National Aged Care Advisory Council: Year in review

In response to the Royal Commission recommendations, the National Aged Care Advisory Council (NACAC) was announced on 24 November 2021 and over the last three years, has met 33 times.

NACAC provides independent, expert advice to Government on the implementation of aged care reforms, considering the interests of the vulnerable and disadvantaged and the needs and expectations of older people, families, carers, providers and workers.

The year commenced with a refreshed membership and the annual setting of priorities through with the Hon Anika Wells, Minister for Aged Care. Through 2024, NACAC has played a key role on advising on significant pieces of aged care reform, building on the work of its earlier term and culminating in the introduction of the Aged Care Bill 2024 to Parliament in September 2024. NACAC has:

* delivered real-time advice on current challenges faced by the aged care sector, while focusing on the future design of the system;
* advised on foundational, whole-of-system matters including sequencing and phasing of reforms, the development of the aged care reform roadmap, sector sustainability and importance of enabling digital and data sharing platforms; and
* provided feedback that has improved real-time monitoring of sector performance and financial sustainability.

NACAC’s collaborative but robust approach, engaging providers, health professionals and sector professionals has facilitated critical input on issues such as wage rise funding arrangements and support at home. NACAC has worked with the Council of Elders, notably in addressing dementia care, and the Acting Inspector General of Aged Care to strengthen accountability within the sector. NACAC has influenced policies on market strategy, positive ageing and workforce expansion, while providing feedback and input on the implementation of 24/7 nursing, star ratings, and Baby Boomer needs in aged care.

Council has an intentionally diverse membership that enables ‘workshop’ style discussions to flesh out key perspectives from across the aged care sector. The benefits of this model have been particularly apparent through Council’s contribution to the Aged Care Bill.

Members have emphasised the importance of regular and ongoing communication and consultation with the sector on aged care reform and a number of members were also part of the:

* Aged Care Taskforce
* National Aged Care Workforce Committee
* Council of Elders
* Aged Care Quality and Safety Advisory Council
* Climate and Health Expert Advisory Group; and the
* Australian Electoral Commission Mobile and Remote Services Working Group.

Looking ahead, NACAC will continue to advise on aged care reforms and members remain committed to supporting government initiatives while promoting the rights and dignity of older Australians, particularly in culturally sensitive contexts.

From left to right: Dr Michael Murray AM, Mr Simon Miller, Ms Rachel Argaman OAM, Mr Craig Gear OAM, Ms Patricia Sparrow, Mr Carlo Carli, Ms Andrea Coote (Chair), Ms Carolyn Smith, Ms Anne Burgess (Chair of Council of Elders), Ms Catherine Thomas, Mr Tom Symondson, Ms Jenny Dodd, Ms Sandra Iuliano and Mr Lloyd Williams. Absent: Ms Maree McCabe AM, Ms Jody Currie, Mr Mike Baird AO, and Ms Annie Butler 


*From left to right:* Dr Michael Murray AM, Mr Simon Miller, Ms Rachel Argaman OAM, Mr Craig Gear OAM, Ms Patricia Sparrow, Mr Carlo Carli, Ms Andrea Coote (Chair), Ms Carolyn Smith, Ms Anne Burgess (Chair of Council of Elders), Ms Catherine Thomas, Mr Tom Symondson, Ms Jenny Dodd, Ms Sandra Iuliano and Mr Lloyd Williams. *Absent: Ms Maree McCabe AM, Ms Jody Currie, Mr Mike Baird AO,   
and Ms Annie Butler*

The council met 8 times in 2024. The below table summarises the key themes and advice of NACAC at these meetings:

| **Issue** | **Member advice** |
| --- | --- |
| ***Aged Care Bill*** | * emphasised the importance of person-centred, rights-based approaches, including supported decision making * highlighted the need for alternative services for people aged under 65, cautioning against using Aged Care as a default system. * advised on timely provision of detail to avoid confusion and misinformation particularly around the Support at Home Program * advised of concern among older people about changes to fees and charges and the user pay approach * emphasised the importance of clarity on the process for finalising the Rules supporting operation * considered balancing commitments resulting from the Royal Commission into Aged Care Quality and Safety with the proposed application of penalties * members had a mixed response, that reflected its broad cross-sector member base, to the proposed statutory duty on responsible persons outlined in the exposure draft:   + some thought a duty on responsible persons was unnecessary and could discourage suitably qualified and experienced individuals from participating in governing positions.   + other members advised that the application would reinforce accountability and help foster a culture of compliance.   + cautioned on the potential for unintended consequences and advised on options to amend the Duty of Care and Criminal Penalty provisions   + suggested redefining the definition of the term ‘responsible person’ to ensure the right positions are identified. |
| ***Aged Care Taskforce*** | * supported the direction of the recommendations * emphasised the need for further detail on the implementation approach including timelines for next steps * noted mixed feedback from the sector regarding   + modernising accommodation funding and improving viability   + impact of Refundable Accommodation Deposits changes on capital funding and maintenance of existing homes   + prospect of additional payments that are not clearly tied to a specific purpose or added benefit. * advised on the need for work to commence on alternative funding solutions before the recommended review in 2030 * emphasised importance and unique requirements of regional, rural and remote residential aged care and will continue to represent on behalf of these communities. |
| ***Support at Home - Short Term Restorative Care Program*** | * advised on importance of rapid intervention before acute deterioration sets in as essential to achieving outcomes, such as diversion from hospital admission * advised on the value of timely and effective restorative care, particularly for those with cognitive impairment, noting that it had the capacity to reduce overall health system costs. |
| ***Support at Home – First Nations Pathways*** | * advised on improving access to in-home care by First Nations people emphasising the need to involve First Nations people in developing a model * acknowledged the importance of flexibility with the model having the capacity to be tailored for individual communities * emphasised the importance of the workforce – that it is equipped to be culturally aware and fully assist with the model’s implementation * promoted the role of Aboriginal Community Controlled Health Organisations in leading place-based approaches and encouraged options where they could assist with broader approaches * acknowledged the preference for home-based care but emphasised the importance of mechanisms that address isolation and loneliness inherent with home care and individualised funding. |
| ***Expansion of the Quality Indicators Program – Home Care*** | * advised on recognising individual preferences in measuring quality of life, with the measure often having different markers for each person * acknowledged the difficulty in provider accountability for choices that older people make living at home   + suggested that the model be structured around providers having evidence that people have informed consent and have exercised choice. |
| ***National Aged Care Mandatory Quality Indicators Expansion*** | * workshopped the design of three additional staffing quality indicators – allied health, enrolled nursing, and lifestyle services * advised on the importance of lifestyle services, in both a one-on-one context, as well as through group activities, particularly in the context of the benefits to managing mental health. |
| ***Aged Care Workforce*** | * advised on the Aged Care Workforce Committee’s workplan and workforce narrative   + acknowledged difficulties contributing to retention including workers’ access to housing, childcare, and other social supports particularly in thin markets * advised on the importance of:   + data in undertaking accurate workforce projections   + access to learning, development and training including fully utilising opportunities for mentors and positive role models. * participated in a deep dive providing strategic input on how to attract the right people to the aged care workforce, retaining staff and the importance of career pathways, culturally appropriate care and the role of innovation. |
| ***Evaluation framework for care minutes and 24/7 registered nursing*** | * advised on importance of including residents’ families, and workers perspectives in the framework * highlighted the need for accurate evidence and data, ensuring appropriate outcomes are used to assess care measures * provided feedback on the challenges of meeting allied health measures in regional, rural and remote areas. |
| ***Star Ratings*** | * welcomed engagement in diverse locations across Australia, ensuring a broad representation of perspectives from stakeholders * noted that Star Ratings had driven positive change * advised on importance of timely communication of enhancements, and prompt publication of quarterly updates to ensure currency of information, increased uptake and to drive changes as trust in the system was built. |
| ***National Principles and Guidelines – Accommodation Design*** | * advised on how best to promote, encourage, and monitor adoption of the new National Aged Care Principles and Guidelines in the sector * cautioned against moving rapidly to a regulatory approach, noting challenges in regard to retrofitting policy, the impact of potential higher costs initially and the lead-time for new builds. * reiterated that the particular needs of those with advanced dementia needed to continue to be considered   + specific residential design modelling was needed with the clinical care and staffing model needing to be considered in parallel. * advised that, moving forward, aged care will increasingly need to focus on community-based care, and emphasised the importance of a broad focus beyond the design of institutional settings. |
| ***Aged Care Data and Digital Strategy*** | * advised on the Aged Care Data and Digital Strategy with providers, workers and consumers front of mind:   + further simplification and streamlining needed to avoid increasing administrative burden for users   + noted feedback from aged care workers who had expressed concern about the negative impact of increased administrative burden including on reducing their time and ability to focus on the care of older people   + need for better integration across social security, health and aged care systems including interactivity of My Aged Care   + importance of inclusivity and empowerment for those with low technological literacy and capacity. |
| ***Interim First Nations Aged Care Commissioner*** | * strongly support a permanent First Nations Aged Care Commissioner to drive improvements in aged care for First Nations people * considered issues emerging from the Interim First Nations Aged Care Commissioner’s extensive national consultations:   + acknowledged barriers to the provision of trauma-aware, healing informed, and culturally safe aged care services for older Aboriginal and Torres Strait Islander people   + advised on potential connections with broader initiatives that would assist in lifting the rates of First Nations’ people working in the health and allied health sectors |
| ***Commonwealth COVID-19 Inquiry*** | * advised that the pandemic highlighted the critical importance of clear and consistent clinical guidance as well as accurate and current data * supported a prescriptive, national approach, including an escalation pathway for decision-making and advised on the critical nature of workforce planning and the benefit of a centralised control of workforce * advised on the potential benefits of mobile responses, including field hospitals and deployment of the Australian Defence Force * advised on importance of a response framework that was sector-led and appropriately balanced the social needs and human rights of older people with health and safety * praised the efforts and innovation of front-line workers and acknowledged the immense toll of the pandemic on the workforce. |