

Addendum 1 – 18 August 2021

RFQ A: Designing the future structure of the aged care workforce to inform a modern workplace relations framework and future costs of workforce for the aged care sector.

Q. Is there a way to understand what tenders you have put out to the market previously?

A. The Council is responsible for overseeing and sequencing 'A Matter of Care' – Australia's aged care workforce strategy (e.g. a workforce planning tool). To date we have released tenders for a number of actions or activities outlined in the strategy, as well as for refreshed branding and a new website.

Q. Do you have a preference for the type of organisation you are seeking for this work? I.e. is there a type of specialist skill set, capability or organisation you are seeking?

A. The Council is seeking a suitably skilled and experienced party to undertake the work outlined in the RFQ. We expect that a number of specialist skill sets and capabilities will be required to undertake the work as specified in the RFQ, for example (but not limited to) management consulting, economic or financial forecasting, aged care expertise, human resources, workplace relations.

Q. What is your definition of 'integrated care'

A. The Council draws upon the WHO definitions of 'integrated care,' the first being user-led and the second being a health system-based definition.

User-led

"My care is planned with people who work together to understand me and my carer(s), put me in control, coordinate and deliver services to achieve my best outcomes"^[1]

Health system-based

"Integrated health services delivery is defined as an approach to strengthen people-centred health systems through the promotion of the comprehensive delivery of quality services across the life-course, designed according to the multidimensional needs of the population and the individual and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care. It should be effectively managed to ensure optimal outcomes and the appropriate use of resources based on the best available evidence, with feedback loops to continuously improve performance and to tackle upstream causes of ill health and to promote well-being through intersectoral and multisectoral actions"^[2]

Q. What is your definition of 'wellness/living well'?

A. The Council understands wellness to be a philosophy in addition to an approach and draws of the Australian Government, Department of Social Services definitions. **Living well** models of care can be understood as interchangeable with wellness approaches, which have similar foundations to reablement and restorative care approaches/models of care.

Philosophy

Wellness as a philosophy is based on the premise that, even with frailty, chronic illness or disability, people generally have the desire and capacity to make gains in their physical, social and emotional wellbeing and to live autonomously and as independently as possible.^[3]

Approach

A wellness approach draws on the wellness philosophy to inform a way of working with people. The approach involves assessment, planning and delivery of supports that build on the strengths, capacity and goals of individuals, creatively addressing problems or barriers and encouraging actions that promote a level of independence in daily living tasks, as well as reducing risks to living safely at home.^[4]

Q. Is there an expectation that proposed models are financially costed with assumptions to support those costings?

A. The future structure of the aged care workforce must include in the output/final report consideration of design, and estimation of the costs of the emerging roles required to deliver new models of care. It is noted that costing is an estimation only, however provision of the assumptions of the costing estimates is required.

Referring to page 2, 2.5 of the 'Request for Quote' document:

"2.5 The scenarios are to be developed with the sector/providers who are delivering innovative aged care services to ensure that the job roles/families effectively capture the future job roles to enable the reforms to the aged care system e.g. technology enablement roles to support greater use of artificial intelligence, lifestyle coordinators with a stronger focus on wellness etc."

Q. Who is determining who is delivering innovative aged care services and what is the criteria for delivering innovative aged care services?

A. This should be determined by the current evidence/literature and in the stakeholder engagement aspect of the project, specifically when identifying key stakeholders. The criteria for those delivering innovative aged care services are those who are delivering:

- Wellness approaches
- Integrated or living well models of care
- Restorative care
- Reablement
- Targeted dementia and palliative care programs

^[1] National Voices. A narrative for person-centred coordinated care. 2013 (<http://www.england.nhs.uk/wp-content/uploads/2013/05/nv-narrative-cc.pdf>).

^[2] WHO Regional Office for Europe. Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery. 2016

^[3] Australian Government, Department of Social Services. Living well at home: CHSP Good Practice Guide: Commonwealth Home Support Programme (CHSP). June 2015, p 10

^[4] Australian Government, p 10.