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Perspectives on the Future of Ageing and Age Services in Australia

A provider contribution to the discussion

September 2019

About this report

The 'Perspectives on the Future of Ageing and Age Services in Australia' report synthesises conversations with CEOs and executives from 112 age services organisations. These conversations took place during workshops independently facilitated by Grant Thornton and Leading Age Services Australia (LASA) on the future of ageing and age services in Adelaide, Perth, Hobart, Melbourne, Brisbane and Sydney in the first two weeks of August 2019.

The original intent of these workshops was to give aged care and home care providers an opportunity to share their views on a pathway to realise the aspiration of making Australia the best place in the world to grow old over the next ten years. With so many views and a breadth of issues to cover, this report does not achieve this goal, however it is an excellent starting point to delve deeper into the reforms and cross-sector collaboration required to create the aged care system Australia deserves.

Responsible structural change will require more extensive consultation across all system touchpoints for the elderly. What this process has achieved for the first time, is to bring together a wide cross section of the provider community to debate and expand on bold and courageous ideas for this reform. It has also looked outside the immediate sector for reforms in other parts of an older person's life that would make a significant contribution to them living and ageing well. These ideas are reflected here.

The report provides a thematic summary of the views of provider CEOs and senior executives expressed during a dialogue with their peers. Some of the key perspectives that emerged are drawn out in a separate highlights document to be developed by LASA. Further work is required to turn this into a plan, and test this plan with consumers and other key stakeholders. It is not the final word on these matters, but it is an important contribution that should not be ignored.

Message from Leading Age Services Australia

The Royal Commission into Aged Care Quality and Safety represents a once in a lifetime opportunity to shape the future of age services.

LASA is proud to have collaborated with Grant Thornton on this initiative to bring the industry together to talk about its own vision for the future.
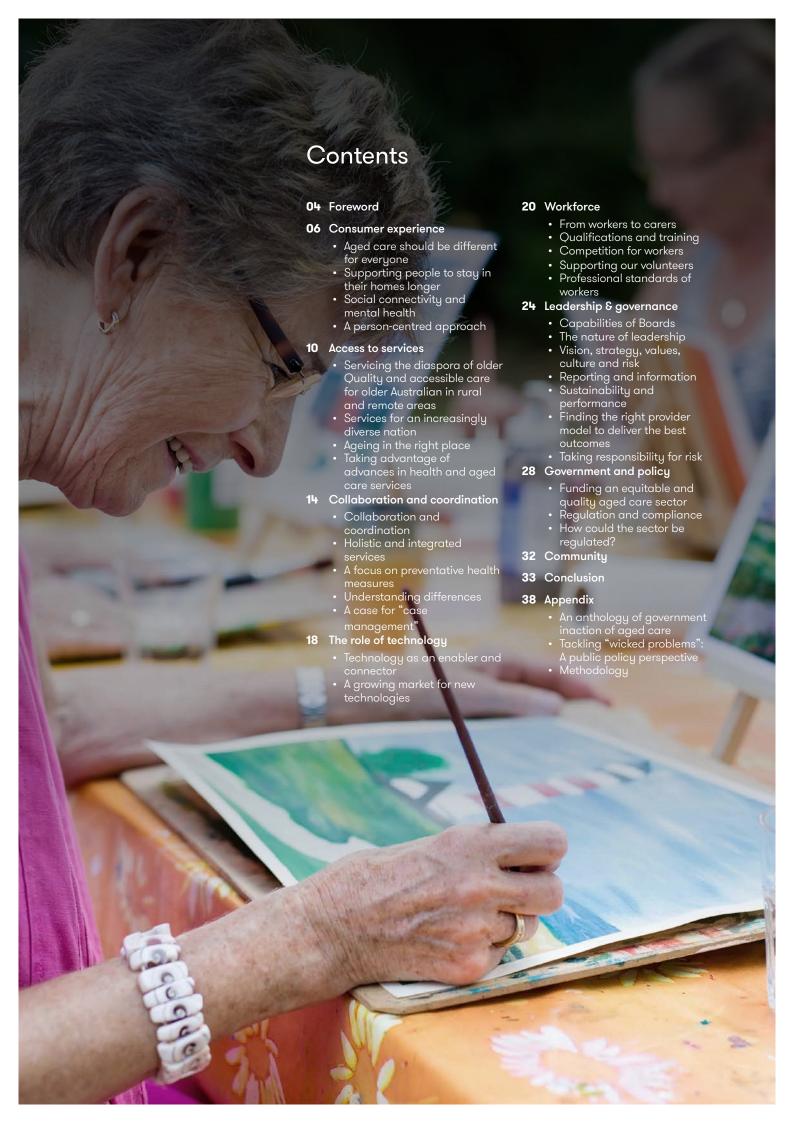
The willingness of 121 CEOs and executives from within our Membership and beyond to take the time to contribute to this process demonstrates that the industry is serious about articulating a vision for a better age services system.

LASA has prepared a summary of some of these key ideas and insights to be published alongside this report – this will be an important input into our vision for the future of the industry.

I commend Grant Thornton for their generosity in donating their time and resources to host and facilitate these workshops, and prepare this report.

Sean Rooney
Chief Executive Officer, Leading Age Services Australia

Contents

> "What has been made very clear is that ageing well and aged care services cannot be viewed in isolation, and must become more embedded in the fabric of our society."
>
> **Darrell Price**
> National Head of Health & Aged Care
> Grant Thornton Australia

Foreword

Transitions in ageing are not consistent and systematic as they are described by our ageing systems. Sometimes they are incremental, sometimes accidental, sometimes monumental, and they are always personal.

At the coalface, providers hear the stories and experience the challenges the current system creates in meeting the needs of older Australians. There is no easy solution, and there is much to do to continually improve services and experiences in the age services sector.

Grant Thornton and LASA, with the support from a national cross-section of age services providers, came together to share perspectives on the future of age services and ageing well in Australia. The workshop process addressed many of the "wicked problems" (see Appendix) being faced by the sector and it was clear from all workshop attendees that service providers will not be passive participants in the future direction of the industry.

Tinkering is no longer an option and structural reform will be required to restore the faith of the Australian community in the sector's ability to deliver safe, quality care for all who require it. This report summarises the thoughts of the age services community on what they believe is necessary to ensure a safe, quality, accessible and affordable aged care sector for all.

The top six messages heard from providers throughout the workshops were:

- Consumers of care services and their families have the right to choice and control over the services they need and want and who delivers them. They have the right to high quality and safe services from every provider and worker.
- Workers need to be respected for the work they do in caring for the elderly. They are highly skilled and will adapt to a more consumer-centric model that provides pathways for them to learn and grow within the industry.
- Providers have a significant role and commitment to ensure the sector delivers the best care possible to the people they support, and will not be passive in advocating for a system that delivers it.
- Government needs to recognise its role and make an undertaking for systemic reform rather than tinkering around the edges. This will come with increased risk and will require courage, willingness and commitment to change.
- Our community needs to better understand the life changes that come with ageing and how services support people through those changes. Our community needs to better understand and accept death and dying as one of those transitions.
- For the sector to be effective in the future, sustainability of all aspects of the sector will need to be given greater consideration, including a much closer look at the relationship between the provision of accommodation and care. This may in fact be an important "first step" in stabilising the sector in the near term.

The sector is seeking a strong commitment by government to explore structural systems reform to improve the sector, and the public expression of the willingness to execute on those reforms. This commitment would be evidenced by:

- The appointment of a Minister whose sole responsibility is ageing and age services reform and who resides in cabinet will demonstrate that the Government of the day is serious about the ageing population and the impacts on social services, health services and infrastructure, age services, the budget and the economy.
- Radical redesign of the system based on the consumer experience and not limited by structural issues, such as departmental boundaries, Government jurisdictions, and sources of funds.
- Consultation with service providers, in ageing, hospitals, primary care, Primary Health Networks (PHNs), education, taxation, superannuation and health insurance to establish a "whole of system" perspective on reform.
- Immediate consideration of the viability of the sector and what is required to ameliorate current provider performance concerns including the relationship between accommodation and care, and how greater clarity and choice can be achieved.
- Immediate consideration of processes required to improve the relationship between government and providers that is characterised by engagement, trust and respect rather than being punitive and transactional.

Providers are universal in their commitment to improving the performance of the sector, their own performance and the experience of their customers. They will do this by:

- Reviewing their governance and leadership to ensure it meets contemporary governance process and practice while reflecting community expectations on safety and quality of clinical and care services.
- Considering the role of consumer input into governance and leadership processes, including strategic development and direction setting, change and transformation activities, and service planning and execution.
- Engaging with their workers to ensure they understand and meet the expectations of the people they service, their families and the broader community.
- Working actively with governments, departments, hospital services, primary care and PHNs to identify areas for structural reform, research and execute changes that are required to deliver a seamless service in the future.
- Reviewing their own practices to look at ways of improving outcomes for consumers.
- Coming together to expand on the concepts in this paper with a view to building a "strawman" view of the sector in the future and the bridge required to be built to get there.

Overall next steps are:

- Building on the foundations in this report, undertake research and consultation so that clear agreement is achieved to develop a schema that describes the sector in the future
- Identifying the key systems and structural changes that are required to radically transform the sector to achieve that vision.

What has been made very clear throughout the process of creating this report is that ageing well and aged care services cannot be viewed in isolation, and must become more embedded in the fabric of our society. We look forward to continuing this discussion.

Consumer experience

The Royal Commission into Aged Care Quality and Safety has highlighted shortcomings in the industry's ability to deliver great care on a consistent, sustainable and reliable basis. Providers and the public are rightly appalled at the experiences that are being disclosed and are committed to ensuring the future is considerably better for all people who receive care on their watch. Notwithstanding this, as we age, our risk of experiencing increasingly complex and debilitating health issues increases and ultimately leads to our death.

Aged care is not a simple service transaction. Every person receiving care is as unique as a thumbprint. There is a strong belief from the aged care community that consumers of aged care services can experience a higher quality of life, ageing well and living well.

The key to this is to put people at the centre of the sector – service options, facilities, regulation and access to services. For example, some services are aged-based and not needs-based – with some available upon turning 55, and others 65 - however, some people may need these services earlier, and others may not need them at all. People, and their individual needs, must come first. Providers believe increased consumer choice and control will drive the industry of the future.

> **"Wherever an older person lives, that is their home, their sanctuary."**

Aged care should be different for everyone

Older Australians desire services and experiences that are an extension of the lives they have been leading. To realise these experiences, services need to reflect the specific needs and wants of the individual, and be provided in places that give the greatest holistic benefit to the person – benefits that allow them to experience life to the fullest possibility. This requires a high degree of personal choice and control over the decisions that determine their future. The places that are designed to enable them to experience these benefits need to be enticing, and offer a continuum of their current experience, including quality of life.

Overall, learning about how to access services is complex and daunting for the majority of consumers and families. Access often arises as a result of an incident and could be described as a "crisis" response, rather than a planned and managed process. The stress of navigating complex and confusing systems and processes is exacerbated by the emotional challenges of responding to life transitions at this time. This complexity and sense of urgency lead to a lack of choice as families and consumers are "forced" to make decisions with limited understanding and access to real market alternatives. This is particularly so in rural and regional Australia.

All Australians would prefer to be in their family home, but when circumstances mean that they need to be in residential care, then providers need to endeavour to make this "home". Transitions to aged care services need to be smooth and not strip people of their choices and freedoms.

Individual choice and control is as much about maintaining independence as it is about the selection of places and services. It contributes to a feeling of empowerment over one's future and promotes a sense of security. Choice allows a person to "design" their lives: to continue doing the things they enjoy, the things that make life worth living and the things that provide purpose and a sense of wellbeing.

This could be as simple as maintaining some independence of thought and decision making, through to ongoing physical activity, support during changes in health status, access to emotional and spiritual supports, and assistance with social integration.

> Many providers report that constraints imposed by the aged care system force them to provide a "vanilla" service when they and their staff would prefer to tailor services and solutions to individuals. Private operators, providing services on a user pays basis report higher levels of flexibility in the delivery of their services.

Supporting people to stay in their homes longer

People do not need to transition into an aged care facility or begin accessing aged care services simply because they reach a certain age. When people require short-term care due to an injury or illness they should be able to access additional care and services in the short-term while they convalesce until they can return home.

Restorative services provide this kind of supports and relieve some of the burden on downstream services – such as residential aged care facilities – by delaying entry into them. However, access to restorative services and opportunities is not universal. The current structure of home care packages is considered restrictive and inflexible, resulting in people not receiving the services that align to their needs in a timely manner.

To ensure consumers can access these services, systemic change is required. Introducing incentives with more flexibility into how restorative and home care is allocated and delivered will make this easier. This would allow more consumers to return home and enjoy a better quality of life.

Social connectivity and mental health

> There is a sense that when decisions begin to be made for you that you are no longer able to make them. Some describe this as reaching your "use by" date. Often, these decisions could be made with additional education about possibilities and risks.

The maintenance of social connections and participation in community is vital to the wellbeing of older Australians.

Continued connection to communities of interest allows older Australians to contribute and connect in meaningful ways. A passion for family, volunteering, sport, cooking or gardening should not stop once you get to a certain age.

While it is recognised that there are many physical, medical and other factors that impact on a person's ability to contribute and participate in their communities, the principles of how people need to be treated remains unchanged. It is vital that older Australians are considered "whole", not someone less because they have aged, or because they have reduced capabilities.

There is a demand for additional services to address social isolation in the community. There are a number of ways this can be addressed. For instance, increasing access to day respite will give consumers and carers more opportunities for social interaction. For older Australians still living at home, paid companions could provide support and social interaction.

Transport is an often cited problem in aged care services, particularly in rural and remote areas. Services that provide access to transport can provide an important conduit for older Australians with the community and reduce social isolation. However, this is only one option and a complete integration of services across the continuum will address and incorporate the transport needs of consumers, including for social supports and activities to maintain connections with community. This will require government intervention.

The mental health of the elderly is rightly gaining increased attention and focus. There are an increasing number of strategies and activities that support mental health or at least delay the adverse impacts of mental health deterioration and the onset of dementia. Providers have historically focused on the physical aspects of care because of the way funding is structured, however there will be an increasing requirement to facilitate better mental health outcomes for consumers. The use of psychologists and counsellors is limited at this time, however the increased use of these services can help consumers and their families manage the transitions in acuity much better. Psychological services should be made available for all people in care and either funded through Medicare, private health insurance, or as part of the recognised service in care packages and residential services.

A person-centred approach

Currently the services that are widely available in the aged sector are very similar. We are, however, starting to see more examples of innovative and engaging practices throughout the sector that provide more choice to the consumer. Some of these examples include the availability of age appropriate gyms, wellness centres and education programs that support consumers to engage in planning and to realise their own re-enablement.

Access to a broader range of allied health services - from physiotherapists and others - assist the elderly to improve their overall condition and enables them to undertake activities that enhance their lifestyle. This increasing choice, facilitated and integrated into their care, provides opportunities for better health, mental stimulation and empowers people to participate in their care planning.

Health and wellness services need to be regarded as a necessary component of packages to enable a better ageing experience. The concept of structured packages begins to become redundant in favour of flexible care plans that directly align to consumer needs and wants as they change over time.

These could become part of an overall "life plan" that describes how each person chooses to live, age and die. This whole process would incorporate life coaching to educate consumers on what is possible and how to access it.

Consumer choice can extend to lifelong discretionary expenditure – spending their own funds where they choose to – when the person can afford to do so. Providers will need to be flexible and facilitate the procurement of these goods and services.

> Some people have access to sophisticated financial planning services, and it appears that this cohort is better prepared for their ageing journey than their peers who have not had access.

There is also an emerging market for services that assist with filling in forms and applications for entry into care services due to the complexity of the process. Access to financial planning or other financial support services may need to be added to "qualified" services that can be paid for through the care services plan, particularly those that cannot afford it independently.

Choice will embed opportunities for niche providers to carve out specialisations within the sector, cementing a place for both large and small providers. Where smaller providers can develop service offerings that meet market requirements and are not core business for medium and large providers, opportunities will grow for "brokerage" or subcontract models around these services. Smaller, more agile providers are also likely to spark innovation and become innovation incubators. Relationships with the bigger providers will provide pathways for the development of these innovations.

Access to services

Ageing well implies the ability to fund the choices that we make about our lives, and this includes the accommodation and services we need and want. Mechanisms are required that contribute to ensuring people are able to afford and have access to age appropriate accommodation and services later in life, "where I need them and when I need them".

Increased services would be provided prior to people accessing formalised care programs, including access to education, delivery of nutrition and medication management – all services that tend to be precursors to formalised care. Funded social programs, day respite and community activities can reduce the incidence of social isolation, depression and anxiety. Prevention programs for these issues need to be part of the funding model going forward.

In all of these scenarios, accommodation and services will need to meet an acceptable, agreed level of quality and safety for the individual, and one that meets community expectations, irrespective of the ability of any one person to pay for what they receive.

It is commonly believed that many people would not need the services they currently access if there was a more formal process to identify opportunities to educate them on age appropriate lifestyle improvements, provide alternative services that prevent them from entering the system in the first place, or rehabilitates them to allow them to return to their independent lives. The philosophy behind this indicates that early preventative and rehabilitation expenditure will reduce the lifetime cost of managing a person through the current health and ageing system.

A method of monitoring and managing all services provided to a consumer could be developed – potentially in the style of a "passport". This "passport" (similar to the "blue book" for children) would allow access to the services required and record information that could be accessed by all services providers within a seamless ageing system. The sharing of data and artificial intelligence (AI) can help interpret the early warning signs of decline and flag opportunities for preventative interventions.

Quality and accessible care for older Australians in rural and remote areas

Australia's geography adds to the challenges of providing consistent access and quality of services nationally. New ways of delivering services need to be found to ensure rural and regional communities receive the same services as our major cities.

It is unclear what services are missing in rural and remote areas, or how information about services is currently being delivered. What we do know is that rural and remote areas lack many of the support services – allied health, rehab, recreation, social integration, transport, specialist medicine and nursing skills – compared to metropolitan areas. Additional work is required to understand the nature and extent of the current gaps and barriers to access. The first step in this is for the sector, including providers and government (including the Federal Department of Health), to recognise that the current arrangements are ineffectual.

The mechanisms that support ageing well must include a safety net or some level of universal entitlement regardless of capacity to pay, and a scaling up of supports to the point where a person can fully fund their own needs and wants.

A separate rural and regional strategy needs to be developed that addresses access, workforce, service offering, transport as well as funding, to ensure the services are being delivered to the right people, in the right place, at the right quality. This may incorporate ideas such as the development of community hubs, where all medical, dental, allied health and aged care services are grouped in common campuses, to improve access and collaboration.

Opportunities exist to explore fly-in / fly-out models of care as well as telehealth and other technologies to facilitate services. Consideration could be given to providing education and training to family members to ensure care can be provided to an agreed standard to enhance outcomes for ageing Australians in rural and remote areas.

Further consideration could be given to using Subclass 482 visas to encourage migrants to live and work in remote communities to provide these services.

Services for an increasingly diverse nation

Australia is a diverse nation, with one in four Australians born outside of Australia and over 200 different languages spoken at home. Specialist ethnic services have long been part of the fabric of aged care, however as society has become more diverse, increased capabilities are required to ensure this is provided to smaller minority groups. This extends well beyond language and culture and includes religion and LGBTIQ+ consumers.

Facilities may need to be designed to meet the cultural and lifestyle specific needs of various communities. Workers will need to have a broader appreciation of the diverse needs of the people in their care or be part of the communities themselves to be able to provide the services required. Cultural or lifestyle supports need to become part of the service offering and recognised as a legitimate part of ageing and living well.

> "A gap analysis is needed to determine what services are required in rural and regional areas, and what capabilities are needed to deliver them."

Ageing in the right place

Regardless of who you are or where you live, older Australians should be able to choose where they will age. New ideas and fresh perspectives on old ideas will form the basis of accommodation alternatives for older Australians in the future.

The right place for a person to age is a matter of need, choice, opportunity, affordability and access to services. Examples include group homes, cluster accommodation, gated communities, retirement villages, land lease communities and others. Many will remain in their family homes. Modern design will de-institutionalise care settings and make them more homely. Twenty-four-hour residential services will be more than they are now and will offer social supports and mental health services.

The style of accommodation a person chooses should not restrict access to funding and supports. Affordable accommodation options will need to proliferate to be able to provide accommodation to the most disadvantaged and this could be a challenge in the near to mid-term. Demand for age appropriate accommodation combined with care services, is increasing now. There are a cohort of people nearing retirement soon and who are at significant risk of homelessness with the current shortage in accommodation.

New hybrid equity models, based on the retirement village model, are emerging that will fill a gap between social housing and the lower end of affordable housing. Other models that could be considered are supported rental models or long-term government supported leases such as occurs in housing commission services. These solutions will address a need in the cohort of people who currently cannot afford to service mortgages from an aged pension in retirement.

Downsizing will increase if incentives are introduced that allow retirees to preserve value in surplus cash arising from these initiatives. Some accommodation models will have the capacity to house companions or offer group housing models with concierge and care services.

Ageing in the right place may have different meanings for different groups, including veterans, LGBTIQ+, ethnic groups and people with disabilities. An anticipated increase in high care and special needs requirements – such as specialist supports for people with dementia – will also continue to impact service offerings and challenge providers to find new ways to support people.

Vertical living options will grow with the ability to transition between accommodation options and provide access to multiple tailored services and retail precincts to bring the community into the aged care world. Retirement villages can promote a greater sense of safety, security and reduce social isolation. Assisted technologies will complement the age appropriate design of retirement living services in delivering a better experience for ageing Australians.

The need for residential care places will remain. There will always be a group of consumers who are unable to care for themselves and who are nearing the end of their lives. This group will require 24-hour care and increased access to medical support provided by nurses and social and living support provided by carers. It is incumbent on service design to be able to provide the level of care required in facilities that allow efficient, effective, consumer-driven services.

A concern for providers is that the model and funding of care prescribed by regulators changes far more quickly than the investment horizon for the development of services and construction of appropriate places. This mismatch in timing is causing a delay in the investment cycle that is required to meet emerging demand.

Taking advantage of advances in health and aged care services

It is vital that the industry monitors and shares information about advances in medical technologies that could help reduce health implications of ageing and the incidence of dementia. With better education and access to leading-edge health services, it is likely that people will live longer and enjoy a much better quality of life while requiring less supports and fewer services than we currently relate with ageing. For instance, advances in assisted, in-home technologies and robotics will enhance the ability to remain at home and delay when people enter residential care.

There needs to be greater exploration of increasing psychosocial supports within the spectrum of care services. This will need to consider broader access to mental health services, including programs for Behavioural and Psychological Symptoms of Dementia (BPSD), Post Traumatic Stress Syndrome (PTSD) and intellectual disabilities. As people live longer, providers will be challenged to innovate their services to manage more instances of chronic disease.

Increasingly, people will want to remain at home to die. However, some people will need to remain in 24-hour care services to access necessary supports at the quality of services they need. This will increase the delivery of palliative care services in providers' care offerings. Voluntary assisted dying is currently only legal in Victoria. In the event more States and Territories adopt legislation to make voluntary assisted dying legal, the services available through the aged care sector will need to adapt.

> "New hybrid equity models, based on the retirement village model, are emerging that will fill a gap between social housing and the lower end of affordable housing."

Collaboration and coordination

Collaboration and coordination needs to become the norm for the aged care sector. Not only must providers become better at sharing with each other to improve outcomes for their consumers, but the aged care sector must collaborate and coordinate more closely with other parts of the healthcare system. This will enable people to have a greater voice in their own care and the flexibility to choose where, how and when they access that care.

Of course, this is not incumbent only on the aged care sector. Systemic change of the sector to better integrate services across the care continuum will require cultural change from all of the parts. The reforms need to consider the integration of aged care, healthcare, respite, housing, education, disabilities (NDIS) and transport in a designed solution.

There needs to be a new way of assessing the needs of consumers and the current Aged Care Assessment Team (ACAT) and Regional Assessment Service (RAS) are unable to provide timely services that allow the effective introduction of re-enablement assessments and programs. Appropriate assessments need to be undertaken at the first point of contact with the current system – identifying current needs as well as providing information on services offered to consumers, and support for navigating the systems (including completing the necessary paperwork). Medical practitioners will have a key role in identifying increasing risk as a result of ageing and there needs to be a referral process that allows people to access the education, prevention or rehabilitation services they require. Relationships between general practice, palliative care, acute care, sub-acute care and aged care services will need to significantly improve to reap the benefits of this approach.

Holistic and integrated services

Traditional services have evolved out of a medical model of care with highly compartmentalised funding models. To achieve greater choice and control this will need to move to a more holistic health, wellbeing and lifestyle model where medical services form a component of a person's care service plan.

An overarching principle that will emerge from increased choice and control is enhanced case management, either through flexible package arrangements or individualised service plans. These arrangements will evolve as the needs and wants of the individuals change and are maintained throughout a person's life.

The aged care ecosystem

> **"In our vision for aged care in the future, integrated service hubs will become an interface between aged care services and the community."**

It could be envisaged that older people study and receive a "diploma of ageing" that covers avoidance and management of chronic disease, what services are available and how to access them, nutrition, medication management, accessing community supports and services, and dealing with social isolation.

When ageing well extends to other parts of health services, the synchronisation of services is critical. Understanding the role of different aspects of the whole system will ensure everyone in the system has a realistic expectation of what outcomes are reasonably achieved by other parts. This will ensure that access to the relevant services is not constrained by physical and virtual transitions between the parts of the overall system. The right service providers will provide the most appropriate services at the right times and places to meet the needs and wants of the care recipient. In rethinking the system transformation required, the concepts embodied in the analysis of "wicked problems" could be applied to ensure that the widest possible audience is accessed to consider the interdependencies and opportunities. It will be incumbent on all involved to avoid a narrow approach and a "silo" solution.

Some providers are advocating that PHNs oversee the funding pool at a local level to ensure increased collaboration takes place across subsystems.

There is a view that PHNs can play a greater role in educating the community about ageing, and supporting processes to improve transitions for consumers between different parts of the system. The consensus of providers is that PHNs adopt different approaches in different geographies. Great work undertaken by one PHN is not considered or adopted by others, and it appears information is not shared. PHNs may also have a role in facilitating a consistent level of service in rural and regional Australia and attracting suitably qualified staff to deliver those services.

A focus on preventative health measures

Governments and industry invest in developing ways of treating the impacts of disease, however, lead indicators show health expenditure is increasing on chronic health issues such as obesity. Treating the disease isn't working. A strong commitment to educating our children and their parents to reduce chronic disease will have an intergenerational benefit that will ensure that future generations age well. Reducing chronic disease can have a strong benefit in managing the downstream impacts and cost of supporting ageing.

Education will be a key foundation of the recovery of age services in Australia by ensuring the community has realistic health, wellbeing and service expectations, particularly through the end of life. Consumers will need to take more personal responsibility in daily living, from birth to death.

National health and wellbeing programs could be developed that target the ageing population in the same way that bowel cancer screening and quit smoking campaigns are being run now. The role of pharmacists could be expanded to deliver some of these education and screening programs given they generally have a high level of contact with the ageing population. Any positive approach will need to be prioritised and incentivised.

In addition to these approaches, partnerships could develop between aged care services and hospitals to promote healthy ageing. Hospitals could develop outreach services that are designed to support consumers and their providers in specialist services in their homes, rather than in the hospital setting. Education programs could form part of integrated wellness hubs that house aged care, respite, medical services and community activity centres.

Home modification should enjoy a place within the continuum of services supplied to older Australians. The care services plan will reflect the continuum of care to ensure that at any point in time the services that are needed by an individual will be delivered and the funding will be based on that need. In order to get the greatest benefit from keeping people in their family home longer, day respite services will need to grow and provide greater variety of services to engage and support ageing and living well.

Understanding differences

For too long the different parts of the healthcare network have kept to their own silos. Hospital services do not understand the difference between residential care and retirement living or the nature of the services that are delivered in these very different settings. This misunderstanding extends to expectations of what and how services are delivered and the limitations of funding that impact outcomes for consumers. The role that aged care services play in palliative care, and death and dying, needs to be more fully examined by hospital services to support transitions to and from their control and ensuring the consumer enjoys the best possible care.

It is felt that the primary care sector needs to be strengthened through education on ageing and aged care services. Medical practitioners would benefit from spending time "in the services" to understand how they work and how best they can support these services and their consumers. The time invested will be repaid in more efficient and effective services that transition the various parts of the system.

A case for "case management"

Overall learning about how to access services is complex and daunting for the majority of consumers and families. Access often arises as a result of an incident – a moment of crisis – rather than a planned and managed process.

The stress of navigating complex and confusing systems and processes is exacerbated by the emotional challenges of responding to life transitions at this time. This complexity and sense of urgency lead to a lack of choice as families and consumers are "forced" to make decisions with limited understanding and access to real market alternatives. This is particularly so in rural and regional Australia.

Assessments need to be undertaken at the first point of contact with the current system. Processes designed to assist in transitioning into care services are seen as disempowering and complex. For example, consumers see ACAT assessments as removing choice and control. Further, they are complex and often misunderstood by the people receiving them. There are significant reported delays between when an assessment is requested and when one is performed. These delays add to the anxiety of consumers already experiencing life transitions.

In addition, we know that people can be accessing multiple services at any one time – each with their own systems and challenges. The current intersection of the NDIS and aged care requires urgent attention. In reality, the care of both disability and ageing systems should be based on need and funded accordingly rather than creating funding differentials. This would provide workers with a common platform for delivering services across all forms of care.

There are people who have special service needs, such as bariatric consumers, who have been identified as having higher costs to service than revenue generated due to the number of workers required to support them. Increasingly these people are being referred to hospital settings rather than aged care services, often to the detriment of the individual. A seamless system where the individual needs are recognised by need in all parts of the system would prevent this from occurring.
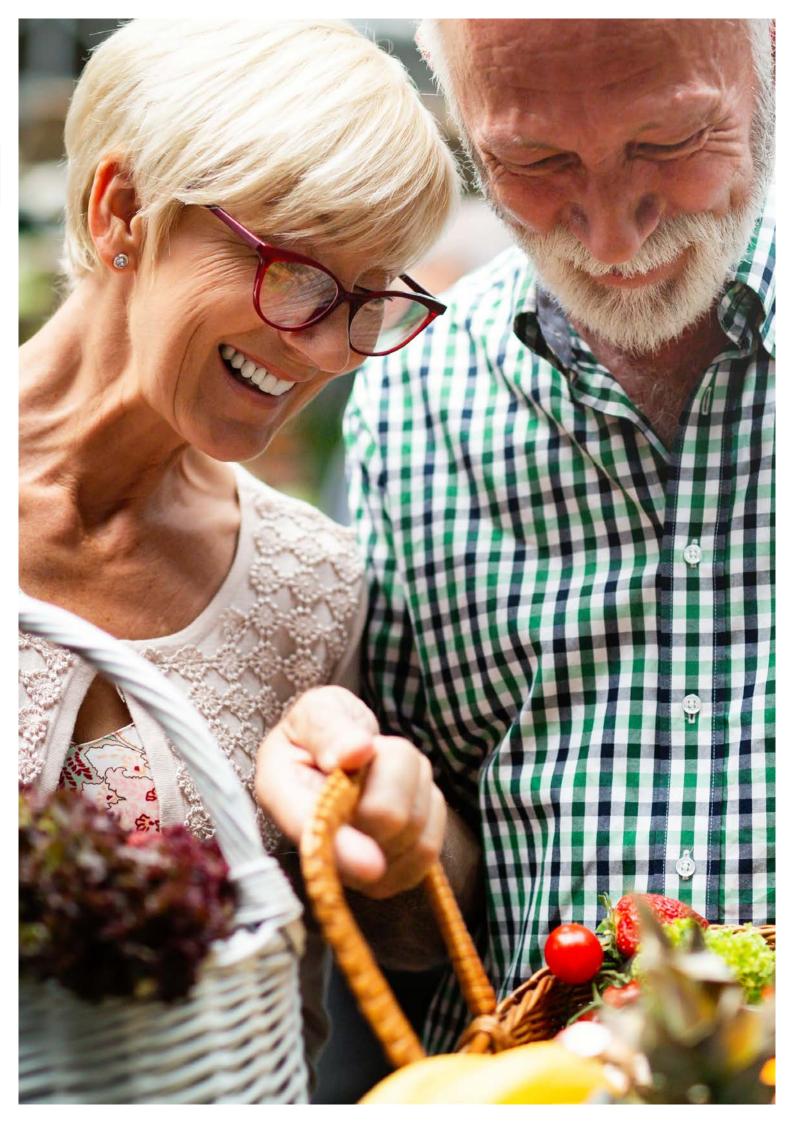
There is a role for service providers to be "system navigators". That is personal supports to ensure access to services is appropriate and timely.

There is a belief that the role of Aged Care Assessment Service (ACAS) needs to be expanded to include advocacy, systems navigation, counselling (for grief and loss or family conflict) and gateway services to specialist medical and aged care services.

Whether this is done by ACAS or as a market-driven offering, the role is consistent with a call for service plans overseen by a case management function that coordinates access to appropriate and timely services. These supports would need to form part of the care service plan for each individual.

It was also suggested that the industry needs to refresh the Aged Care Roadmap developed and published by the Aged Care Sector Committee in March 2016. The Roadmap captures many of the key themes that emerged from this consultation process, however, there is a sentiment that it did not go far enough and that the Roadmap itself lost momentum because it did not describe the necessary transformative systemic change.

The role of technology

It is commonly understood that technology advances can contribute to improvements in productivity, access and outcomes for consumers. We are yet to realise wholesale benefits from introducing and applying technologies that make a difference to the sector. The competitive landscape between providers contributes to a lessening of collaboration on technology as providers see effective technology as part of their competitive advantage and "go to market" strategy. While this remains the case, technology will be developed and utilised on an ad hoc basis.

In a shared vision, the dream of integrated, effective, well-understood and well-utilised technology will be realised. The use of technology will enhance the lives of consumers, reduce the administrative burden on providers and automate the management of operational exceptions – bringing them to the immediate attention of managers. Incident reporting and consumer complaints will initiate corrective protocols in real-time and inform stakeholders of the relative severity of any concerns and the responses being implemented. This will increase transparency and engage families and consumers in decision making. Departmental reporting will be automated and real-time performance on quality, safety and financial requirements throughout organisations will be the norm.

Service re-engineering can also be undertaken by improving the collection, analysis and use of data to evaluate processes to drive better customer experience through ageing and living well, and understanding what does not. Tools such as data mining, business intelligence, data analytics and predictive analytics can help in understanding services through data rather than anecdotally.

Technology as an enabler and connector

Technology will also be used as a communication and engagement tool to increase the interaction with families and the broader community. This type of technology will become a community hub around the ageing experience and allow greater interaction both physically and virtually. Technology will be an enabler and gateway for consumers to access the services they need.

It could be argued that MyAgedCare – an online portal to find and access government-funded aged care services – was designed to be this gateway, however poor functionality and the inability or unwillingness of some providers to effectively maintain their data significantly reduced the effectiveness of the application. Other applications that use data mining and data scraping technologies are far more effective at surfacing a variety of aged care services and providers. These have gained little traction in the market due to limitations in their funding models, either producing biased results to the highest bidder for advertising or through an inability to fund itself outside the advertising model.

A critical aspect of increasing choice and control, and allowing individuals to move seamlessly between different parts of the age service system, is the portability and consistency of personal data.

My Heath Record goes someway to address this, however it does not contain sufficient information about the individual's care needs and care service plan to make an impact on the transition between services.

This would reduce administration required when someone moves between services. It could also be developed in a way to allow providers to access a common record in the same way as My Health Record has been designed. It needs to be noted that opt-out rates for My Health Record are an impediment to it being used universally for this purpose. This is also a limiting factor in getting support to expand My Health Record to meet the needs of age services.

Access to telehealth solutions remains limited and could be used far more effectively. These solutions could support better management of the transitions between parts of the age services system, for example allowing general practitioners to use telehealth solutions for consultations with the elderly in their homes.

A growing market for new technologies

There is an increasing vendor market for new technologies to serve homecare and residential care, and to integrate with other health services. For instance, there are some interesting uses of technology emerging with monitoring systems, security and wearables. This market is becoming increasingly complex and providers are struggling to know what is available and how well it matches their business model and operational requirements. Even more daunting for some providers, there are technologies that could provide productivity improvements and efficiencies, however they require significant adjustments to business models and processes, adding transformation projects to their investment requirements.

Adding to this complexity, some applications are equally well received or disliked by providers. It remains unclear whether this is a result of the applications functionality, its implementation, or the ability of the provider to adapt to new ways of doing things to realise the benefits. Careful evaluation and planning can de-risk application selection and implementation risk.

Data will become increasingly important to ensure seamless services can be delivered. A common data taxonomy, data portability and ease of access to data will enhance providers ability to support consumers throughout this journey. My Health Record aims to be the nexus of this kind of data sharing for all health professionals – but would require incentives to ensure that people opt-in to the program and that all health and age services professionals are using the information to facilitate better health outcomes.

Workforce

Our workforce is the lifeblood of the industry. They are the nexus of thriving, meaningful relationships with consumers and their families. To ensure that our workers grow and develop to meet the future demands of consumers and their role in the industry they will need to adapt.

The community is generally unaware of the skills that our workers do have; the soft skills that enable them to be attentive, empathetic and responsive to the needs of consumers, the physical skills that are required to assist consumers into and out of beds, wheelchairs and dining facilities, and the collaboration skills that enable them to work in highly functioning teams within organisations. In addition to this, our workers experience emotional demands arising from day-to-day interactions, grief and loss, as well as physical demands required to manage consumers' needs, and their adverse behaviours. Our workers deserve respect for the role they play in making older people's lives better.

The Commonwealth commissioned Professor John Pollaers to undertake a review of the workforce and in June 2018 the report, 'A Matter of Care: Australia's Aged Care Workforce Strategy', was published. This report expands on the themes in Dr Pollaers' report.
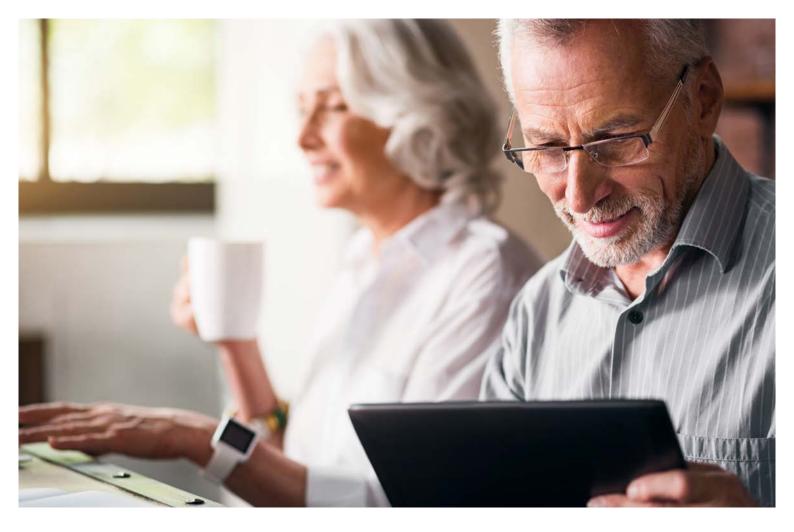
From workers to carers

There is an emerging theme in our community that our workers are underpaid and underskilled. However, participants in the workshops believe that our care workers are specialists in their chosen vocation. They understand older Australians better than anyone else and deliver great service in often difficult circumstances. Their ability to communicate with care recipients is excellent.

A vision for the sector is that our workers can fully embrace their role as carers. Our workers will become more responsive to the needs of older people in care. They will be attentive and understand individual wishes and needs. They will know family circumstances and how to enable people in their care to exercise choice and experience freedom.

Workers will be more qualified, more productive and better trained to meet the growing needs of those in care. They will be better paid, recognising the additional skills they have and the relationships they form with the people in their care.

The need for appropriately qualified and experienced nursing will not diminish as our population continues to age. Our nurses will provide nursing services and not be administrators. They will deliver the services that are needed by the individual, and communicate changes in circumstance to peers and colleagues within the system and also with families and friends. All of our staff will be advocates for the people they care for.

We must have a more diverse workforce to reflect the diversity of modern Australia. Technology will provide more enabling services so that workers can focus on the human interactions that sustain great relationships and ensure ongoing quality of life.

The nature of work will need to allow workers the discretion to maximise the care that is delivered to each consumer in each interaction. This will remain a balancing act with scheduled appointment times and committed resourcing.

One provider described the coming together of consumer choice and worker flexibility and availability as "taking the time to sew on a button". This is something the majority of workers would enjoy but is lost in the task orientation of current services.

There is a need to change the societal perception of aged care so that the industry attracts more workers who can see a lifelong career and the opportunity to learn and grow. This will minimise the effects of a transient workforce in many locations.

As consumer choice is embedded in the industry there will need to be a cultural shift to a more consumer-centric model of care. This will be underpinned by the relationships that develop between workers and consumers, and the development of a "hospitality" ethic in all aspects of care services.

There is currently a lot of debate around the quantity versus quality of resourcing and whether or not there is enough of the right resources in the right places. Achieving the right balance is influenced by two main factors: qualified and experienced staff spending either too much or not enough time on administration, and what is required to meet day-to-day / here-and-now needs of consumers in care. These tensions are impacting the ability of providers to adequately resource services, particularly in thin labour markets and in rural and remote services.

> **"We must have a more diverse workforce to reflect the diversity of modern Australia."**

Qualifications and training

Our workforce is largely seen as being unskilled and low paid. To realise the ambition of increasing consumer choice and control, workers will need to be more qualified, have a greater diversity of skills and be more attentive to changing consumer needs and wants.

Other countries, such as the US have more social workers in their workforce and fewer clinicians. To support increasing concerns over mental health, the balance of the workforce will need to change to have a broader group of skills such as specialist aged care skills, social work, psychology, counselling, nursing, and financial planning, just to name a few. This will require education and training, and higher rates of pay to fund the higher qualifications required and attract the best people.

Time will need to be allowed for continuous on the job training, formal in-house training and formal external education. It will require increased flexibility for workers to respond to changing needs and evolving conditions. New ways of engaging workers will need to emerge that provide great conditions while ensuring flexibility to deliver consumer outcomes. Mentorship will need to develop as the norm across the sector and not the exception. This could be formal mentoring programs, or a peer support mechanism to allow colleagues to care for each other as they experience the emotions associated with their profession. The core skills of workers will evolve into a service-oriented culture, similar to hospitality, and with a higher degree of responsiveness to care needs. This focus on consumer needs will tie in with increased capabilities to enhance consumer experience. Workers will be expected to exercise critical thinking and decision making skills rather than rely on prescriptive work practices set by regulation.

> **"The core skills of workers will evolve into a service-oriented culture, similar to hospitality, and with a higher degree of responsiveness to care needs."**

Registered Training Organisations (RTOs), TAFEs and Universities will need to understand the evolution in workforce skills required to support consumers with increased choice and control. The peak bodies have a role in ensuring education programs at all levels meet industry needs and also in delivering industry specific training themselves. They will need to adapt and enhance their course offerings to ensure the skills that graduates have meet the demands of their new roles. These curriculums will incorporate aged specific technologies or ways to incorporate mainstream technologies in innovative ways to support ageing consumers. The blend of generalists

and specialists working together will provide a richer environment for consumers to experience fuller lives. The industry will have to step up and provide placements for undergraduates in training and ensure they experience the practical aspects of their chosen career while undertaking their studies.

The development of the nature of the work undertaken may leave gaps in some of the manual or unskilled aspects of the sector. This will create opportunities for technology to be developed to undertake these activities and relieve the pressure on workers to "be all things, to all people". For example, robotic delivery systems for food and medication are starting to be trialled and new facilities designed to integrate with, and prepare for, technological advances.

The hope is that the implementation of these initiatives will lead workers to feel fulfilled, passionate, proud, satisfied, respected, autonomous, rewarded and challenged in the conduct of their work. Further, they will be proud of the positive impact they have on the lives of the people they care for.

Competition for workers

There is increasing demand for workers from the growing aged care, social services and the disability sectors, all competing for the same resources. This will lead to opportunities for workers to work for more than one provider and service, with multidisciplinary capabilities.

Rural and remote services will need to have a backbone of generalist workers with access to the same specialists available in cities. Access to these specialist services may be through telehealth, or it may be in-person and supported by the Royal Flying Doctor Service, or other travel arrangements that ensure rural and remote consumers have access to all services that are available in the metropolitan areas. Incentive schemes may need to be developed that keep current resources in the bush, attract new people and allow specialist skills to provide services without financial penalty.

Access to workers in an environment of high demand and increasing competition will raise the opportunity for inbound migration to boost the numbers of workers required. High skill levels supported by qualifications will enable providers to access the skilled migration schemes available to other industries. This will work well with the increased use of short-term temporary migration.

New pathways will need to be developed to attract workers directly from from mainstream education. One idea proposed is for school-aged children to have more to do with ageing Australians in their homes and in care facilities, which could encourage them to seek opportunities in the industry. Greater integration with the education system could see an increase in volunteering, an increase in the understanding within the community about ageing, and open up new opportunities for school-aged children to choose aged care as a career. As other industries restructure, such as has happened with the motor vehicle industry, programs to retrain and attract those workers could create new career pathways.

> The workforce itself is ageing and within ten years many of our current workers will retire. The industry needs to attract younger people to the workforce.

Work practices may need to change to provide variety in day-to-day activities and to give people more flexibility. Flexible work practice may promote the use of contractors and labour-hire firms. The future must allow for all people attracted to the industry to find a role that meets their personal needs – a mix of casual, part-time or full-time.

Increasingly workers require more flexibility in their day-to-day duties to support work-life balance, and providers will need to respond.

Providers struggle to balance compliance requirements with rostering of staff, and this creates some restrictions on their ability to be flexible. The balancing act is complex, however, it is achievable. For instance, the concept of self-managing teams can support these more flexible arrangements.

Remuneration practices will need to change so that it matches the improved qualifications, skills and productivity that will be a feature of the future workforce. Professionalism and higher remuneration will be an attractor, however, providers will need to demonstrate greater leadership and culture to ensure workers choose them rather than their peers.

Supporting our volunteers

The workforce is, and will continue to be, supported by the unpaid work of family and volunteers. New ways of encouraging more volunteerism and promoting a greater role by families will ensure community expectations are met. In this sense, volunteers, families, workers and operators are all part of the same family that aspires to give every consumer the best possible experience they can have. Some form of remuneration or reimbursement of costs may need to become embedded in the sector to encourage greater participation.

The roles that volunteers take are varied, from being members of Boards, to delivering meals and working in residential facilities. Whatever the role, volunteers deserve the same training and development opportunities as paid workers performing the same role. They will also be expected to meet organisational and community standards of service. Increasingly, volunteers contribute a significant economic benefit to providers, the people they care for and funders, who enjoy lower outlays for the work volunteers provide. Volunteers will also need to adapt to changing consumer choices and embrace a "hospitality" model of relationship that supports the work that they do.

Professional standards of workers

With the workers of the future gaining more qualifications, skills and professionalism, the opportunity exists for representative professional bodies to form that will set standards, as happens in other professional disciplines. This can help define the scope of practice for workers and codes of conduct. This scope of practice can be developed to integrate with other professional standards that are part of the current age services system.

The development of professional standards for care workers will also provide the opportunity for enhanced disciplinary processes conducted by peers. This can alleviate the situation where providers are forced to go through arduous processes to avoid claims of unfair dismissal or other legal reprisal by allowing peer review of work practices. The introduction of professional standards for care workers will also filter out those that are less suitable for entry into the profession.

The professionalisation of the workforce will assist in demonstrating the value proposition of the industry and the reason it's a great place to develop a career. All staff working directly and indirectly around aged care services could be registered in this process, providing a national framework and register for workers. This would provide a method of reference checking that is standardised nationally and maintained by qualified and experienced peers.

Leadership and governance

There is a fundamental belief that the governance and leadership of aged care services in Australia is of a high quality. There are some exceptions, with these examples being brought to light by the Royal Commission. There is a strong commitment by providers to look at ways of improving their governance and leadership processes.

The Boards in operation in aged care services in Australia are as diverse as the organisations themselves. Some large operators have sophisticated paid Boards while others are unpaid. Smaller operators may have a smaller Board, or perhaps a very small Board with advisory Boards providing specialist inputs to decision making. In some cases, providers have single director Boards.

Capabilities of Boards

The requirements of Boards now and into the future will need to follow good governance practices as laid down by professional governance bodies, including the Australian Institute of Company Directors, the Governance Institute and Universities. Increasingly Directors (and members of Management Committees) will need to undertake professional training provided by these institutions, maintain formal registrations and take part in continuous professional development. This seems somewhat easier for paid Boards, however, the need to understand good governance and the obligations that come with a Director's role cannot be understated.

> Volunteer and unpaid Board members will need to understand their obligations as the nature of risk changes and accountability and responsibility increase. We know volunteer Boards are dedicated. The question is "are they the best people to govern the organisation into the future"?

Whether Boards are paid or unpaid is a matter for each organisation to grapple with. What needs to be clear is the level of personal and enterprise risk each Director assumes in their role and how that is managed and compensated. Boards will also need to consider training leaders in governance to ensure executives understand the Board's role, accountabilities and responsibilities, and the drivers of their decision making.

Boards will need to be able to develop their specific focus, articulate and communicate it for leaders, managers and workers to be able to align with the chosen focus and respond in day-to-day activities. Good governance will be underpinned by robust and sustainable governance systems and processes, accountability and responsibility, and open disclosure.

Governance frameworks need to be appropriate for the structure and purpose of the organisation. In some cases single director Boards may be appropriate. However, for the majority, complex problems are best managed by a diversity of views and experiences. These frameworks can be incorporated into Board Charters that describe the constitution of the Board, its roles, responsibilities and behaviours towards each other and external stakeholders.

Boards will require diversity of skills, knowledge and experience, and also diversity of thought and perspective. They need to understand the business they are in and the markets in which they operate. Boards need to have some input across all disciplines, and this is not always possible. It is incumbent on the Board to determine how to access skills and knowledge not represented in the Board's membership.

This includes governance, financial, legal, marketing, consumer experience, digital and technology, people and culture, clinical capability, leadership and industry experience.

The role and use of Non-Executive Directors needs to be explored and where considered appropriate, embraced. The role of the Chair cannot be underestimated. A good Chair facilitates discussions even when it is hard or when there is disagreement, and will ensure the matters that require the most attention and focus, get it.

Board performance can be self-assessed or independently reviewed. Either way, it is important to undertake periodic assessments and be transparent about the findings with leadership and staff. This leads to discussions about Board renewal and ensuring that there is a succession plan for all key roles within the enterprise. Boards have a role in ensuring that the organisations they govern are compliant with legislation regulation and good practice. This is just one aspect of the role they play. They also need to understand the standards that apply to their operations and ensure leaders have a deep understanding of the principles in them and their application to the enterprise. While the standards that are spoken about usually refer to the formal standards set by regulators, they are also the formal and informal standards set by enterprise strategy, processes and culture. Quality needs to remain a key focus of performance measurement along with operational and financial measures.

> **"An emerging theme is to have a way of representing consumers in governance and decision making."**

This could be achieved by having a consumer representative on Boards, consumer subcommittees chaired by a Board member or consumer committees at a service level that include representatives of consumers, their families and members of the broader community. Board and executive team members could take the opportunity to walk in a consumer's or worker's shoes for a day to gain greater insight into day-to-day experiences.

The nature of leadership

Leaders need a complex blend of skills and capabilities. The ability to read and interpret data and information to develop insight and knowledge is a critical skill. This critical thinking and analytical capability will drive effective leadership and underpin success in the future. Understanding how to use and interpret data from emerging technologies could be a differentiator in evolving markets.

> Leaders need the ability to work "on the business and not in the business". Different styles of leadership are required at different phases of the business cycle. Some leaders today may not have the contemporary capabilities to take their organisations into the future.

Leaders will need to be communicators, both internally and externally. They will need to develop a strong voice to influence policy and hold government accountable for the changes that are required. They will have a contemporary understanding of the business they lead and a broader understanding of effective commercial practice. In this market leaders have to be versatile and agile to ensure that the organisation can plot a clear path through the uncertainty that the industry currently faces. Leaders will be present and approachable.

Leaders will need to develop performance frameworks that understand and measure qualitative and quantitative drivers of success. This framework will need to be integrated from strategic drivers, through to tactical and operational drivers and have a key focus on customer experience and outcomes.

Smaller organisations may have difficulty in keeping up with the rapid changes that are emerging in the market and fundamental changes arising from differing approaches from regulators and the Department. It is incumbent on Boards and leaders to make sure adequate resources are allocated to this task.

Vision, strategy, values, culture and risk

Vision needs to encapsulate the mission of an organisation within its context in a market. Vision needs to be clear and easily articulated by all. Vison needs to define and differentiate what an enterprise is about. It gives an enterprise life. Boards and leaders need to work continuously to ensure the vision is right and that all of the activities of an enterprise are directed toward realising that vision. The vision will also reflect the values of the enterprise.

Strategy provides the framework for articulating and realising vision. In aged care services this can sometimes devolve into a clinical risk approach rather than a market-based approach that is developed around consumer needs and wants. The aged care sector of the future will require strategy to focus on realising consumer choice and control in the design and delivery of their services, balanced with good clinical practice where required.

Values underpin the desired culture and as is often quoted, "culture eats strategy for breakfast". The values of an organisation will drive what each person does or does not do on any given day. Great values and culture will hold peers accountable to each other and responsible for the effective performance of their duties to provide the best possible experience for consumers. Actively determining the desired culture, having cultural intent, and planning on how to achieve it will be essential for organisations. Execution is often the tricky piece of work. As a minimum, Boards and leaders need to hold the values of integrity, respect and honesty as a cornerstone of their leadership.

Very few organisations have a clear idea of their risk appetite. Risk appetite will describe what risks are acceptable at what levels and what risks are less acceptable at any level. This provides a clear guide for decision making and ensures Boards, leaders and managers understand what risks they are taking on behalf of an organisation and whether or not it is acceptable.

Risk increases with volatility, uncertainty, complexity and ambiguity. The current environment where outcomes of the Royal Commission and the subsequent response from government remain uncertain are indicators of these factors increasing exponentially over time. Risk appetite needs to be clear, understood and agreed between Boards and their leadership teams. Boards and leaders need to become expert in balancing competing interests, and competition for resources to ensure the best possible decisions are made with respect to short-term performance, medium-term accountabilities and long-term sustainability.

Reporting and information

Information sharing between the Board and leadership needs to be transparent. Information regarding performance needs to be communicated effectively to consumers and workers in a way that demonstrates that the business is focused on the consumer and worker experience and the value that the enterprise places on them.

Many organisations are seeking to invest in integrating disparate information systems to be able to report on financial, clinical, personal and other organisational metrics in a comprehensive way to ensure all aspects of a business's performance are understood and given appropriate levels of consideration.

There are very good resources available for financial and operational benchmarking including Stewart Brown and ACFA. Each has different data sets and each is useful in its own right. The sector is missing benchmarking on quality outcomes, consumer experience and process efficiency. Developing industry-relevant benchmark tools in these elements of care services will enable providers to continuously improve by understanding what quality is, and how to achieve it. To complete benchmarking tools that will lift quality outcomes in the industry, further measurement needs to be developed in assessing the quality of life of consumers during the transition in their wellbeing, leading to their death.

Sustainability and performance

To manage the complex business of aged care services over time, Boards and leaders need to ensure they are measuring and monitoring performance over the short, medium and long-term. A focus on one timeframe at the expense of others can be detrimental to the long-term sustainability of the enterprise, particularly when it is invested in intergenerational assets, such as residential facilities and retirement villages.

Sustainability implies a return on the risk taken by operators in the conduct of their business. The cost of risk, economic breakeven and margin for future investment is a key part of the sustainability profile of each provider and the industry as a whole. Balancing these timeframes is often difficult and defines the tensions that exist in decision making. Current data from Stewart Brown[1] benchmarking report indicates that 45% of providers are not making a profit. This has deteriorated significantly over the last two years, with this trend likely to continue.
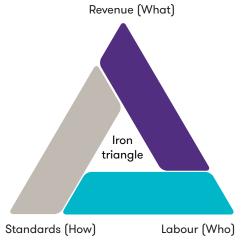
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1   Stewart Brown Benchmarking Report. March 2019

Increasing the focus on one aspect of these timeframes may be required at different stages of the business cycle, such as during investment and development phases. However, at these times a clear focus needs to be maintained on the impact on other performance aspects.

Performance measurement also needs to lay the foundation for accountability, who is responsible for the various aspects of the business and the consumer experience. This accountability mapping will link different aspects of performance together so that the combined view across all levels of measurement lead to a demonstration of the effectiveness of the business across all dimensions.

Finding the right provider model to deliver the best outcomes

The current model of services encourages a free-market approach for aged care providers and increased competition. However, this is counterbalanced by high levels of regulation over input costs (labour), what services are delivered (revenue), and how services are delivered (quality and safety standards).

Revenue (What)

Iron triangle

Standards (How)   Labour (Who)

The regulation of these three aspects of aged care businesses is called the "iron triangle" of aged care and constrain service offerings to the extent that investments in innovation, technology and asset renewal are stifled.

Historically, the sector has been very collaborative and shared information, time, resources and ideas. Constraints and competitive tension have significantly increased, and new ideas are seen as a competitive advantage.

This creates an environment where collaboration is great in principle, but can have detrimental commercial outcomes. It's permissible to share ideas once commercial value has been extracted by the originator, which creates a lag between opportunity and implementation across the industry. Smaller, niche providers tend to be more innovative and collaborative. The evolution of an industry dominated by fewer and larger providers will exacerbate a culture where competitive advantage is paramount.

Regardless of the model that evolves for the sector – it must be integrated with the broader continuum of health services and it must provide a plethora of choice for consumers. Ultimately consumers must be able to choose how and where they age in a system that adapts to their needs, rather than adapting to the system.

Taking responsibility for risk

It is the nature of economics that some enterprises thrive, while others will fail. Providers shared that they are facing increasing pressures by regulators, market conditions and operational costs that were challenging their ability to operate a sustainable business. Turnaround and exit strategies were a common theme across the workshops.

Peak bodies may have a role in supporting organisations and services who are struggling either by developing and executing turnaround solutions or facilitating exit pathways.

> It was acknowledged that peak bodies have an important role to play in supporting providers to access turnaround and exit services.

There is a concern about the cost of services that support exit and turnarounds, however investment in these kinds of services are often far better than a "hard shutdown" alternative.

Several providers are looking at ways to reduce administration and operating costs including more collaborative models and shared services.

Scenario planning offers a "no hurt / no blame" way to discuss and develop strategies for turnaround and exit, even when organisations are solvent. This is a way of developing contingency plans and early warning systems that identify adverse environmental conditions or individual impacts on businesses.

An exit strategy can be part of the strategic plan when there is some doubt about the future. There needs to be a clear assessment of the risks and turning points that the business can experience. There are tools available for organisations, such as stop/loss analysis, to address these risks.

Government and policy

The sector is looking for more visionary leadership from government and less rhetoric that institutionalises current thinking. More of the same and political expediency is not going to create the systemic change that is required to meet the demands of the consumer of the future and our society's expectations. This has been described as "unshackling reliance on government and taking charge of our own innovation".

The challenges and opportunities for the aged care sector are significant and requires broader investment from government and policy makers. A consistent message from the workshop attendees is that a dedicated Minister needs to be appointed with sole responsibility for ageing and age services reform, with the portfolio having a place in cabinet.

The Government and Department need to be enablers of great consumer service not disablers. The demarcation between Federal, State and Local governments adds to the complexity and needs to be resolved in favour of great care outcomes. The Government also has a role in advocating for and protecting consumers, and it also needs to have a role in advocating for and protecting providers who service them. Providers currently feel that this is out of balance. The current regulation and approach by the Department and agencies are creating a culture of fear and is not creating positive outcomes. Punitive action instead of collaboration is exacerbating this feeling.

The three tiers of government act in multiple roles within the sector. There are some roles that are in competition with commercial operators for services. This leads to a limitation on the free-market approach and creates a hybrid that is not sustainable. Government could regulate "licences to operate" and leave the rest to other appropriate bodies to oversee and implement. Standards and evidence based quality frameworks, such as International Organisation of Standardisation (ISO), could be endorsed for use and overseen by the accreditation bodies that already exist.

It is clear that government has a role in setting national policy and ensuring the policy is delivered. It is accepted that the Government needs assurances that they are getting value for the money they invest in the sector, and that agreed outcomes are achieved. The way it is currently being done is seen as draconian and inefficient, and reducing the quality of outcomes. Policy is seen as meeting short-term political expediency rather than prolonged transformation that will realise improved quality outcomes for consumers.

Government is seen as overly regulating and creating red tape that does not add value. When new ideas are formed by the Department, consultation only takes place when the outcome is predetermined, and rarely do provider views have any influence on the outcome. Real co-design will only occur when providers, consumers and government come together at the planning stage to develop ideas worth exploring and exploring them together. It is incumbent on the Department to facilitate this conversation at the earliest stages of planning.

Further, the Government and Department are seen to have little appreciation of how providers operate and cope with constant changes as well as balance the needs of the consumers serve. The Department has a role as the stewards of the system, however they should not be actively involved in setting standards, policing, enforcing or providing services.

The tensions between the Commonwealth and State systems are sometimes seen as "warring" against reforms. This is a result of the lack of clarity about what roles each level of government needs to have, and what can be done by non-government organisations. This is exacerbated when government departments with oversight for the sector are operating as silos.

Funding an equitable and quality aged care sector

A significant question hangs over the overall funding of age services in Australia. Fundamental systemic reform across all service inputs will change the way we regard funding, and the services provided, while redistributing the pools of money that support it. Changes to the allocation of funding within service types – such as the proposed replacement of the residential Aged Care Funding Instrument (ACFI) with a new model – may improve the alignment of funding with day-to-day care activities. However, it does not address the overarching issues that cross over departmental boundaries, service offerings and geographies. It will not ease the transition stress between services.

Some regard aged care services as the "poor" cousins of the hospital sector.

These resource allocation models support a dependency on illness and do not address wellbeing and wellness approaches. It is unclear whether the current aged care planning regions and allocation ratios are the most effective way of allocating resources. If it is, do they need an overhaul to be more effective? All of these funding models are considered to be focused on activities and not outcomes. There is no incentive to improve the health and wellbeing of consumers.

The role of superannuation, taxation reform, Medicare and potentially an NDIS insurance model need to be explored more. One idea is to have some superannuation quarantined for acquiring aged appropriate accommodation when required. This could also be extended to care.

In revisiting the overall funding, consideration needs to be given to the role that health insurance, Medicare, and personal contributions play in balancing the available pools.

Providers believe that there needs to be a universal entitlement to aged care for those that cannot afford it. Those that can pay for their care will need to provide for it in their retirement and end of life planning.

This will require clearer definitions of qualifying assets to determine co-payments and self-funding. Better ways of accessing equity in homes will need to be developed.

A multi-tiered system may evolve that provides a base level of services, with additional layers of services and supports available on a self-funded basis. A schedule of services would need to be developed that describes the various tiers and what is provided by each tier – like a service catalogue.

The separation of accommodation and care will provide greater clarity of how supported and self-financed funding is applied and managed by providers.

Regulation and compliance

The current approach to regulation is sometimes seen as encouraging the lowest common denominator, rather than stimulating continuous improvement – why do more than what is prescribed? However, with increasing choice and control, the influence of consumers in government regulation will increase. It can be argued that the influence of peak bodies representing consumers will also grow. Providers encourage this increasing influence where it also provides a positive influence on the ability of providers to deliver a quality and safe service.

Sustainable providers want to deliver and improve services with the assurance that investments in innovation, new services and service models will be rewarded for the risk they take.

It is therefore incumbent on providers to work directly with their consumers and indirectly through consumer peaks to understand the experiences that realise "living better" in care services. This will come with an obligation to advocate to governments and regulators on their own behalf and also the consumers they support.

Increasing regulation has also increased the burden of compliance with some providers reporting an increase of administrative tasks for nursing staff of up to 40%. This upward cost pressure to maintain quality face-to-face care with downward pressure on revenues arising from changes to ACFI is causing major distress on providers and staff who are focused on improving care services and access of consumers to care workers.

Providers are reporting varying degrees of consistency and interpretation of the regulations and standards by the Department, making it difficult to prepare for reviews. Providers would prefer a shift in perspective from compliance, "ticking boxes", to real feedback on the quality and safety of care, where the review process adds value to the service being delivered.

> Regulation could take three forms. The current model where governments regulate the sector, self-regulation where the sector (though peak bodies and community consultation) regulate and sanction services, or deregulation that allows individual services to determine how they deliver quality and safe services.

Some providers are questioning whether or not the Government is best placed to set quality and safety standards. Another concern is that the regulator is seen as focused on punitive action rather than a collaborative approach.
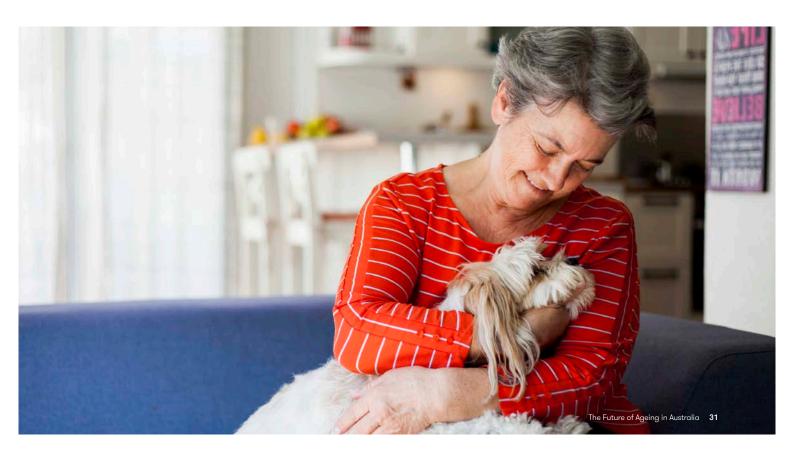
There are many examples in other industries where standards are set by bodies independent of government and endorsed by legislation and regulation. The accounting and legal industries are typical examples. This raises the question about whether government or government agencies have a role in regulation or will self-regulation provide a better solution.

There are some fantastic providers in the market, and unfortunately there are some that need significant improvement or need to move on. The Royal Commission has highlighted this. The peak bodies and peers have a clear understanding of who is performing well in their markets and who isn't. Self-regulation and monitoring could be more effective than government intervention to remove providers who are not coping with their role in the industry. There needs to be clear messaging and pathway to allow these providers to exit with dignity. This was discussed in more detail by participants, however, it will be a topic of a separate report.

How could the sector be regulated?

There were many perspectives about the current and future role of government with most agreeing that the current model is not supporting an effective industry. This is a result of different levels of government being involved in aspects of the industry that create conflicts. The following is a view of the various roles played by governments and the sector highlighting the inconsistencies in different parts of the system. The intersection between services provided by State and Federal systems creates funding differentials and remains a major concern.

	Sector (providers and specialist services)	Local	State	Federal
Legislator			x (Health)	x (Ageing)
Regulator		x (Food)	x (Health)	x (Ageing)
Funder				x
Coordinator (PHNs)				x
Standards (Quality & Safety)	x	x		
Auditor	x			
Prudential oversight				x
Police	x			
Accreditation	x			
IT developer and service provider	x			
Service provider (Health)		x	x	
Service provider (Aged Care)	x	x		

Community

Community expectations are increasing as a result of media exposure of issues drawn out by the Royal Commission. Some of these expectations arise as a result of misunderstandings about the physical, mental and health changes as we age. A key component of restoring the community's respect and understanding of these expectations is education.

Our vision for the future is that society as a whole understands and respects the process of ageing. We talk early and regularly with our families about how and where we would like to age, and we prepare for ageing the same way we prepare for other milestones in our lives.

The aged care industry is a very caring industry and an integral part of the broader community. It is the hope of the industry that the community sees and accepts this, recognising that it will need to be transparent to be valued.

Age services are essential in the way that hospitals and schools are essential. They are worth investing in – and have the same opportunities and limitations that hospitals and schools have in terms of funding. It is our hope that a better understanding of the ageing process and aged care services available will allow people to better plan and invest in their own care as part of their financial and retirement planning.

Families will have a better idea of how to help their loved ones navigate services and choose the services that allow them to age and live well through their twilight years. The system of understanding and accessing services needs to be simplified and unshackled from its current limitations and complexity.

Accessing aged care services will be as a result of choice and control and not "forced" onto people by independent assessments. Consumers will seek out supports when they are first needed, not as a last resort, and the services will be provided on a timely basis. If we can achieve a scenario where as an industry we can say "yes we can help you now", not "yes we can help you get on the waitlist", then we will have achieved a major victory on behalf of our older Australians.

> It has been suggested that school students be encouraged to provide social support to the elderly to begin the process of improving societal attitudes to ageing.

Education needs to begin in schools to ensure that our community realises the transitions people experience as they age. Understanding these transitions will enhance the appreciation of the age services provided and how they address increasing acuity, consumer needs and wants. In conjunction with this platform, education is required to inform Australians how to avoid the risk of chronic disease, through exercise, diet and life choices.

Significant investment in prevention and understanding programs will reduce the costs required to treat these issues and will have a beneficial intergenerational impact on our society. Lifelong learning will need to become the norm in our culture to keep us mentally acute and socially aware. Hopefully, over time education will move the approach by consumers and providers from a "crisis" response to a more measured and planned response that can be managed more effectively.

Conclusion
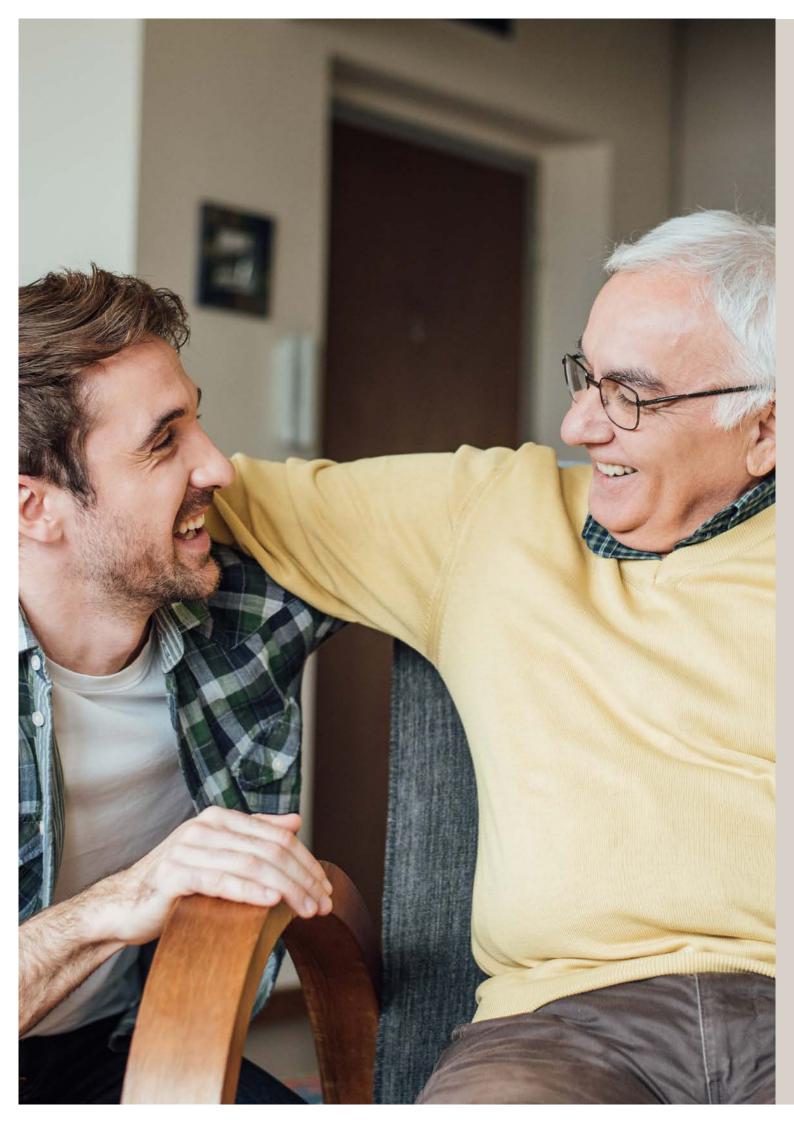
Can we do better? Always!

As an industry, we always want to achieve the best possible outcomes for the members of our society who need care. There are challenges on the road ahead – more people accessing aged care services, increased chronic disease, increasing instances of mental health issues. But there are also opportunities to innovate in response to these – with a person-led approach to care that is integrated into the healthcare network, responsive, varied and accessible when people need it.

Our older Australians have a right to choose how they age and where. They have a right to continue living the same lives they always have. And they have a right to be treated as valuable and respected members of the community.

To reiterate the foreword, the industry wants you to remember:

1   Consumers of care services and their families have the right to choice and control of the services they need and want and who delivers them. They have the right to high quality and safe services from every provider and worker.

2   Workers need to be respected for the work they do in caring for the elderly. They are highly skilled and will adapt to a more consumer-centric model that provides pathways for them to learn and grow within the industry.

3   Providers have a significant role and commitment to make sure the sector delivers the best care possible to the people we support, and will not be passive in advocating for a system that delivers it.

4   Government needs to recognise its role and make an undertaking for systemic reform rather than tinkering around the edges. This will come with increased risk and will require courage, willingness and commitment to change.

5   Our community needs to better understand the life changes that come with ageing and how services support people through those changes. Our community needs to better understand and accept death and dying as one of those transitions.

It is important to note that this report provides a thematic summary of the views of provider CEOs and executives expressed during a dialogue with their peers. Further work is required to turn this into a plan, and to test this plan with consumers and other key stakeholders. It is not the final word on these matters, but it is an important contribution that should not be ignored.

Acknowledgements

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Tim Humphries	Chief Executive Officer	Homestyle Aged Care
Tim Russell	Chief Executive Officer	Aura Holdings
Tracy McNarn	Chief Executive Officer	Woombye Care

APPENDIX

An anthology of government inaction on aged care

Year	Author	Source	Notable quote
1943	Mr Digby	Report to government on aged care services	
March 1953	Dr Kirkwood	Newcastle Herald	"Mr Digby made his survey and report in 1943 and the Government accepted it... Had that plan been put into effect our aged and infirm would have been properly catered for" Newcastle Herald - (March 1953)
January 1975	Sue Van den Heuval	The Canberra Times	
January 1983	Dr Hal (L) Kendig	The Canberra Times	
1993		Residential Care for the Aged: An overview of Government Policy from 1962 to 1983	
2002	The Myer Foundation	2020 A Vison for Aged Care in Australia	
June 2011	The Productivity Commission	Caring for older Australians	
July 2017	Dr David Tune	Legislated Review of Aged Care 2017	
June 2018	Dr John Poellers, Aged Care Workforce Strategy Taskforce	A matter of care Australia's Aged Care Workforce Strategy	
September 2018	The Prime Minister, Mr Scott Morrison and Minister for Ageing, Mr Ken Wyatt	The Royal Commission into Aged Care Quality and Safety	
October 2018	The Royal Commission into Aged Care Quality and Safety	Report on the Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia	

Tackling "wicked problems": A public policy perspective

Commissioner's foreword

The Australian Public Service (APS) is increasingly being tasked with solving very complex policy problems. Some of these policy issues are so complex they have been called 'wicked' problems. The term 'wicked' in this context is used, not in the sense of evil, but rather as an issue highly resistant to resolution.

Successfully solving or at least managing these wicked policy problems requires a reassessment of some of the traditional ways of working and solving problems in the APS. They challenge our governance structures, our skills base and our organisational capacity.

It is important, as a first step, that wicked problems be recognised as such. Successfully tackling wicked problems requires a broad recognition and understanding, including from governments and Ministers, that there are no quick fixes and simple solutions.

Tackling wicked problems is an evolving art. They require thinking that is capable of grasping the big picture, including the interrelationships among the full range of causal factors underlying them. They often require broader, more collaborative and innovative approaches. This may result in the occasional failure or need for policy change or adjustment.

Wicked problems highlight the fundamental importance of the APS building on the progress that has been made with working across organisational boundaries both within and outside the APS. The APS needs to continue to focus on effectively eng stakeholders and citizens in understanding the relevant issues and in involving them in identifying possible solutions.

The purpose of this publication is more to stimulate debate around what is needed for the successful tackling of wicked problems than to provide all the answers. Such a debate is a necessary precursor to reassessing our current systems, frameworks and ways of working to ensure they are capable of responding to the complex issues facing the APS.
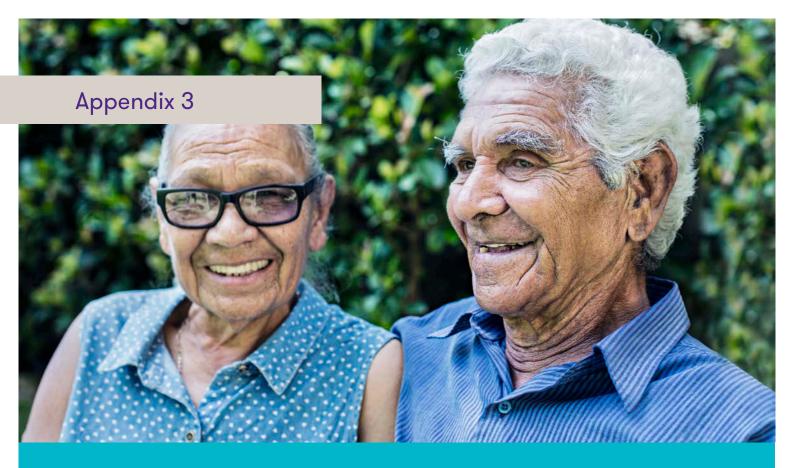
I hope that this publication will encourage public service managers to reflect on these issues, and to look for ways to improve the capacity of the APS to deal effectively with the complex policy problems confronting us.

Lynelle Briggs

Australian Public Service Commissioner

Please note - this is an archived publication.

https://www.apsc.gov.au/tackling-wicked-problems-public-policy-perspective

Methodology

The consultation process involved conducting independently facilitated one-day workshops with CEOs and executives from 112 age services organisations across Adelaide, Perth, Hobart, Melbourne, Brisbane and Sydney in the first two weeks of August 2019. The aim of these workshops was to discuss key issues facing the age services sector that will contribute to understanding how a better aged care sector can be designed and delivered in the future.

Each one of these key result areas could be the topic of several months of research – and in some cases has been. The process was designed to stimulate conversation and debate between participants to gain a contemporary perspective from a group of people representative of the industry.

All of the workshops were facilitated by the same facilitator with significant support provided by Grant Thornton and Leading Age Services Australia (LASA) senior staff stimulating conversations in small groups. There were very different opinions and views expressed. The distillation of this information into a cogent report has been undertaken by the central facilitator, other Grant Thornton and LASA staff attending one or more workshops and then reviewed by approximately 20% of the attending CEOs.

It is important to note that this report provides a thematic summary of the views of provider CEOs expressed during a dialogue with their peers. Further work is required to turn this into a plan, and to test this plan with consumers and other key stakeholders. It is not the final word on these matters, but it is an important contribution that should not be ignored.

400
Estimated number of invitations sent by Grant Thornton and LASA combined

157
The number of people registered to attend our workshops nationally

121
Total number of participants who attended on the day

112
The number of organisations represented

12%
The number of CEOs who reviewed and commented on the report

95%
Approx. % of c-suite attendees

Appendix 3 cont.

Key result areas		Key questions
Consumer Experience	1	What will "ageing well" mean in 2030? We say 2020 here but elsewhere in the report we talk about a five year horizon
	2	What will be the nature of supports and services that will be required for older Australians to age well in the future? – Given our ideas about "ageing well" in the future, how will supporting ageing well differ from what age care looks like today?
	3	What can we do to enable these changes in supports and services? What other services and organisations will need to be involved and what will they need to do? – What impact will this have on our industry's resources, capacity and capability of people, change of "place", enhanced technologies, resource allocations, competition between providers, changes to regulations, or cultural change within the industry?
	4	What can providers do now and into the future? Where will providers need the support
Workforce	1	In ten years, how would we like to describe our workforce – what will be different to how we describe them now?
	2	How would we like our employees to describe their work – what stories can we tell that demonstrate what this difference will be?
	3	How do we attract, retain, train and develop the capability of the workforce of the future? – Will the "workforce strategy" deliver the workforce required by the industry in the future? Are there gaps, areas of ambiguity, or concerns that need to be considered? – Where do we find the additional staff that are needed? – What will be required of migration policy, informal carers, and volunteers? How will competition affect the industry?
Governance and Leadership	1	What will the characteristics of strong governance and leadership need to be for an organisation that delivers sustainable care?
	2	What impact will the role of external drivers such as regulatory interventions, a code of conduct, or other policy settings? What other factors might impact? Why?
	3	In ten years, you are interviewed by a journalist, and asked "what was the one thing you did ten years ago that made the biggest difference to the sector and your organisation now, and the outstanding quality of service that is being delivered now?"
	4	What does improvements in delivering outcomes and performance mean in a human services industry like age care?
	5	How can the leadership of organisations drive better performance? What aspects of performance will change over time?
	6	What options are available for struggling organisations to either improve their performance or exit with minimal disruption to care? How and when is it "too late"?

Community and Government	1	How would you like the sector to be seen by the broader community in the future? What conversations would you expect to hear that demonstrate a healthy set of community attitudes towards ageing and age services – how does that differ from what we have now?
	2	Will access to publicly funded age care a universal entitlement or a safety-net in the future? – If ageing well costs more, how should this be paid for? – If those with greater means are expected contribute more should they be entitled to receive a higher standard of care?
	3	How can we ensure services for vulnerable and diverse groups, rural/remote locations, or individuals whose needs exceed those supported by subsidies?
	4	What role does government need to play in future? Legislator, regulator, standard setting, police force other? What examples form other sectors support your views?

Policy Initiatives and Innovation

Ageing in the right place

1   What will the aged care service market look like in the ten years? What will be the balance of services?
   – How can residential services adapt to more people ageing at home, and what are the implications for current value drivers such as occupancy, cost of care, the acuity of residents and investment returns?

2   How would those currently in residential care be cared for in a home based setting? Is this for everyone or only those with lower needs?
   – What role does retirement living or other forms of ageing in place have in the future? How will the integration of home care into these services affect the future of ageing services

Making older Australian's lives better

3   What is the role of prevention and early intervention prior to entry into care going to be?
   – What will the role of rehabilitation and reablement be compared to our current care and support services?

Other

1   What would a seamless aged care service look like? What are its components and how best would they integrate to ensure optimal consumer experience to support ageing well?

2   What needs to be done by providers, regulators and others (who are they) to better coordinate the delivery of aged and other services for the benefit of consumers? How do we improve the transitions that care recipients experience between settings?

3   To what extent does the aged care sector relieve pressure on hospital systems and what can be done to increase the benefits to these health services?

4   When thinking about how and where older Australian access age services, what changes are needed to support better access to health services and other services for older Australians – whether at home or in residential care?

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