Implementing Care Reform) Bill 2022 [Provisions].

We support the purpose of the Bill and its place in a suite of recent and forthcoming reforms to implement the Government's response to the recommendations of the Royal Commission into Aged Care Quality and Safety.

However, we endorse the submission of our member the Australian Physiotherapy Association that genuine implementation of essential care reform in residential aged care, including the Royal Commission's recommendations, requires more than the introduction of the Australian National Aged Care Classification (AN-ACC) funding model and average carer and nursing care minutes per resident.

The Bill before the Committee is silent concerning allied health services in residential aged care; nor are we aware of any proposed legislation to address this gap. This is in contrast to the Royal Commission's conclusion that allied health services are underused and undervalued across the aged care system. Indeed, research undertaken for the Royal Commission found that an average of 8 minutes per day of allied health is provided for each aged care resident.<sup>1</sup>

The Royal Commission concluded that this gross under-provision of allied health care produces morbidity, mortality and quality of life impacts, including those associated with dementia, mental health, malnutrition and falls. The Commissioners therefore called for 'a change in culture in the aged care sector, to view allied health services as valuable rather than a burden on funding', and for allied health to become 'an intrinsic part of residential care'.

The Royal Commission further recommended that the aged care system should focus on wellness, prevention, reablement and rehabilitation, and extend beyond physical health to a multidimensional view of wellbeing. Recommendation 38 supported this more holistic approach through requiring the provision of a level of allied health care appropriate to each person's needs.

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<sup>1</sup> Please see our separately attached Policy Brief 'Allied Health Funding in Residential Aged Care' (July 2022).

AHPA submits that despite assertions by the Department of Health and Ageing that this level of care is addressed under the present *Aged Care Act 1997* and associated Quality Standards, the Royal Commission's finding clearly demonstrates otherwise.

Indeed, we have analysed the available data on the provision of allied health services to aged care residents, and concluded that since the Royal Commission research, the average number of minutes has actually decreased, to just over 5 minutes per day. In the attached Policy Brief, AHPA also presents a detailed analysis of Department claims that the AN-ACC and associated changes in the present Bill will further ensure sufficient funding for allied health.

Our Policy Brief concludes that at a most generous and unlikely estimate, this increased funding will result in 8.8 minutes per resident per day. Much more likely are lower estimates of 4–6 minutes. As the Policy Brief explains, there are two main barriers to meeting residents' allied health needs. The first is that unlike nursing and personal care, there will be no mandated benchmark for allied health services.

AHPA has some sympathy for providers who will need to allocate spending to meet the nursing and care minutes of the Bill, particularly in view of future aged care worker wage increases. Even if allied health services were not already grossly underprovided, it is therefore clear that given the second barrier – provider discretion to spend a proportion of their allocated funds on allied health – this is the area of care in which providers will attempt any necessary cost savings.

AHPA does not support an allied health benchmark, such as mandated minutes, being funded at the expense of the existing nursing and care minute targets. Allied health requires its own separate standards, together with a designated funding mechanism to channel spending on allied health.

As our Policy Brief outlines, a full suite of allied health services must be made potentially available to each resident who needs them, supported by clinical needs assessment and delivery via a multidisciplinary teams approach. None of these issues are addressed in the current Bill or, as far as we are aware, in any proposed future reforms.

Accordingly, we request that the Committee read the accompanying Policy Brief and give particular consideration to its recommendations, which have been endorsed by the National Aged Care Alliance.

AHPA is available to appear at any hearing to expand on our submission.

Regards



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