



LASA
LEADING AGE SERVICES
AUSTRALIA
The voice of aged care

PRE-BUDGET SUBMISSION 2020

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*A strong voice and a helping hand
for all providers of age services*

Leading Age Services Australia

Leading Age Services Australia (LASA) is a national association for all providers of age services across residential care, home care and retirement living/seniors housing. Our purpose is to enable high performing, respected and sustainable age services that support older Australians to age well by providing care, support and accommodation with quality, safety and compassion – always.

LASA's membership base is made up of organisations providing care, support and services to older Australians. Our Members include private, not-for-profit, faith-based and government operated organisations providing age services across residential aged care, home care and retirement living. 55% of our Members are not-for-profit, 37% are for-profit providers and 8% of our Members are government providers. Our diverse membership base provides LASA with the ability to speak with credibility and authority on issues of importance to older Australians and the age services industry.

Context

The world is at war with COVID-19, and older people receiving care and services in Australia's aged care system are our greatest vulnerability. Their need for care means they cannot be fully isolated. And if the virus gets through, advanced age and ill health can combine with devastating results.

Until we win the battle against community transmission, aged care providers and their staff will be frontline soldiers in the fight against COVID.

Every day their passion and professionalism is on display. When outbreaks occur they put their own health on the line. Workers and providers – both poorly paid and resourced compared to their counterparts in healthcare – are doing everything they can to protect those that they care for.

When COVID first hit, aged care was already on its knees.

Counsel Assisting the Royal Commission into Aged Care Quality and Safety has recommended a significant increase in the resident contact hours and the training and qualifications of aged care staff – the sector supported this call.

However, as of March 2020 the most reliable data shows the average residential aged care facility losing \$8.23 per resident per day. With about 200,000 residents across all providers that loss equates to about \$600m per year or \$1.6m per day – before COVID.

There are deep structural problems in Australia's aged care system that need to be resolved so that older Australians, the people and organisations that care and support them, and the wider community, can be assured that aged care policies, regulations and funding are appropriate to meet the changing needs and expectations of the growing numbers of older Australians.

This includes alleviating the suffering of the more than 100,000 older people waiting for a home care package at their assessed level of need to ensure they can receive the care and services they require in their homes.

There must be comprehensive reform following the Royal Commission, along with appropriate transitional support, in order to realise a fit-for-purpose, 21st century, aged care system.

But this submission is not about the broader picture, it is about COVID-19, and ensuring that our older Australians receiving care and services in Australia's aged care system today are as well protected as they can possibly be.

Proposed measures

LASA has welcomed COVID19 aged care announcements following National Cabinet on 21 August 2020, including that an aged care advisory group would be established to support AHPPC and National Cabinet in guiding Australia's COVID-19 aged care response plan, along with response centres in each state and territory.

Further funding measures were also announced which build on earlier announcements. However, there is more that needs to be done.

The fundamental principle needs to be that all reasonable and necessary costs to protect older Australians in care – as set out in national and service level pandemic response plans – will be covered.

There are different ways that this principle can be operationalised. However, LASA (in consultation with our Members) proposes the following specific measures.

Enhancing and continuing existing supports for the everyday costs of preventing COVID outbreaks

Funding worth \$15 per resident per day for residential care – ideally paid as one off payments covering six months in September and February

This proposal reflects the average amount of funding that the sector believes that residential aged care providers will need to expend on precautionary measures to protect older Australians from COVID-19 even when they are not located in hotspots.

This covers costs such as the ongoing development and review of pandemic plans, limiting staff and resident movement within facilities, enhanced and more regular cleaning, enhanced surveillance for risk factors, increased agency costs to cover additional days off, additional staff to support changed visitation arrangements, shift-cover for staff undergoing additional training, additional use of PPE, additional and smaller group activities, and enhanced measures to maintain social connections of residents with their families and advocates.

We acknowledge existing funding commitments to support residential aged care providers, noting that these expire in the near future and are, based on our estimates, insufficient to cover precautionary measures.

Funding worth \$5 per client per day for home care – paid to the provider (rather than the package) ideally as one off payments covering six months in September and February

This proposal reflects the average amount of funding that the sector believes that home care providers will need to expend on precautionary measures to protect older Australians from COVID-19 even when they are not located in hotspots.

This covers costs such as ongoing development and review of pandemic plans, limiting staffing runs to smaller groups of clients, enhanced and more regular cleaning, enhanced surveillance for risk factors, increased agency costs to cover additional days off, shift cover for staff undergoing additional training, additional use of PPE, and changes to group activities.

We acknowledge existing funding commitments to support home care providers, noting that these expire in August and are, based on our estimates, insufficient to cover precautionary measures.

Continuation of the temporary 30 per cent increase to the Residential and Home Care Viability Supplements and the Homeless Supplement

The continuation of this measure will allow further support to providers that incur additional costs because they are caring for people in disadvantaged groups.

Continuation of grants for CHSP providers to claim additional costs associated with COVID

This grant based program allows providers to directly claim increased costs associated with COVID-19.

The heterogeneous services offered by CHSP providers makes a grant based arrangement more suitable than an across the board increase in subsidies to meet the additional costs of CHSP providers associated with COVID-19.

\$500m earmarked for additional workforce supports

Funding for paid pandemic leave for all employees

Ensuring that staff are supported to not attend work while sick or exhibiting other COVID-19 risk factors is crucial to minimising the chance of the COVID-19 entering an aged care service. Paid pandemic leave for aged care workers irrespective of their geographic location should be made available to all workers as an increased protection for older Australians in care.

Commitment to fund single site worker arrangements wherever they are required so that providers can ensure that no worker is worse off and no services are under-staffed

Limiting the number of staff working across multiple sites was one of the first lessons internationally to reduce the spread of COVID-19.

These arrangements are being implemented with good effect in Victoria, but there must be a more proactive approach. The trigger for single site arrangements in Victoria was too late and did not allow enough time for this to be implemented smoothly. Equally, the decision of the South Australian Government to implement single site arrangements in the context of no community transmission may be premature. A clear national framework needs to be created with linked funding to ensure that no worker is worse off and no aged care service is left without adequate numbers of staff to meet the needs of residents.

Training fund to:

- (1) strengthen workforce skills in infection prevention and control and COVID related social support, and
- (2) train additional workers to deepen workforce reserves and retrain people retrenched in other sectors

We acknowledge investments that the Government has already put in place in supporting workforce capacity and training. Providers have also invested heavily in training their workforce and developing contingencies for circumstances where a proportion of staff become unavailable.

However, it is clear from the experience in Victoria that there would be benefit in a much greater investment to reinforce important workforce skills, and deepen the number of workers that the sector is able to call upon in the event that an outbreak occurs.

This measure is also an investment in advance of anticipated recommendations from the Royal Commission on staffing.

Sentinel testing

Routine mandatory (through a direction/public health order) sentinel testing for aged care staff in Melbourne Metro and Mitchell Shire. And expansion of sentinel testing to locations in other States and Territories, including both declared hotspots and all areas where community transmission is active

Asymptomatic transmission is a critical risk for aged care that is difficult to control through screening in response to risk factors. Routine sentinel testing may help to assist this.

We note that there is a significant gap between testing volumes at peak times and during all other periods. We believe that sentinel testing of aged care staff is likely to be the most effective use of any spare testing capacity in areas with community transmission (not limited just declared hotspots).

Top-up support for outbreaks, suspected outbreaks and hotspots

Services with outbreaks, or suspected outbreaks, or that are located in hotspots must do much more to protect older Australians than the baseline protections that all services should have in place.

Where these actions to protect older Australians incur costs that exceed what is funded through other measures providers must receive appropriate top up payments.

This should include removing the cap on existing grants for services experiencing and outbreak, committing to cover both the acquisition and disposal of PPE other

Whatever can be done must be done to ensure we are doing all we can to protect older Australians from coronavirus.