Delivering quality care more efficiently inquiry

Questionnaire response 52

Name: Business Council of Co-oepratives and Mutuals

Submission date: 6/06/2025

Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am an industry or advocacy organisation, professional association or peak body

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Aboriginal Community Controlled; Aged care; Co-operative and Mutual Enterprises; Disability; Early childhood education and care; Health; Veterans; from the perspective of having a diversity of business models in care and support with a focus on regional; rural and remote communities.

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   To a great extent

2. What are the reasons for your answer?

   Overlapping regulatory compliance especially around provider registration between aged care and disability/NDIS and Veterans care is very inefficient requiring providers to have different systems and processes for demonstrating compliance on quality and safety. For example, the Eurobodalla Community Care Co-operative has a charter to support people with disability and older Australians who need care. Under current regulations, this means a small place based new co-operative in a rural town needs to apply for registration twice, adding regulatory burden, cost and risk. An analysis of the standards under the new Aged Care Act, Support at Home (i.e. excluding residential care) and NDIS regulatory standards showed a significant overlap between these two programs. A potential solution to this is for there to be a single risk-based registration system. This is critical in regional, rural and remote communities as the compliance costs for small rural providers is prohibitive, threatening the viability and continuity of services in these areas.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   To a great extent

4. What are the reasons for your answer?

   As much as possible. Given the challenges of silos, the BCCM believes governments and regulators should work in a bottom-up approach with providers with cross-care/jurisdictional experience to identifying areas of obvious overlap or alignment.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

The response to the earlier questions included examples of where there are opportunities for collaborative commissioning. The Care Together team has worked collaboratively with the Department of Health Ageing and Disability to identify opportunities for collaborative commissioning.
This has included participating in the SE NSW Integrated Care and Commissioning Project.

It is important to say that all the Care Together projects have involved collaboration where we have worked with a diverse range of people and communities to find solutions that unite them.

BCCM and the Care Together team are highly experienced and skilled in the co-operative business development and understand how co-operative governance and structures, informed by the International Co-operative Principles, creates value for members. Finding this common ground where people and organisations agree to co-operate so they can achieve outcomes they can't do alone, provides a sound foundation on which to build successful collaborative commissioning models. The Government's continued investment in the Care Together program highlights the opportunity to apply co-operative values and principles as a foundation for successful place based cross sector commissioning.

2. What are the benefits of pursuing greater collaborative commissioning?

Benefits include:
• Provides a policy foundation for pursuing greater collaborative commissioning especially in high need areas like regional, rural and remote areas
• Creates an opportunity for case studies and demonstration projects to inform policy development
• Facilitates more place-based solutions that align to the unique circumstances of communities.
• Achieves cost savings by removing overlap and duplication
• Buy in from local communities by aligning people and organisations
• Better outcomes for people who use services
• Empowering communities and building the capacity of people to collaborate
• Learning and capacity building in communities that come from collaborative approaches
• Developing deeper understanding and evidence about the quantitative and qualitative factors that contribute to successful commissioning

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

A major barrier is that competition has been encouraged over many years in care and support sectors.

Co-operatives have been overlooked as a proven way to facilitate co-operation between people, businesses and communities.

BCCM has successfully advocated for amendments to the Corporations Act which now includes a definition of a mutual entity (s51M), the harmonisation of state/territory co-operatives legislation (Co-operatives National Law) and specific provisions for co-operatives in the rules supporting the incoming Aged Care Act. Despite these improvements, more could be done to improve national regulation for co-operatives and we have outlined this in a separate submission under the Economic Dynamism pillar.

The examples of projects provided from the Care Together Program demonstrate the potential for incorporating co-operative principles in the structure and policy foundations of collaborative commissioning.

For example, definitions of what it means to collaborate and co-operate are very similar.

Collaborate – Produced by or involving two or more parties working together to achieve a common purpose.
Cooperate – Working jointly towards the same end. An act or instance of working or acting together for common purpose or benefit.

The Care Together Program has demonstrated further opportunities to show how co-operative solutions could underpin policy and practice for collaborative commissioning. There is an important opportunity to demonstrate this in regional, rural and remote communities building on the lessons learned from Care Together projects.

We also note that the Glen Innes Care Together project referenced earlier in our response, has provided an example of how collaborative commissioning could be undertaken through a place based community owned co-operative working in association with the PHN.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

The participant did not respond to this question.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

The participant did not respond to this question.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

The participant did not respond to this question.