



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

Approved provider application fee consultation

Submission to the
Aged Care Quality and Safety
Commission

October 2021

ABOUT NACCHO

NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focused on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs. Our members provide three million episodes of care per year for about 380,800 people across Australia, including more than 923,000 episodes of care in remote and very remote regions.

Sector Support Organisations, also known as affiliates, are State based and represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their members including advocacy, governance and the delivery of state, territory and national primary health care policies.

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 Workers/Practitioners and/or nurses to provide the bulk of primary health care services, often with a preventive, health education focus. Our 143 ACCHOs operate approximately 700 facilities, including about 450 clinics. ACCHOs and their facilities and clinics contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic 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.

Collectively, we employ about 6,000 staff, 56 per cent of whom are Indigenous, making us the second largest employer of Aboriginal and Torres Strait Islander people in the country.

Any enquiries about this submission should be directed to:

NACCHO
Level 5, 2 Constitution Avenue
Canberra City ACT 2601
Telephone: 02 6246 9300
Email: policy@naccho.org.au
Website: naccho.org.au

Introduction

In mid-2020, there were almost 150,000 Aboriginal and Torres Strait Islander people aged 50 years and over accessing aged care services.

The Australian Institute of Health and Welfare (AIHW) report that 5.7% of Indigenous Australians living in permanent residential aged care were aged under 55 years, compared to less than 1% of non-Indigenous people, and 12% of Indigenous Australians using home support were aged under 55 years, compared to less than 1% of non-Indigenous people¹.

While these numbers partly reflect the fact that eligibility for some programs is extended to Indigenous Australians aged 50 and over, this extension of service is in direct response to the increased burden of disease and gap in life expectancy faced by Aboriginal and Torres Strait Islander people, which means many need to access aged care services at an earlier age. The Royal Australian College of General Practitioners (RACGP) note that Aboriginal and Torres Strait Islander people are more likely to experience dementia, falls, pain and urinary incontinence at younger ages compared to their non-Indigenous counterparts².

We know that major barriers exist for Aboriginal and Torres Strait Islander people to access both residential aged care facilities and community aged care (home care packages) particularly in rural and remote locations. The 143 Aboriginal Community Controlled Health Organisations (ACCHOs) that make up NACCHO's membership are well placed to provide aged care services across urban, regional and remote locations given their trusted role in local communities.

ACCHOs play a critical role in supporting their local Aboriginal Torres Strait Islander communities to live better lives. The ACCHO model of care has its genesis in Aboriginal people's right to self-determination and incorporates a holistic, person-centred, whole-of-life, culturally secure approach tailored to the needs of local Aboriginal and Torres Strait Islander communities. The ACCHOs provide many services over and above their funded activities, including caring for the aged and elderly, to ensure their community members have access to the services they need. In line with their holistic health approach ACCHOs support the social, emotional, physical and cultural wellbeing of Aboriginal and Torres Strait Islander peoples, families and communities.

Fee Structure

Arrangements were anticipated to permit the payment of reduced fees by applicants operating in thin markets or proposing to operate in such markets. And specifies a category named, Identified special market: Applicant may be new or existing, and making an application for approved provider status for any care type. The applicant will be providing services in a market area that is underserved and may also target a special category of consumer.

NACCHO is disappointed to note that the model being implemented does not provide a fee exemption for not-for-profit providers such as ACCHOs which cater for particularly vulnerable communities.

While there is provision in the fee structure for reduced fees in some cases - thin markets, underserved, special category of consumer - all of which apply to Aboriginal and Torres Strait

¹ AIHW, GEN Aged Care Data <https://www.gen-agedcaredata.gov.au/Topics/People-using-aged-care>

² RACGP Aged care clinical guide - Silver Book - Part B, <https://www.racgp.org.au/>

Islander communities, no reduced fee structure for *Identified special market* applicants has been detailed.

Aboriginal and Torres Strait Islander populations in urban, regional and remote areas constitute underserved, thin markets particularly in the aged care sector where the provision of culturally appropriate care for our Elders is extremely limited.

The Royal Commission into Aged Care Quality and Safety (the Royal Commission) Recommendation 3xii notes that, Aboriginal and Torres Strait Islander people are entitled to receive support and care that is culturally safe and recognises the importance of their personal connection to community and Country. ACCHOs are trusted providers of health care in local communities: they want to ensure their Elders are well supported and already provide holistic, culturally safe care which embeds connection to Country.

Hurdle to market entry

The charges may also be perceived to be a financial hurdle to entering the industry. This fee ensures that only businesses that are invested in providing aged care enter the market.

The fee model may well be the deciding factor for many ACCHOs in becoming aged care providers. ACCHOs are not-for-profit organisations and as such, all monies go into the provision of health care and programs to support local communities. Most ACCHOs are already supporting Elders in the community without being funded to do so. Redirecting critical funds from provision of care to application fees is not a decision many ACCHOs would endorse. However, to suggest that this indicates ACCHOs are not invested in providing aged care is incorrect in its assumption.

Many of our ACCHOs are deeply committed to ensuring that Elders in their community are well cared for, in culturally appropriate settings, and that they can stay on Country and close to family in their own communities. As such, transition to the provision of aged care services will be essential for many ACCHOs, particularly in the thin market context of rural and remote areas which are not considered viable markets for larger providers.

The Royal Commission noted the decline in availability of aged care services for outer regional and remote areas. It further expressed concern that Aboriginal and Torres Strait Islander people do not access aged care at a rate commensurate with their level of need, and noted that many Aboriginal and Torres Strait Islander people prefer to receive services from Aboriginal and Torres Strait Islander people and from Aboriginal and Torres Strait Islander organisations.

The Royal Commission made a number of recommendations designed to improve access to and availability of care for Aboriginal and Torres Strait Islander people: Recommendations 47b and 47d recommend *that priority is given to existing and new Aboriginal and Torres Strait Islander organisations, including health, disability and social service providers, to cooperate and become providers of integrated aged care services, and that there is a focus on providing services within, or close to, Aboriginal and Torres Strait Islander populations while maximising opportunities for people to remain on, and maintain connection with, their Country and communities.*

This fee structure will exclude many ACCHOs from joining the market, essentially leaving Aboriginal and Torres Strait Islander Elders going without essential care in order to stay on Country, or having to move away from Country and family at the very time they are needed the most.

An exemption to the fee structure for ACCHOs offers an opportunity for Government and the Commission to help deliver on the recommendations of the Royal Commission.

NACCHO recommends an exemption of all fees for ACCHOs making an application to become an aged care provider.

This would align with Priority Reform 2 of the National Agreement on Closing the Gap to build the community-controlled sector, and support Recommendation 47b of the Royal Commission. Fee exemption will also support the expansion of the Aboriginal community controlled aged care sector and help to ensure Aboriginal and Torres Strait Islander Elders have improved access to culturally appropriate care on Country.

Consultation

NACCHO notes the Commission's commitment to consumer engagement, one of its four principal functions.

We also emphasise that public consultation is generally undertaken to inform decision-making, rather than after decisions have been made and implemented. This consultation process and short timeframes gives no confidence to those being consulted that their views will be taken into consideration. Unfortunately, in this instance, it succeeds only in further diminishing the voices of some of the most vulnerable in our community, older Australians and Aboriginal and Torres Strait Islander people.

NACCHO also notes that the membership of the Commission's Consultative Forum contains no representation of Aboriginal and Torres Strait Islander voices. This is despite the Royal Commission's specific focus on ensuring the needs of older Aboriginal and Torres Strait Islander people are met, and the Government's \$572.5 million commitment to support its recommendations.

NACCHO recommends the Commission align its consultation practices with the National Agreement on Closing the Gap. In particular, with Priority Reform 1 which calls for shared decision-making with Aboriginal and Torres Strait Islander people, and critically with Priority Reform 3 which commits to systemic and structural transformation of mainstream government organisations to improve accountability and better respond to the needs of Aboriginal and Torres Strait Islander people.

NACCHO recommends the Commission's Consultative Forum be expanded to include representation from Aboriginal and Torres Strait Islander peak bodies.

Conclusion

The Government has committed \$572.5 million to ensure Aboriginal and Torres Strait Islander people have better access to aged care services, receive quality and culturally safe care, and are treated with dignity and respect. However, this commitment risks failure when arbitrary barriers to the establishment of culturally safe, trusted local services are put in place.

Government must support our ACCHOs to provide aged care services to their communities if we hope to deliver on the recommendations of the Royal Commission and contribute to closing the gap in health and life expectancy for Aboriginal and Torres Strait Islander people.