



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

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**Aged Care Legislation
Amendment (Governance and
Reporting for Approved
Providers) Principles 2022**

**Submission to Dept Health
and Aged Care**

November 2022

ABOUT NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 144 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are cost-effective. In 2016, a cost-benefit analysis of the services provided by Danila Dilba to Aboriginal and Torres Strait Islander people in the Greater Darwin region was undertaken by Deloitte Access Economics. The findings demonstrated that each dollar invested in the health service provides \$4.18 of benefits to society. ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Recommendations

NACCHO recommends:

1. that aged care programs are integrated and have an agreed set of indicators that ACCHOs report on, and that these align with their primary care reporting requirements, ensuring more consistent data and reducing administrative burden.
2. the following requirements be put in place for mainstream providers delivering aged-care services to Aboriginal and Torres Strait Islander people:
 - any staff member, including managers, who provides care to an Aboriginal and Torres Strait Islander person must undertake compulsory cultural awareness training
 - any providers that operate a service where 20% or more of the clients are Aboriginal and Torres Strait Islander people must have Aboriginal and Torres Strait Islander representation on their board or an Aboriginal and Torres Strait Islander committee/advisory group that reports to the board; and
 - providers adopt an Aboriginal and Torres Strait Islander workforce plan – which aligns with the *Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan 2021-31*;
3. Mainstream providers ensure staff undertake cultural safety training provided by an Aboriginal Community-Controlled Registered Training Organisations (ACCRTOs), or NACCHO Affiliate;
4. ACCHOs be exempt from establishing formal Quality Care Advisory Bodies, and that more informal channels for feedback be permitted;
5. non-ACCHO providers who care for Aboriginal and Torres Strait Islander people be required to seek Aboriginal and Torres Strait Islander membership (or that of an agent for Aboriginal and Torres Strait Islander people) of a Quality Care Advisory Body;
6. a full definition of 'quality care' be given in regulations accompanying the Bill, and these include cultural safety for Aboriginal and Torres Strait Islander people;
7. supports NACCHO be required to *seek* establishment of a Consumer Advisory Body, but recommends that: (a) it be obligatory for non-ACCHO providers providing services to Aboriginal and Torres Strait Islander clients to establish one; (b) non-ACCHO providers must ensure their communications in this regard are culturally safe and appropriate, and (c) providers be required to describe to the Consumer Advisory Body how feedback has been used to improve quality of care;
8. the requirement for governing bodies to ensure staff have 'appropriate skills' be adopted, but that for non-ACCHO providers competency in cultural safety be specified as a skill and that cultural safety be specified as a capability opportunity;
9. competencies in cultural safety be considered in a 'suitability' assessment made by non-ACCHO providers;
10. that criteria used by the Commissioner to determine personnel 'suitability' be transparent and account for skills such as cultural competency and cultural safety; and
11. that more culturally appropriate means be found to provide better access to 'additional information from approved providers about their operations', and that in some circumstances, translators be used to transmit this information verbally.

Introduction

NACCHO welcomes the opportunity to provide a submission to Aged Care Legislation Amendment (Governance and Reporting for Approved Providers) Principles 2022.

NACCHO's submission focusses on the impact the proposed [Aged Care Legislation Amendment \(Governance and Reporting for Approved Providers\) Principles 2022](#) would have on ACCHOs' reporting requirements.

The Australian Government is to be commended for exempting ACCHOs from new requirements pertaining to governing body composition. However, many of the proposed changes will place new, onerous burdens on ACCHOs and their capacity to deliver much-needed aged care services to Aboriginal and Torres Strait Islander people.

The proposed changes, however, are needed for those non-ACCHO aged-care providers that deliver services to Aboriginal and Torres Strait Islander clients. In that context, however, the proposed changes lack safeguards around (a) Aboriginal and Torres Strait Islander representation on new governance bodies, (b) cultural safety and (c) culturally appropriate communications.

National Aboriginal and Torres Strait Islander Health Plan, Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan 2021-31, and National Agreement on Closing the Gap

The *National Aboriginal and Torres Strait Islander Health Plan*¹ and *Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan 2021-31* recognise the strength and resilience of Aboriginal and Torres Strait Islander peoples, and the need for their leadership in their own health and wellbeing. Both Plans take a life-course approach to health and wellbeing and have been developed in true partnership. They provide a platform for policy, programs, and services to genuinely enact the *National Agreement on Closing the Gap*.

The Plans prioritises the delivery of care through Aboriginal community-controlled organisations and building the Aboriginal and Torres Strait Islander workforce required for health, aged care and disability support. Requirements around governance and reporting should not run-counter to existing community-controlled governance that is appropriate to delivery of culturally appropriate Aboriginal and Torres Strait Islander services.

Integrated aged-care and reporting in general

In so far as amendments to governance and reporting impact ACCHOs, it should be recognised that each aged care program has a different set of reporting requirements and reporting is done via a separate system. ACCHOs must therefore devote considerable resources to reporting. Each aged care program collects different data, making it difficult to

¹ Department of Health (2021). *National Aboriginal and Torres Strait Islander Health Plan 2021-2031*. Retrieved from: <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031>

compare service delivery across programs and creating an incomplete picture of the care and services delivered to Aboriginal and Torres Strait Islander people.

NACCHO recommends that care programs are integrated and have an agreed set of indicators that ACCHOs report on, and that these align with their primary care reporting requirements, ensuring more consistent data and reducing administrative burden.

Mainstream aged-care providers' provision of culturally safe services

Most Aboriginal and Torres Strait Islander people receive their aged care services from mainstream aged care providers. Governance within mainstream care providers must therefore accommodate the unique needs of Aboriginal and Torres Strait Islander clients. In particular governance should include a requirement for Aboriginal and Torres Strait Islander representation on Boards, the securing of appropriate cultural training by carers, and a workforce plan that actively recruits Aboriginal and Torres Strait Islander staff.

NACCHO recommends the following requirements be put in place for mainstream providers delivering aged care services to Aboriginal and Torres Strait Islander people:

- any staff member, including managers, who provides care to an Aboriginal and Torres Strait Islander person must undertake compulsory cultural awareness training (provided by an ACCRTO where available).
- any providers that operate a service where 20% or more of the clients are Aboriginal and Torres Strait Islander people must have:
 - Aboriginal and Torres Strait Islander representation on their board or an Aboriginal and Torres Strait Islander committee/advisory group that reports to the board; and
 - An Aboriginal and Torres Strait Islander workforce plan with a focus on the recruitment of Aboriginal and Torres Strait Islander staff with accountability structures in place.

These recommendations align with Recommendation 48 of the Royal Commission, which requires all aged care providers who promote their services to Aboriginal and Torres Strait Islander people, and train their staff in culturally safe and trauma-informed care.

New Governing body requirements

NACCHO notes that the exposure draft of the proposed [*Aged Care Legislation Amendment \(Governance and Reporting for Approved Providers\) Principles 2022*](#) exempts the governing bodies of Aboriginal Community-Controlled Organisations (ACCHOs) from new requirements that require governing bodies to:

- have a majority of independent, non-executive members; and
- appoint at least one member who has experience in providing clinical care.

These requirements would have placed onerous burdens on ACCHOs and their capacity to deliver much-needed aged care services to Aboriginal and Torres Strait Islander people.

NACCHO commends the Australian Government for exempting ACCHOs from new requirements pertaining to governing body composition.

Quality Care Advisory Body

NACCHO understands that the exposure draft requires approved providers to establish a Quality Care Advisory Body. The advisory body:

- must give the governing body a written report about the provider's quality of care for each of its services every six months
- can provide feedback about the quality of care to the governing body at any time.

The governing body must:

- consider the advisory body's report and feedback when making decisions about the quality of care
- write to the advisory body about how its report and feedback was considered.

NACCHO believes establishing a formal Quality Care Advisory Body will place additional burdens on ACCHOs that reduce their capacity to provide much-needed aged care services to Aboriginal and Torres Strait Islander people. Greater flexibility is needed in how quality-care feedback can be provided, rather than exclusive provision through an advisory body and written reporting. This might take the form of an ACCHO's governing body seeking client feedback through satisfaction surveys. This approach might provide a richer reflection of care received.

For the governing bodies of providers that are not ACCHOs, NACCHO supports this new requirement. Where non-ACCHO providers care for Aboriginal and Torres Strait Islander people, Aboriginal and Torres Strait Islander membership (or that of an agent for Aboriginal and Torres Strait Islander people) of a Quality Care Advisory Body should be obligatory.

NACCHO recommends ACCHOs be exempt from establishing formal Quality Care Advisory Bodies, and that more informal channels for feedback be permitted.

NACCHO recommends non-ACCHO providers who care for Aboriginal and Torres Strait Islander people be required to seek Aboriginal and Torres Strait Islander membership (or that of an agent for Aboriginal and Torres Strait Islander people) of a Quality Care Advisory Body.

NACCHO recommends a full definition of 'quality care' be given in regulations accompanying the Bill, and these include cultural safety for Aboriginal and Torres Strait Islander people.

Consumer Advisory Body

NACCHO understands that the exposure draft requires that, every 12 months, providers must write to all care recipients and their representatives to seek interest in establishing one or more consumer advisory bodies. The advisory body must give the governing body feedback about the provider's quality of care for each of its services. If a consumer advisory body is established, the governing body must:

- consider the advisory body's feedback when making decisions about the quality of care;
- write to the advisory body about how its feedback was considered.

NACCHO supports NACCHOs *seeking* establishment of a Consumer Advisory Body, but recommends that: (a) it be obligatory for non-ACCHO providers providing services to Aboriginal and Torres Strait Islander clients to establish one; (b) non-ACCHO providers must

ensure their communications in this regard are culturally safe and appropriate, and (c) providers be required to describe to the Consumer Advisory Body how feedback has been used to improve quality of care.

Staff qualifications, skills and experience

NACCHO understands that the exposure draft requires governing bodies to:

- make sure staff have appropriate qualifications, skills and experience to provide care
- ensure staff get opportunities to develop their capabilities.

NACCHO supports the requirement for governing bodies to ensure staff have appropriate skills, but that for non-ACCHO providers competency in cultural safety be specified as a skill and that cultural safety be specified as a capability opportunity.

Suitability of key personnel

NACCHO understands that the exposure draft requires approved providers to consider the suitability of its key personnel at least once every 12 months. Providers must keep a record of their assessment.

NACCHO recommends that competencies in cultural safety be considered in a 'suitability' assessment made by non-ACCHO providers.

Assessing key personnel suitability

NACCHO understands that the exposure draft gives providers the initial responsibility for assessing key personnel suitability, but that the Commissioner may also determine that:

- a key personnel is not suitable to provide aged care
- the provider take action to ensure that the individual is no longer a key personnel.

NACCHO is concerned that if this provision applies to ACCHOs, the criteria for assessing suitability may not be appropriate to the cultural needs of Aboriginal and Torres Strait Islander people.

NACCHO recommends that criteria used by the Commissioner to determine personnel suitability be transparent and account for skills such as cultural competency and cultural safety.

Changes to sharing information about provider operations

NACCHO understands that the exposure draft requires additional information from approved providers about their operations, which will be sourced primarily from data already held by the Department of Health and Aged Care; and that the Department will publish this information on the [My Aged Care website](#).

NACCHO recommends that more culturally appropriate means be found to provide better access to this information, and that in some circumstances, translators be used to transmit it verbally.