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**QUALITY AND SAFETY IN AGED CARE – IS THE JOB DONE?**

**A review of the Australian Government's response to the  
Final Report of the Royal Commission into the Quality and Safety of Aged Care**

**May 2021**

The Government's 2021-22 Budget response to the Final Report of the Royal Commission into Aged Care Quality and Safety exceeded most people's expectations – \$17.7 billion added to Budget outlays over the next four years, rising from an additional \$2.1 billion in 2021-22 to \$5.4 billion in 2024-25.

As a result, total outlays on aged care by the Health portfolio will rise from an estimated \$23.7 billion in 2020-21 to \$32 billion in 2024-25, an increase of 35%, adding substantially to structural elements of the Commonwealth Budget.

Aged care staffing in the Department of Health will increase by 34% in 2021-22 to 978 and the Quality and Safety Commission's staffing will increase by 60% to 831 – increases in both organisations that are understandable given the extent of the job they have been given.

The Department of Social Services and Services Australia also will receive a further \$260m combined over the next four years, and aged care will have access to the \$500m extended JobTrainer Fund in the Department of Education, Skills and Employment.

A high level summary of the funding allocations over the next four years is provided below, with some more detail [attached](#):

- Residential aged care: \$7.96 billion
- Home-based care: \$7.2 billion
- Workforce: \$672 million, plus access to 33,800 training places under the JobTrainer Fund
- Strengthened regulatory powers and capabilities: \$431 million
- Improved access to primary care: \$366 million
- Better information for consumers to navigate the system and to support more informed choice: \$200 million
- System and provider governance: \$191 million

### **A summary score sheet**

The Government's [report](#) to Parliament records that the Government has accepted 72% of the recommendations in the Final Report – 106 out of a total of 148 recommendations. A further 19 were accepted in-principle; four were responded to with alternative measures to those recommended; 12 were put aside for further consideration; six were not accepted; and one was noted.

The key Royal Commission recommendations that were **accepted in-principle** include:

- service planning based on need, not rationing,
- a new program design and funding model for care and support at home,

- a new blended payments system for allied health in residential aged care,
- recommendations concerning health system interface improvements, including Multidisciplinary Outreach Services, Older Persons Mental Health Services and Rural Health Outreach Services, and
- creating an Aged Care Research and Innovation Fund. Although classified as accepted-in-principle, the Government in fact rejected the recommendation that funding equal to 1.8% of Government aged care expenditure be allocated for such a Fund. Instead, aged care would be expected to compete for funding from established research bodies.

Key recommendations that are **subject to further consideration** include:

- options that could reduce the current dependence on Refundable Accommodation Deposits,
- civil penalties and compensation for certain contraventions of the general duty of care,
- a Seniors Dental Benefits Scheme, and
- mandatory minimum qualifications for personal care workers.

Recommendations that were **not accepted** all relate to recommendations to change the current user contribution and means testing arrangements and to introduce a levy on personal income taxes to finance aged care.

The Government adopted **alternative approaches** to those recommended by the Royal Commission in the following areas:

- it favoured Government and Minister-led system governance rather than an independent Aged Care Commission, including in relation to the setting of aged care prices and subsidies,
- it opted for addressing the independent and transparent price determination function by extending the role of the Independent Hospital Pricing Authority (re-named the Independent Hospital and Aged Care Funding Authority), rather than creating a new authority dedicated to aged care, and
- it is relying on a new \$10 per resident per day Government-paid Basic Daily Fee Supplement for all residents and an extension of the 30% increase in the homeless and viability supplements to address the current financial pressures facing residential care. It rejected the recommendation to change indexation arrangements.

Of particular significance is the recommendation that was **noted**; that is, the Royal Commission's recommendation that the Government join with employees and employers in a combined approach to the Fair Work Commission to improve aged care worker remuneration. The Government's response noted that the Health Service Union had already lodged a claim with the Fair Work Commission for increased minimum award wages.

The rest of this paper provides commentary of key reform themes.

### **Access and consumer choice and control and access**

In framing its support for increased consumer choice of and control over services and timely access to services, the Royal Commission recommended a legislated universal right to high quality, safe and timely access to support and care and a system that enables people entitled to aged care to exercise choice and control in the planning and delivery of their care. It recommended that choice and timely access should be embodied in a rights-based new Aged Care Act, a recommendation that the Government has accepted.

While the Government adopted some notable measures aimed at improving consumer choice and timely access, its response falls short of uncapping the supply of aged care services and ending service rationing. A good deal of choice and control can be provided within a rationed system by assigning entitlements to individuals, but timely access and maximum scope for choice would be achieved by uncapping the supply of services.

No doubt the experience of the home care package waiting list, the unanticipated increase in demand under the NDIS and fear of the unknown in relation to uncapping Commonwealth Home Support Program (CHSP) services were on the Cabinet's mind when it decided only to accept in-principle the Royal Commission's recommendation to end service rationing. Instead, a generous interpretation would be that the Government has given itself more time to obtain a better measure of unmet demand and likely cost, rather than commit to uncapping at this time, or commit to a timeframe for uncapping. In taking this position, the Government is reflecting the conclusion of the 2017 Tune Legislated Review.

Despite this caution, the Government should be acknowledged for taking a number of decisions that will improve consumer choice and control and more timely access, including:

- removing the Aged Care Approvals Round from July 2024, thereby assigning entitlements for residential care subsidies to individuals who will then be able to direct their entitlement to their preferred service,
- releasing a further 80,000 home care packages over the next two years, but unless supply is uncapped, the waiting list will soon expand with population ageing,
- supporting older people's preference for home-based care by expanding respite services under the Commonwealth Home Support Program and making it more financially attractive for aged care homes to provide residential respite,
- improving the information available to better inform decision making by older people and their families regarding choice of service and service provider, including:
  - a star rating system by the end of 2022 based on clinical and quality indicators, staffing levels, consumer experience and service compliance ratings,
  - better information on prices, including a home care price comparator function, and a focus on assuring value for money of home care packages,
  - accreditation of providers targeting diversity groups and expanded translating and interpreting services,
  - a new face-to-face service in 325 Services Australia centres to provide information on aged care, to complement My Aged Care as the primary source of information,

- 70 face-to-face aged care specialists in 70 Services Australia Centres to connect consumers with local services, financial information services, social workers, interpreters and advocates,
- a network of 500 local community care finders to provide face-to-face support for vulnerable older people accessing aged care and connecting them with other health and social supports, and an extension of COTA's consumer navigation service,
- the development of a "trusted workforce" of 250 First Nations people to provide face-to-face support to assist First Nations people better navigate and access culturally appropriate aged care, and
- increased funding for the National Dementia Help Line and the National Dementia Support Program to improve early intervention assistance and help guide people with an early diagnosis to appropriate services.

The Government has also accepted in-principle the Royal Commission's recommendation for a new aged care program that combines the Commonwealth Home Support Program (CHSP), home care packages and residential aged care.

However, the Government has not explicitly accepted the Royal Commission's recommendation that the new combined program should include individual budgets for all home-based personal and nursing care and a combination of block funding and activity-based funding for categories of CHSP services such as social supports, respite and assistive technology and home modifications. Instead, in developing the new combined program, the Government has indicated that it will consider the appropriate combination of block and activity-based funding arrangements, while remaining silent on the role of individual budgets.

This aspect of the Royal Commission's new program design recommendation, as well as uncapping supply, will need to be adopted as Government policy if consumer choice and control and timely access is to be a universal entitlement under the new Aged Care Act. A major focus for future aged care reform therefore will be to ensure that individual budgets and activity-based approaches are included in the design of the new support at home program.

The Government has accepted, however, that funding for personal and nursing care under the new support at home program "should not be greater than the per person amounts available for similar needs in residential aged care". Although not explicitly stated, this leaves open the option of individual budget holders being able to access additional services such as respite and social supports without having to use their individual budget.

## **Workforce**

Workforce reform in aged care revolves around more staff and better skilled and remunerated staff, which come together as one of the essential pre-conditions for the delivery of high quality aged care services.

The Government has accepted and provided funding for the Royal Commission's recommendation to increase residential direct care staff by making minimum staffing levels mandatory from 1 October 2023. That is, at least 200 minutes per resident per day for the average resident and at least 16 hours of RN coverage per day. The government has not accepted the Royal Commission's recommendation for a second phase which would have seen average care minutes per resident increase to 215 minutes and RN coverage increase to 24 hours.

It is unclear how the minimum staffing levels will be accommodated under the new AN-ACC classification and funding model in a way that reflects resident profiles. By delaying the mandating of these minimum standards until 1 October 2023, a year after AN-ACC is introduced, there is time for the funding model to be adapted in conjunction with costing information provided by the independent pricing authority which will commence advising prices from 1 July 2023.

There are also a number of measures announced to improve the supply of better trained aged care workers, including:

- 33,800 training places during 2021-23 for personal care workers to undertake a Certificate III in Individual Support,
- grant opportunities for consortia to deliver a range of supports to attract, train and retrain up to 18,000 personal care workers for the aged care sector,
- additional training, including in regional and rural areas, to improve care staff knowledge of best practice in dementia care and palliative care, including creating learning networks to spread knowledge of best practice,
- an expansion of the Rural Locum Assistance Program to support continuity of clinical care for aged care providers in regional and rural areas,
- payment of bonuses over two years for RNs who remain with the same service for two years (\$3,700 for full-time and an average of \$2,700 for part-time); funding to expand the number of places under the Aged Care Transition to Practice Program to support graduate nurses move into aged care (150 places) and the Aged Care Nursing Scholarship Program (1,200 places); and an additional 300 scholarships for allied health professionals.

While the headline figure for workforce-related outlays over the next four years is large (\$672m), noting that funding for the 33,800 training places in 2021-23 is in addition to this amount, it is noteworthy that \$333m of the headline figure is required to create a single assessment workforce for aged care (including external assessment under AN-ACC) and to create a screening program for personal care workers.

When the \$333m is taken into account, additional annual Budget outlays announced for workforce falls to \$86m by 2024-25.

The future supply of a skilled aged care workforce of course also depends in part on the capacity of employers to pay remuneration levels that recognise and reward work value. This was recognised by the Royal Commission when it recommended a combined government, employer and employee approach to the Fair Work Commission concerning increases in minimum award wages to reflect work value and equal remuneration for women and men.

It has already been mentioned above that the Government did not accept this recommendation. It also did not make provision in the Budget for increased minimum wages or declare its hand on the issue of work value and under-valued aged care workers. Instead, the Government notes that a wage claim for aged care workers is currently before the Fair Work Commission and that the independent pricing authority "will commence work on aged care pricing during 2021 and will consider the delivery of high quality care as a central pillar of its work". The HSU's wage claim, having been lodged before the Government's response to the Royal Commission, gave the Government a (hopefully temporary) 'free pass' on the remuneration issue.

It is also noteworthy that the Government has recently commissioned a Care Workforce Labour Market Study to be undertaken by the National Skills Commission into factors affecting the supply and demand of care workers which is due by September 2021. It is also noteworthy that remuneration is only one of the factors influencing labour force supply and demand.

There must be considerable doubt, in the absence of improved remuneration, the potential for closed borders to continue for some time to come, and the continuation of the current punishing ACFI indexation arrangements in the short term, whether the increased training packages and the \$9.8m campaign to raise awareness of job opportunities in aged care will be sufficient to attract the required suitably qualified labour force in the short to medium term. One suspects that this was a factor behind the Government decision to opt for a lower and delayed introduction of mandatory minimum staffing levels in residential aged care, and not to mandate minimum qualifications for personal care workers.

For the longer term, the Government is putting its faith in the creation of a Workforce Planning Division in the Department of Health and a collaborative effort across the Aged Care Industry Workforce Council, the Human Services Skills Organisation in the Education, Skills and Employment portfolio and the new Workforce Division. The new Division will undertake long-term modelling of the supply and demand of aged care workers and health professionals to help inform the collaborative effort and future government workforce policies.

Giving the Department of Health a stronger mandate and clear responsibility to pursue aged care workforce supply and demand matters, rather than the current diffusion of responsibility across the Department of Health and the Department of Education, Skills and Employment, and greater involvement of employers in sector-wide workforce planning and training matters, together with an independent pricing authority, holds the potential that workforce matters will be addressed more effectively in the longer term.

But for the immediate future, aged care workforce supply issues are underdone in the Government's response to the Royal Commission. In particular, the Government's failure to take a more pro-active approach to minimum award wages, in the face of clear evidence of an immediate problem, is arguably the most disappointing aspect of the Government's response to the Royal Commission's Final Report.

### **Quality regulation and reporting**

The Royal Commission (and the Government in turn) has listened to community and health professional concerns that aged care providers should be subject to much more rigorous regulatory, accountability and reporting requirements.

The prominence that this attitude has taken was not unexpected, nor that it has been reflected in a community concern that increased aged care funding should be conditional on increased regulation, accountability and transparency. Indeed, the provider peak organisations, including Catholic Health Australia, generally were accepting of increased and effective transparency and accountability provisions in response to better funded aged care services.

Some of the key areas where regulatory activity and reporting has been increased include:

- additional funding for the Quality and Safety Commission to undertake more residential aged care audits and home care quality reviews, to pursue more cases of non-compliance and to undertake more prudential and financial investigations,
- a strengthening of clinical, quality and governance standards,

- reporting to support an expanded range of quality indicators and a star rating system, with the latter commencing from end 2022,
- reporting under the Serious Incident Response Scheme, including maintenance by every service of an Incident Management System, and extension of the Scheme to home care,
- strengthened regulations concerning the use of physical and chemical restraint,
- quarterly reporting by aged care homes against mandatory minimum staffing minutes from July 2022, preceded by annual staffing reporting through a revised Aged Care Financial Report (October 2021),
- monthly care statement for residents and their families setting out care received and any significant changes or events during the month,
- reporting on the use of the new \$10 per resident per day Basic Daily Fee Supplement for everyday living expenses, with a particular focus on nutrition,
- reporting to access bonuses for RNs,
- additional service level financial reporting to the independent pricing authority, including participation in annual costing studies,
- increased financial and compliance monitoring and strengthened prudential standards, and
- the likely development of civil penalty and compensation provisions for certain contraventions of the general duty of care to be developed in conjunction with the drafting of the new Aged Care Act.

In order to implement and administer the increased regulatory and reporting requirements, the Quality and Safety Commission's staffing level in 2021-22 will increase from 519 staff to 831. There is no doubt that the Quality and Safety Commission will be figuring more prominently in the operations of many aged care providers, especially home care providers, and that the increased regulatory and reporting provisions will add to provider costs. In theory, such additional costs should feature in the independent pricing authority's annual costing studies, but it remains to be seen how this plays out.

The Government has also announced that a capability review of the Quality and Safety Commission will be undertaken in 2023 to inform the establishment of an independent statutory authority (the Aged Care Safety and Quality Authority) overseen by a board of up to five members.

### **Health interface**

The Royal Commission's findings made it clear that another pre-condition for being able to provide high quality aged care services is timely access to the services of the wider health system. The Royal Commission's Final Report includes a wide range of recommendations addressing access to primary care services, which are the policy and funding responsibility of the Australian Government, and access to hospital and health services managed and delivered by state and territory governments.

With regard to primary care services, the Government has accepted the recommendations to improve access to GPs, to improve medication management through better data linkages involving National



Residential Medication Charts and My Health Record, and to increase resourcing of the Primary Health Networks to provide health services for aged care recipients, including palliative care and end of life services.

However, the Government did not accept the Royal Commission's recommendation for a new general practice primary care model based on voluntary enrolment by older people receiving aged care and annual capitation funding. Presumably the government considered that this model would overlap the current GP Health Care Homes model which has a similar enrolment and capitation basis.

With regard to recommendations for the other health services where the states and territories are considered by the Commonwealth to have a more prominent funding and delivery responsibility, the government's response has been in-principle acceptance, while noting that these recommendations "will need to be progressed in consultation with state and territory governments".

The track record for timely progress on such joint Commonwealth/state initiatives is not encouraging.

### **Viability of residential aged care services**

As expected, the Government announced that it would be replacing ACFI with the new AN-ACC classification and funding model, with introduction scheduled for 1 October 2022.

The Government responded to the Royal Commission's concerns about the immediate financial pressures being experienced by residential aged care providers under the current ACFI and indexation arrangements by introducing a new government-funded \$10 per resident per day Basic Daily Fee Supplement for all residents on top of the current Basic Daily Fee (\$52.25), to apply from 1 July 2021. In addition, the Government has extended the 30% increase in the homeless and viability supplements.

What is certain is that the additional Basic Daily Fee Supplement is not intended to ensure that all aged care homes will operate at a profit. This would avoid the possibility of excessive profits by better performing providers and recognises that financial performance data over the years has consistently shown that a sizeable proportion of providers, at any time, operate at a loss.

Following the introduction of AN-ACC from 1 October 2022, both the Basic Daily Fee Supplement and the 30% increase in the viability and homeless supplements will be rolled into the AN-ACC care funding model. Before receiving the Basic Daily Fee Supplement, providers will have to provide an undertaking to report annually on the adequacy of daily living services, with a particular emphasis on nutrition. The Department has advised that this condition will continue to apply after the Supplement has been added to the AN-ACC funding base.

By introducing a new government-funded supplement for everyday living expenses and then rolling the supplement into the AN-ACC care funding base, the Government has acknowledged the StewartBrown survey finding that, generally, residential aged care providers are using care funding to subsidise everyday living expenses. A question that arises, however, is the adequacy of funding for everyday living expenses once the \$10 is rolled into the care price and the level of funding for everyday living reverts to the capped Basic Daily Fee (85% of the single age pension). This circumstance underlines that the Government response has not addressed the ongoing lack clarity concerning fees for additional services.

The Government did not accept the Royal Commission's recommended changes to current ACFI indexation arrangements. As a result, current indexation arrangements will continue to apply on 1 July 2021 and 1 July 2022, noting that independently determined prices will not apply until 1 July 2023.

In the longer run, the funding of residential aged care and residential respite will depend on the operation of the AN-ACC, which includes many improved design features compared with ACFI, and the costing studies

and price determinations by the Independent Hospital and Aged Care Pricing Authority. This body will have a purely advisory role on prices, with the Government continuing to set prices. It was never a realistic expectation that aged care prices would be set independently, but the increased transparency and an evidence base for setting prices should result in greater funding certainty and should be a marked improvement on current price setting arrangements based on historical allocations and inadequate indexation.

The Government has recognised that some providers may need assistance during the transition to the AN-ACC. Accordingly, the government has allocated \$53.2m over two years for this purpose.

The Budget also provides funding to phase in from 1 July 2021 new financial monitoring and compliance arrangements for residential aged care providers, including new prudential standards for Refundable Accommodation Deposits. This is expected to include, for example, liquidity and capital adequacy standards and continuous disclosure provisions.

### **Industry restructuring pressures**

There are a number of elements of the Government's response to the Royal Commission that will make management and governance of residential aged care services more demanding, especially for many smaller providers who lack scale.

These elements include:

- increased competitive pressures arising from the removal of the ACAR from 2024 and more opportunities for older people to choose care at home as a result of the increased supply of home care packages, increased support for informal carers and likely changes under the new support at home program,
- greater transparency and accountability provisions and increased reporting requirements concerning financial performance and quality standards,
- increased engagement with the regulatory activities of the Quality and Safety Commission, and
- future aged care prices based on the efficient cost of delivering services based on transparent costing studies undertaken by the independent pricing authority.

In addition to the \$90m Viability Fund to assist aged care homes that are currently facing financial difficulties that was announced in the Government's initial response to the Royal Commission in March 2021, the Government has created a \$32.6m Structural Adjustment Program to support providers to improve or change their operations, and has allocated a further \$5.9m to the Business Advisory Service.

The Government has also foreshadowed possible reforms to residential aged care accommodation funding to better reflect the capital cost of homes in order to promote adherence to new accommodation design standards, including to explore opportunities to address demand for flexible housing options such as smaller group homes.

The Government is clearly signalling that, as a result of increased regulatory, accountability and transparency provisions and increased scope for consumer choice and control, it is anticipating a more competitive service environment. This will require many aged care providers to improve their operations and governance in order to respond to consumer preferences and to be able to meet higher quality standards while remaining viable.

## **Sustainability of the aged care system**

The biggest unresolved question following the Royal Commission is the future financial sustainability of the aged care system, especially an aged care system that embodies the rights-based approach recommended by the Royal Commission which, on the face of it, has been accepted by the Government.

The Royal Commission effectively recommended that a levy on personal income tax should be used to fund a future rights-based aged care system, though the two Commissioners had their own slant on what form a levy should take. The Commissioners also recommended the removal of all consumer contributions towards care.

The Government has not accepted either of these recommendations. Instead, it has left current consumer contribution and means testing arrangements untouched despite the scope, identified in the 2017 Legislated Review, to improve the equity and effectiveness of the current arrangements. Moreover, by accepting a large proportion of the Royal Commission's recommendations, the Government has added substantially to the structural costs on the Commonwealth Budget, a cost that is set to increase substantially from the late 2020s when the baby boomers reach an age when age-related care and support is likely to be increasingly needed.

This issue has been parked for future governments to deal with.

## **Conclusion**

The Government's response to the Royal Commission's Final Report is considerably more comprehensive than many expected and involves a very significant increase in government funding for aged care services.

Putting aside the need for COVID-related stimulus measures, the Government's abandonment of decades of fiscal rectitude in the 2021-22 Budget caught many by surprise.

From the perspective of older Australians, especially future older Australians, the new measures hold out the prospect of improved access to better aged care services with no new fees for them, but at considerable cost to future taxpayers, assuming current funding policies stick.

But is the aged care job done?

While the response has been comprehensive, the most disappointing features of the Government's response are:

- the failure to substantively address the current inadequate remuneration of the aged care workforce,
- the failure to commit explicitly to universal access to timely care and support based on assessed need, within a timeframe (to be determined if necessary), and
- the failure to settle the future financial sustainability of the aged care system, including clarity of the regulations concerning fees for additional services.

While the Government's response has covered many bases, most of the recommendations are subject to considerable design development, consultative processes and implementation risk which will need to be successfully negotiated before the potential benefits for future older Australians will be realised.

The most prominent of these include:

- the design and implementation of the single support at home program,

- improved access by aged care recipients to the health services provided by the states and territories,
- a comprehensive response to future workforce supply and demand issues,
- the effectiveness of the new AN-ACC classification and funding model and independent pricing arrangements,
- the effectiveness with which the provisions for increased transparency, accountability and reporting are applied, and
- the effectiveness of reforms to increase consumer information to support informed consumer choice.

In short, the job is still ahead of us.

The aged care sector's focus from here must therefore be on working with government to ensure the successful delivery of the announced reforms, and to pursue improved remuneration for aged care workers and a commitment to removing rationing.

An aged care system that is overwhelmingly dependent on consolidated revenue and which remains exposed to competing government Budgetary pressures and priorities perpetuates a risk for the future funding and quality of aged care services that was clearly demonstrated by the Royal Commission. Hence the sustainability of a high quality aged care system will remain an ongoing concern for governments and the community for the foreseeable future.

*Disclosure statement: The author of this paper, Nick Mersiades, is a member of the Aged Care Financing Authority. The opinions in this paper should not be read as being an expression of the views of the Aged Care Financing Authority*

## THE MAJOR FUNDING MEASURES IN BRIEF

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### *Residential aged care: \$7.96 billion*

- A new Government-paid Basic Daily Fee Supplement of \$10 per resident per day for all residents for everyday living expenses and a 30% increase in the homeless and viability supplements, in response to current funding pressures from 1 July 2021 (\$3.2 billion).
- Additional funding to support mandatory minimum staffing levels to apply from 1 October 2023 (\$3.9m over three years from 2022-23).
- Introduction of the new AN-ACC classification and funding model (\$189.2m)
- Measures to support more resilient residential aged care market in the light of the removal of ACAR, including more intensive monitoring of financial viability and a structural adjustment program (\$102.1m).
- Capital funding for residential aged care services for First Nations and special needs groups and extra viability funding for remote services (\$523m).

### *Home-based care: \$7.2 billion*

- 80,000 additional home care packages (\$6.5 billion).
- Supporting informal carers by aligning residential respite funding with permanent residential care under the new AN-ACC, expanding respite services under the CHSP, systems to support early referrals to the Carer Gateway by aged care assessors for assistance such as counselling, peer support and skills training, and additional support for dementia carers (\$798 m).

### *Workforce: \$672 million, plus access to the 33,800 training places under the JobTrainer Fund*

- Measures to increase the supply of a skilled workforce, including funding for contracted consortia to help attract, train and retrain 18,000 new personal care workers (including by accessing Department of Education, Skills and Employment programs such as Jobactive and Australian Apprenticeships); bonuses to encourage RNs to remain working with the same aged care provider, scholarships for RNs, increased funding to improve aged care worker knowledge and practice in dementia care and palliative care, and expansion of the Rural Locum Assistance Program and (\$338.5m).
- An additional 33,800 additional training places for personal care workers to attain a Certificate III in Individual Support under the Department of Education, Skills and Employment's \$500m JobTrainer Fund during 2021-22 and 2022-23.

- Funding to create a single assessment workforce across residential and home-based care, including assessments under the AN-ACC (\$228.2m).
- Funding to create a pre-employment screening process across aged care, veterans' care and disability support sectors and a Code of Conduct for the care and support sector (\$105.6m).

*Strengthened regulatory powers and capabilities: \$431 million*

- Additional funding for the Aged Care Quality and Safety Commission, strengthened regulation of restraint, funding for the Serious Incident Response Scheme (including its extension to home care), increased oversight of home care packages, a review of the aged care quality standards and increased funding for DBMAS and the SBRT (\$431.1m).

*Improved access to primary care: \$366 million*

- Additional funding for GPs caring for older people receiving aged care; additional funding to extend the palliative care pilot which provides services to older people in their homes to all 31 Primary Health Networks (PHNs); additional funding for PHNs "to support the delivery of telehealth services and help health professionals provide better support for vulnerable clients"; and additional funding to improve medication management by improving linkages between electronic medication charts and My Health Record (\$365.7m).

*Better information for consumers to navigate the system and support informed choice: \$200 million*

- Better information for consumers to support more informed consumer choice, including a star rating system, additional quality indicators and increased funding for independent advocacy (\$200m).
- Measures to connect consumers to services including a new face-to-face service in 325 Services Australia service centres to provide information on aged care; 70 face-to-face aged care specialists in 70 Services Australia Centres to connect consumers with local services, financial information services, social workers, interpreters and advocates; 500 local Community Care Finders targeting vulnerable older people; increased translating and interpreting services; extension of COTA's aged care system navigator services; and funding to expand a First Nations workforce of 250 people to provide trusted face to face support to assist First Nations people navigate and access culturally appropriate aged care (\$378.5m).

*Strengthening system and provider governance: \$191 million*

- the drafting of a new rights-based Aged Care Act,
- independent and transparent price determination for residential and home-based care services by expanding the role of the Independent Hospital Pricing Authority to include aged care,
- a review of the quality standards and a capability review of the Quality and Safety Commission,
- responsibility for the formulation of clinical standards to be transferred to the Australian Commission on Safety and Quality in Health,

- strengthening system governance at the local level by establishing regional offices of the Department of Health so that national planning is informed by an understanding of local issues, commencing with a pilot which will see Health Department staff located in eight Primary Health Network regions,
- a more proactive role by government in accommodation design by developing a Residential Aged Care Framework, including national design standards for residential aged care,
- establishing a Council of Elders and a National Aged Care Advisory Council to replace the current Ministerially appointed Aged Care Sector Committee and the Aged Care Financing Authority,
- appointing an Inspector-General of Aged Care to provide independent oversight of the aged care system with the power to identify and investigate systemic issues in the provision of aged care and to make recommendations to the government,
- new provider governance obligations including requiring improvements to the composition and accountability of aged care boards, and
- governance training for aged care leaders.