

Aged Care Today...Tomorrow

Individualised Care, De-institutionalised Care



...The Strategic Messages,
The Strategic Considerations,
The Strategic Directions

Presentation Contents

1. Setting The Scene
2. The Aged Care Industry Big Picture...Strategic Insights, Observations & Considerations
 - * Comments, Questions & Discussion
3. The ACRC Recommendations, Government Responses & Department Reforms...
The Key Messages For All Aged Care &/Or Accommodation Providers
 - * Comments, Questions & Discussion
4. The Key Considerations For All Aged Care &/Or Accommodation Providers...
Be They At Governance, Organisational or Service Levels
 - * Comments, Questions & Discussion
5. Available Resources
6. Further Information & Assistance

1. Setting The Scene



This Presentation's Care &/Or Accommodation Proposition

- ◆ The presentation is founded on the following proposition...
 - traditional, programmatic, government funded residential aged care and home care service, business and financial models are doomed to failure or continual demise because of:
 - * the ACRC Recommendations, Government Response and Department Reforms
 - * customer, market and competitor dynamics, forces and trends
 - * the requirements for new, innovative service, business and financial models be they care and/or accommodation



This Presentation's Care &/Or Accommodation Proposition

Existing Service Types

2022–2025/30

2026 – 2030/2035

Residential Aged Care... A Range of Services

- De-institutionalisation of Care Driven By Individualisation of Care
- A Transformational Journey ACRC Recommendations – Department Reforms
- Sector Consolidation Continues
- Red Telephone Boxes Demise, Innovative Tardises Rise
- Transitioning of Customers & Markets

- Range of Specialist Residential Care Facilities & Services, Few High Care, Mainly Sub-acute, Some Acute Care, Increasing Palliative Care

- Range of In-home Residential Care Services, Wherever Home is, Few High Care, Mainly Sub-acute, Some Acute Care, Increasing Palliative Care

Home Care... A Range of Services

- “NDIS” Principles & Practices
- Home Care Programs to In-home Supports
- Home Care Providers to Healthcare Providers
- Sector Consolidation Continues
- Transitioning of Customers & Markets

- Increasing Rise of Specialist, Niche Home Care Providers, Continual Demise of Traditional Home Care Providers

- Integrated & Innovative Home Care & Healthcare Providers a Spectrum of Service Options & Pathways, a Range of Customers, Markets & Revenues

This Presentation's Care &/Or Accommodation Proposition

Existing Service Types

2022–2025/30

2026 – 2030/2035



Summary:

Majority traditional service, business & financial models, innovative new service, business & financial models starting to emerge

Summary:

Transforming organisations, re-engineering service business & financial models, sector/s consolidation, innovation captures opportunities

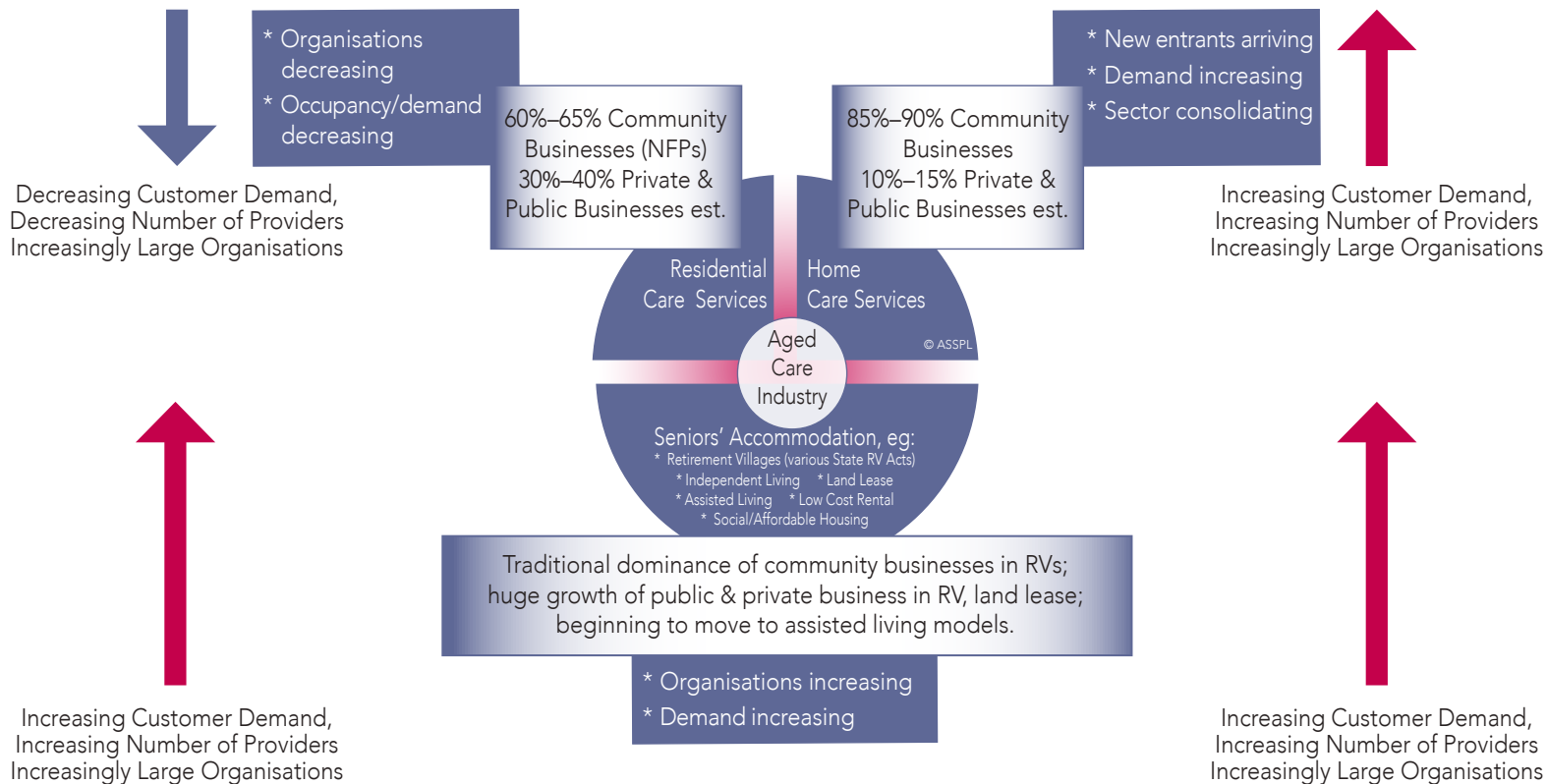
Summary:

Savvy customers, defined or integrated markets, sector/s consolidation, in-home care services, new service, business & financial models

2. The Aged Care Industry Big Picture... Strategic Insights, Observations & Considerations



Customer Demand & Market Forces Drive Consolidation Or Growth



Residential Aged Care Paradigms

The Past Paradigm

- ◆ Hostel & Nursing Homes
- ◆ Emerged from Hospitals
- ◆ Deficit Funding to CAM/SAM
- ◆ Residents Walk & Residents Drive Cars
- ◆ Aged Care & Disability Act
 - ◆ Guidelines & Protocols
- ◆ Mainly Low Care, Limited High Care

The Present Paradigm

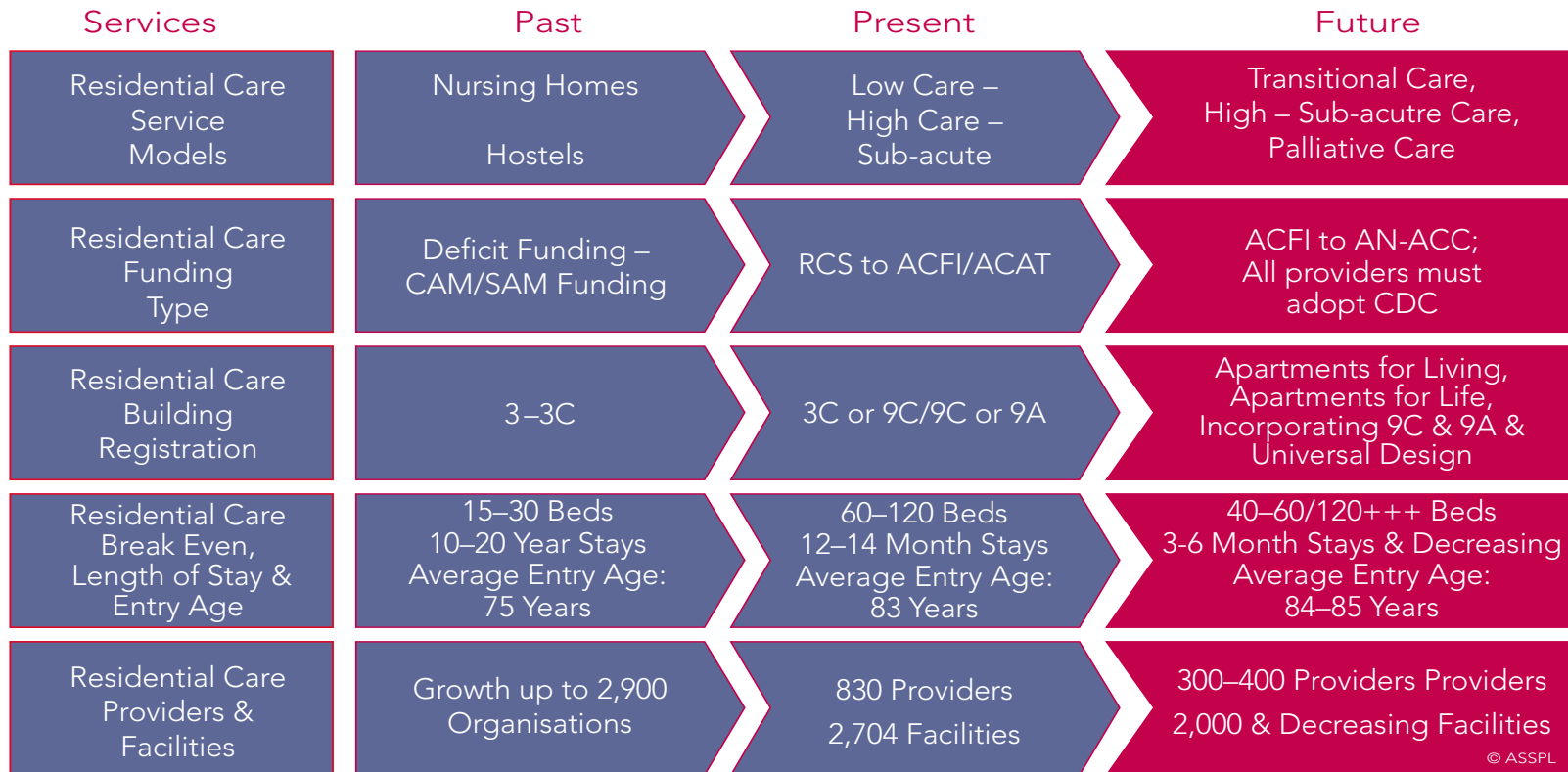
- ◆ Aged Care Homes/Facilities
- ◆ Separate from Hospitals
- ◆ RCS to ACFI
- ◆ Electric Buggies to Wheelie Walkers
- ◆ Aged Care Act 1997
- ◆ Aged Care Standards & Accreditation 1–2; Single Set of Standards
- ◆ Mainly High Care, Sub-acute

The Future Paradigm

- ◆ Customer Choice & Control, Service Options & Pathways
- ◆ Aged & Health Care Services
 - ◆ In-home Residential Care
 - ◆ Integrated Aged & Health Care Model/s
 - ◆ ACFI to AN-ACC & CDC
- ◆ Wheelie Walkers to Electric Beds
- ◆ New Human Rights Based Act
 - ◆ High Care – Sub-acute, Trans. & Pall. Care

© ASSPL

Residential Care, Past, Present & Future



© ASSPL

Home Care Paradigms

The Past Paradigm

- ◆ At Home, Little Support to Increased Support
- ◆ Personal Care, Home Support Services
 - ◆ Services Funded
- ◆ Clients Allocated, moved to CDC
- ◆ Clients Walk & Drive Cars
- ◆ Aged Care, HACC, Disability Acts
- ◆ Guidelines to HC Common Standards
- ◆ Originally Low Care, Moved to Increasing High Care

The Present Paradigm

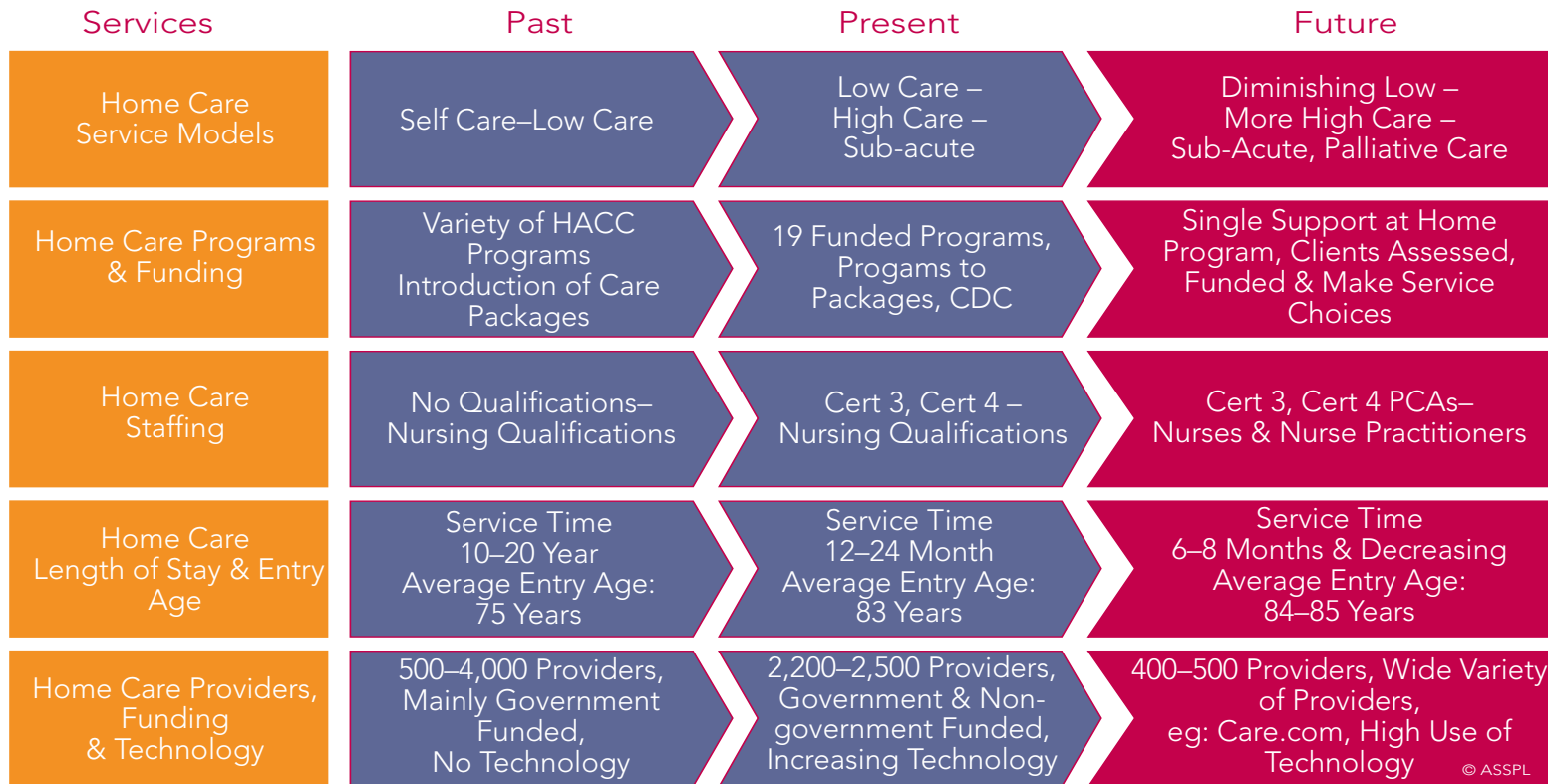
- ◆ At Home, More Support
- ◆ CHSP & Packages
- ◆ Services Funded, Clients' Choice
- ◆ Wheelie Walkers to Electric Buggies
- ◆ Aged Care Act
- ◆ Single Set of Standards
- ◆ Low-High Care, Sub-acute

The Future Paradigm

- ◆ At Home, Telehealth & Telecare
- ◆ Home Care, Individualised Service, In-home Support Program
- ◆ Clients Assessed, Funded & Planned, Similar to NDIS
- ◆ Wheelie Walkers to Electric Beds
- ◆ New Human Rights Based Act
- ◆ Single Set of Standards Revised, Greater Clinical Focus
- ◆ High Care – Sub-acute, Trans. & Pall. Care

© ASSPL

Home Care, Past, Present & Future



© ASSPL

Industry/Organisational Consolidation Continues, The Evidence

Industry Examples	1980s	1990s	2000s	2019/2020	2025/30
Residential Aged Care Providers	2,200	2,900	1,600	830 (June 21)	500–400 (est)
Home Care Providers (Total) CHSP (incl. WA HACC) Home Care Providers	500–2,000	3,000–2,500	2,500–1,500	1,452 (incl. WA HACC) 939 [#]	2,000–1,000 – 500 (est)
Disability Employment Providers	13+	240	260	214 (2012)	N/A*
NDIS Providers	N/A	N/A	493 [^]	3,519 (June 16) 8,698 (June 17) 14,534 (Mar 20)**	6,000 – 8,000 (est)
Employment Providers	700+	300 (only 70 of original 700)	200	41	25–50–100 (est)
Bush Nursing Hospitals	69 (1935–1980s)	30–50	25–30	22	30 (est)
Private Health Insurance <small>© ASSPL</small>	N/A	48	44	37	30–20 (est)

The number of home care providers as of 30 June was 496 in 2016, 735 in 2017, 869 in 2018, 929 in 2019 & 920 in June 2020. The number of home care providers is increasing due to the introduction of Consumer Director Care.

* Programs & funding made part of NDIS.

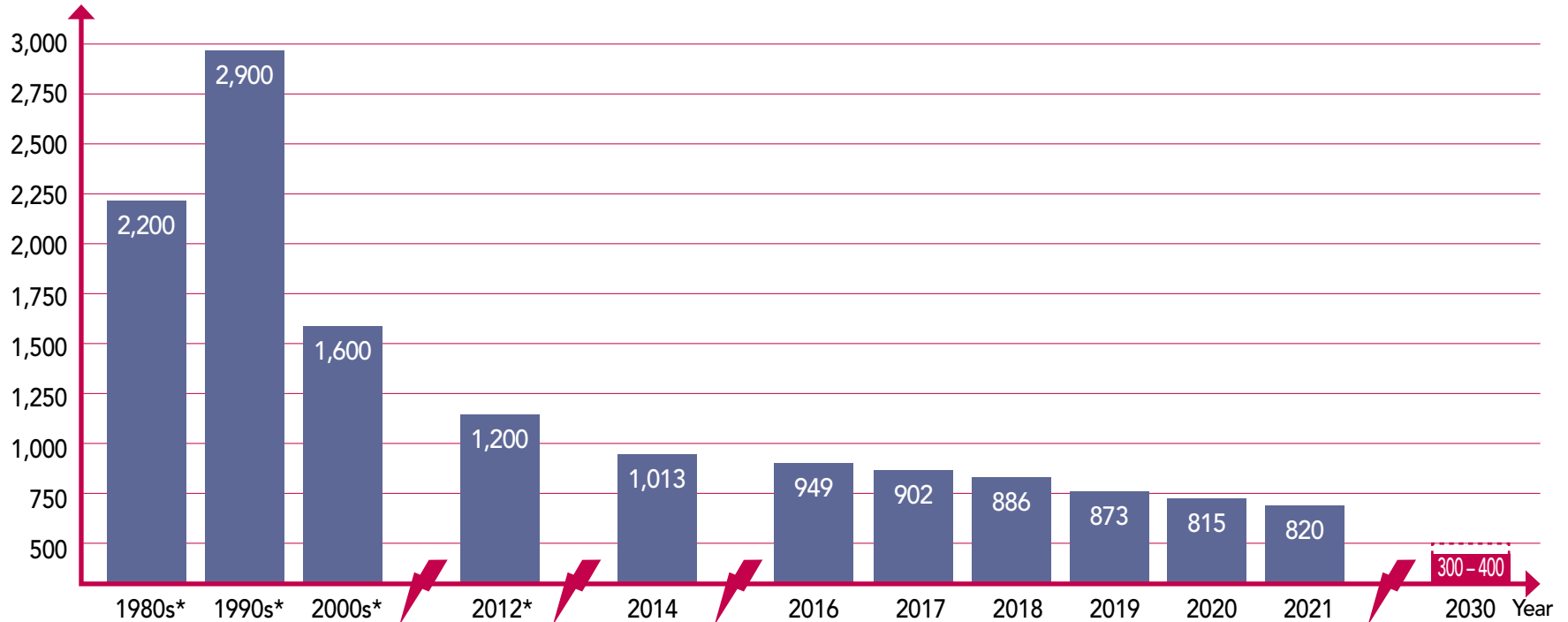
M462 V2.1 15 December 2021

[^] Providers funded by C'wlth DSS prior to NDIS.

** Numbers increasing due to the introduction of NDIS. Approx 67% of providers are active; the top 25% of providers receive 80–90% of the value of payments made by NDIA; Consolidation is expected to occur in 2–4 years.

Residential Aged Care Providers Consolidate, The Evidence

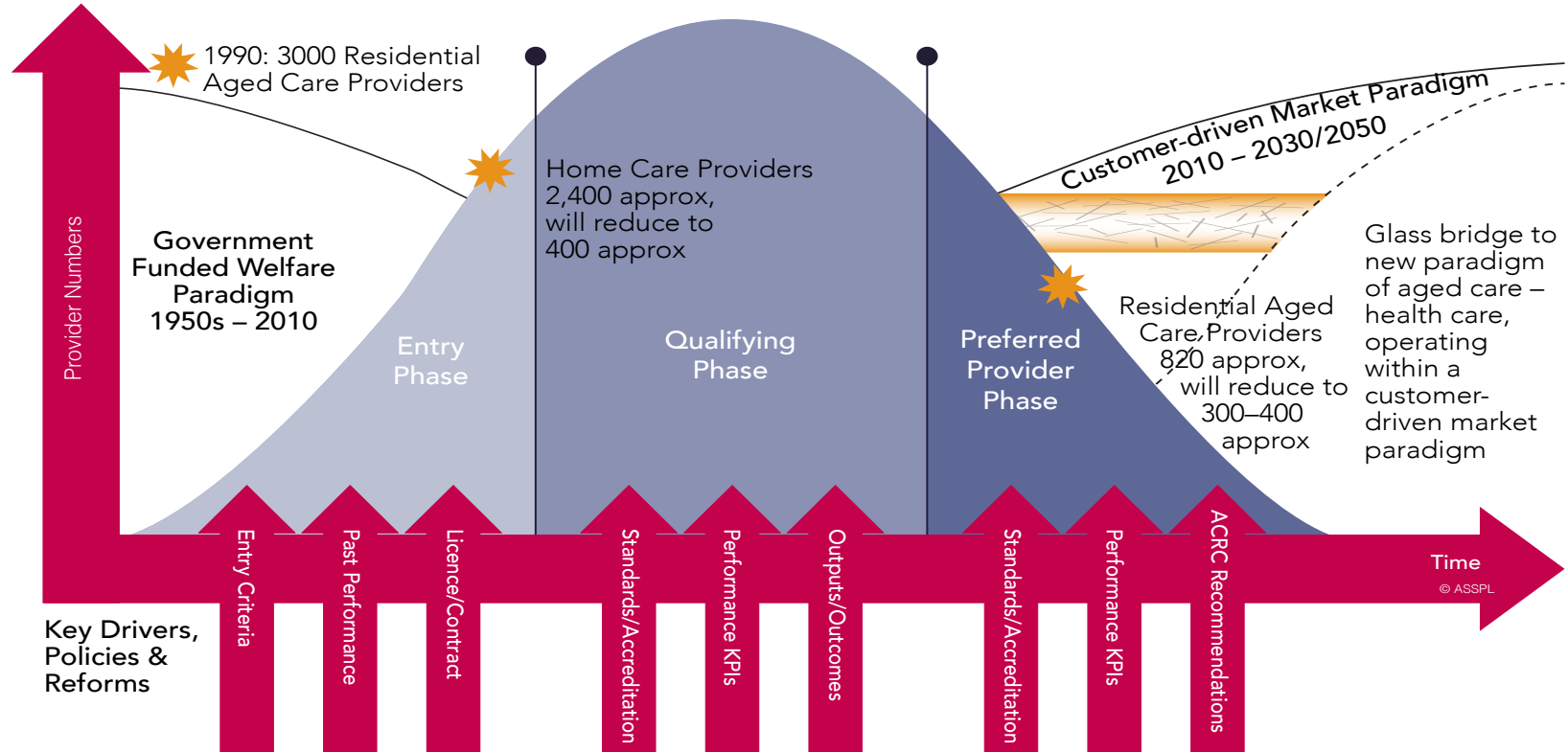
No of Resi Aged
Care Providers



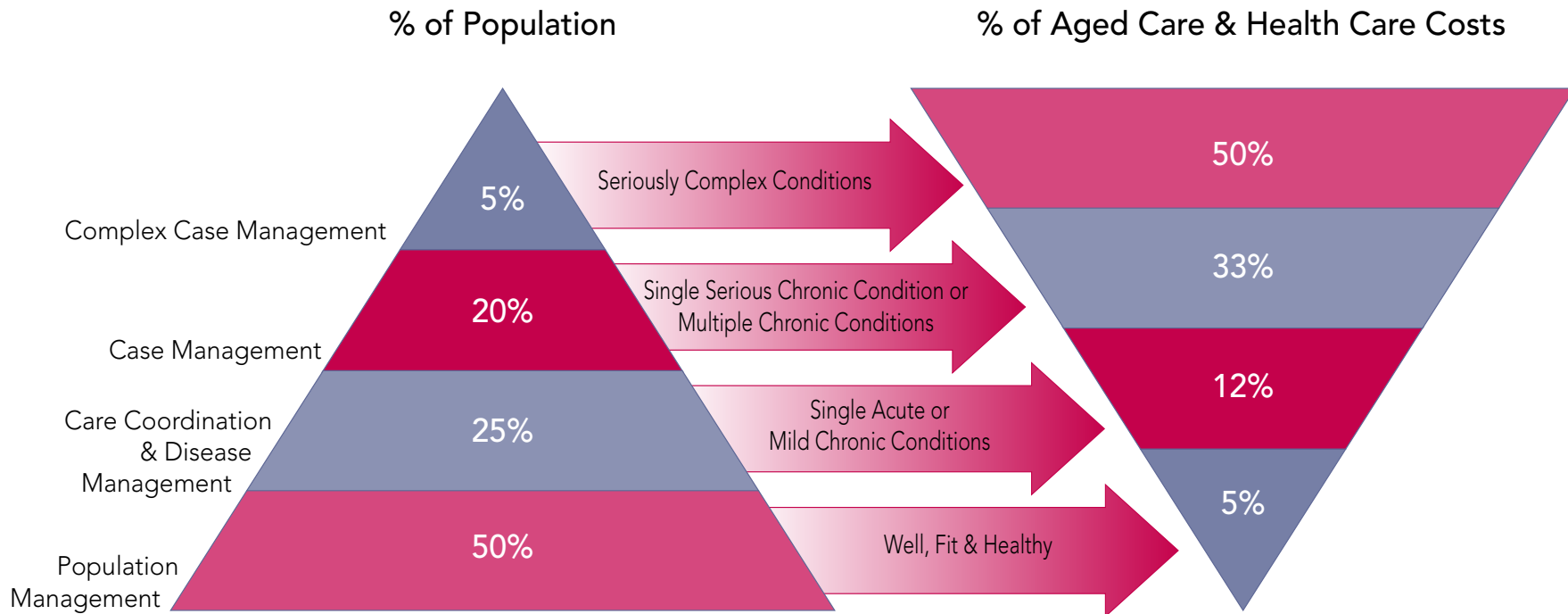
Note: * Numbers are approximate; all other years are as at 30 June

* Consolidation relates to traditional residential aged care providers

From One Bell Curve To Another Bell Curve, Via A Glass Bridge



Population & Care Cost Realities Equals Opportunities



Published by Fallon Health MA USA, desktop published by Australian Strategic Services Pty Ltd

Note: Based on US research, Australian studies have also identified 5% of the population contributing up to 50% of health care costs, or 25% of the population consume 83% of health care costs

Human Service Expenditure Increases As Demand Increases

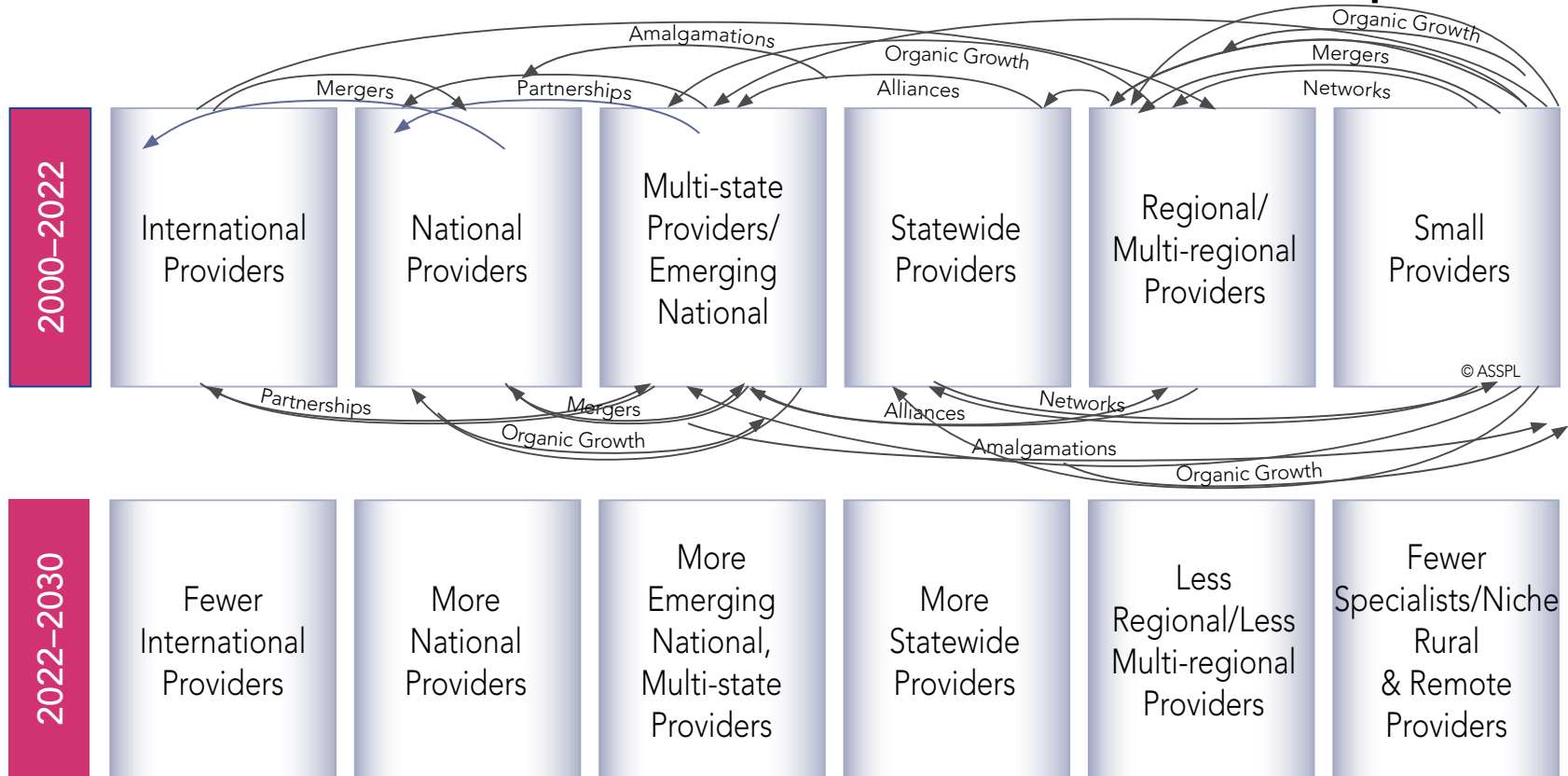
Reporting Category	2016–2017: \$1b	2017–2018: \$1b	2018–2019: \$1b	2019–2020: \$1b	2020–2021: \$1b
Acute Care – Hospitals	18,460	19,563	20,639	21,769	22,577
Aged Care	17,470	18,554	19,809	21,141	22,318
Primary Care (incl. mental health)	1,490	1,535	1,632	1,288	1,254
Medical Benefit Scheme	22,893	23,671	24,816	26,473	27,915
Pharmaceutical Benefits Scheme	11,634	11,280	11,108	11,118	10,984
Private Health Insurance	6,258	6,424	6,559	6,694	6,846
Indigenous	798	881	895	9332	968
Sport & Recreation	366	416	363	311	307
Other	12,261	11,923	11,863	11,734	11,945
Grand Total	91,655b	94,247b	97,683b	101,459b	105,214b

© ASSPL

Note: Estimates refer to whole government expense for health including payment made by Health, Treasury, DVA, DHS & ATO

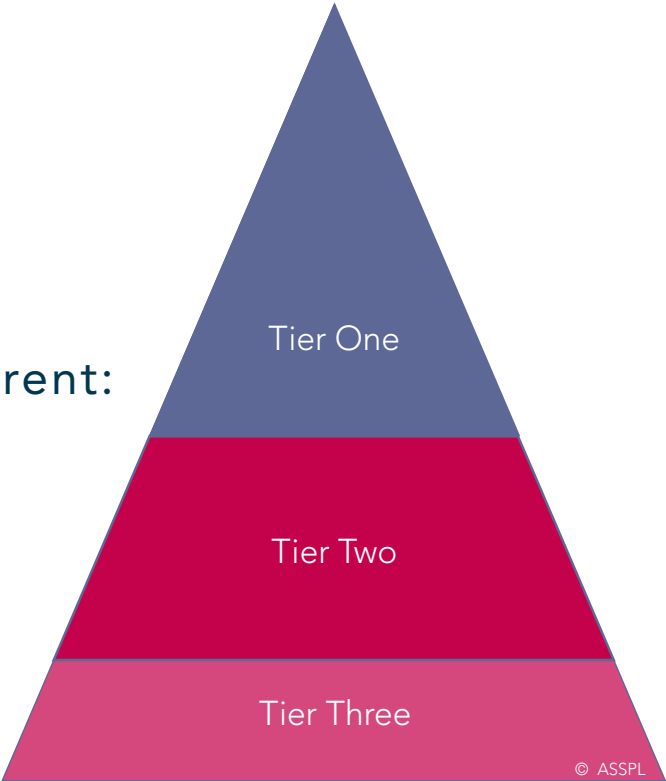
Source: Stewart Brown, Residential Care Report – December 2017

The Big Are Getting Bigger, The Small Go Niche/Specialist

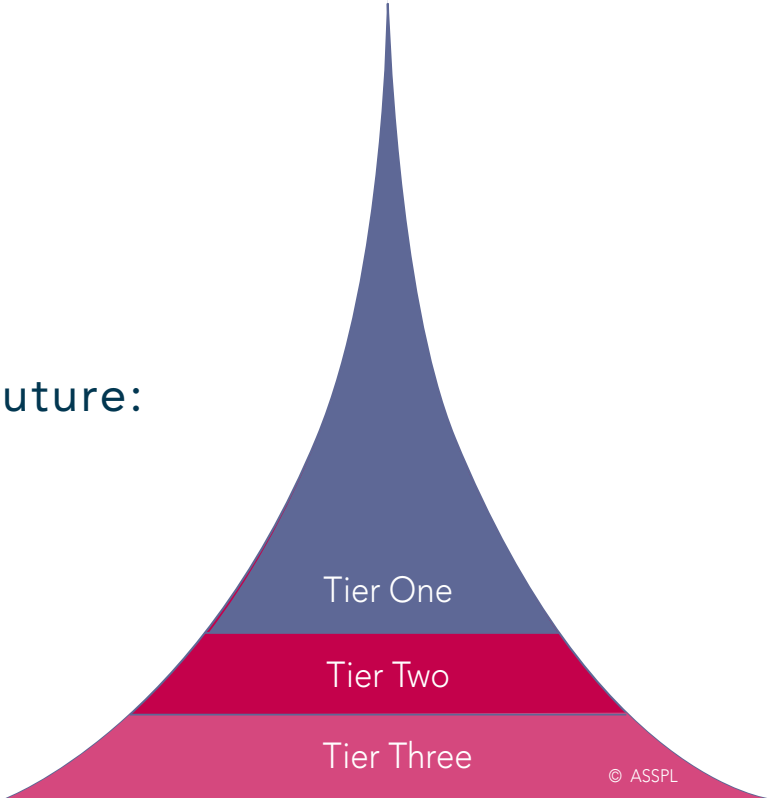


The Current & Future Shape Of Aged Care Industry & Sectors

Current:



Future:



Aged Care Industry Dimensions...Tiers 1, 2 & 3

- ◆ Both the residential care and home care sectors of the aged care industry can be divided into Tier 1 providers, Tier 2 providers and Tier 3 providers
- ◆ In summary, Tier 1 providers are characterised by such elements as: dominant market share, increasing economies of scale, strong brand recognition, geographical spread, multi-revenue streams and multi-services
- ◆ Tier 2 providers are usually mid sized, town or regionally based, growing or wishing to grow, considering amalgamations or mergers, have several revenue and service streams
- ◆ Tier 3 providers represent the majority of providers and are typically small, locally focused, increasingly concerned about their future, amalgamating into Tier 1 or Tier 2 organisations

The Changing Profile Of The Aged Care Industry...An Example

Calvary Health Care

- ◆ 2015: Beginning of strategy to drive greater integration of its existing 'four leaf clover' (community care, hospital, residential aged care and retirement living businesses) whilst continuing to grow service provision
- ◆ 2021: Acquires publicly listed residential aged care provider Japara Healthcare Limited growing its residential aged care almost 200%

Respect Aged Care (formerly Island Care)

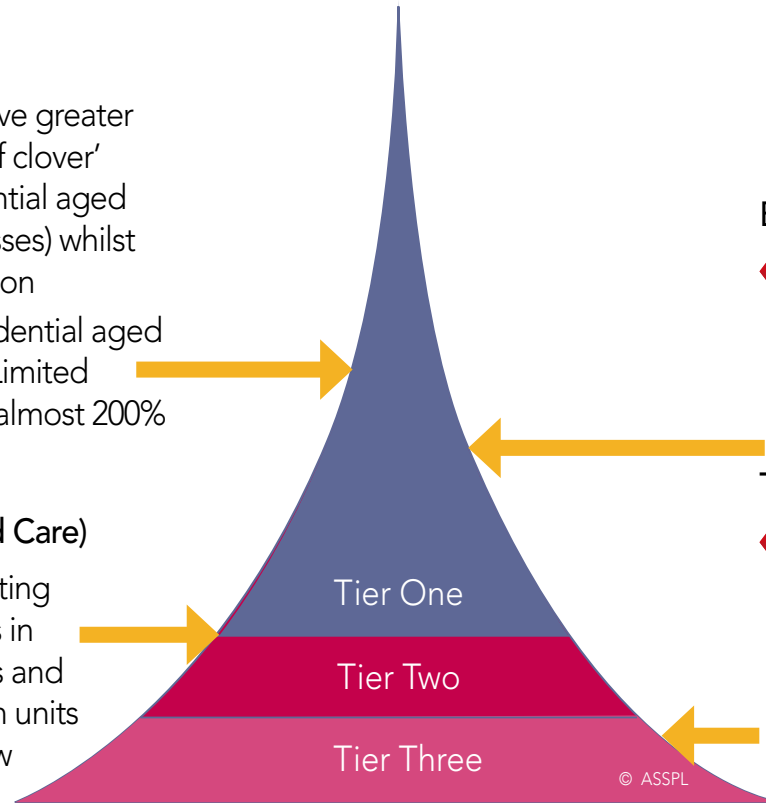
- ◆ Since 2014 has grown from operating two residential aged care facilities in Tasmania to operating 13 facilities and 250 seniors living accommodation units across Tasmania, Victoria and New South Wales

Bolton Clarke

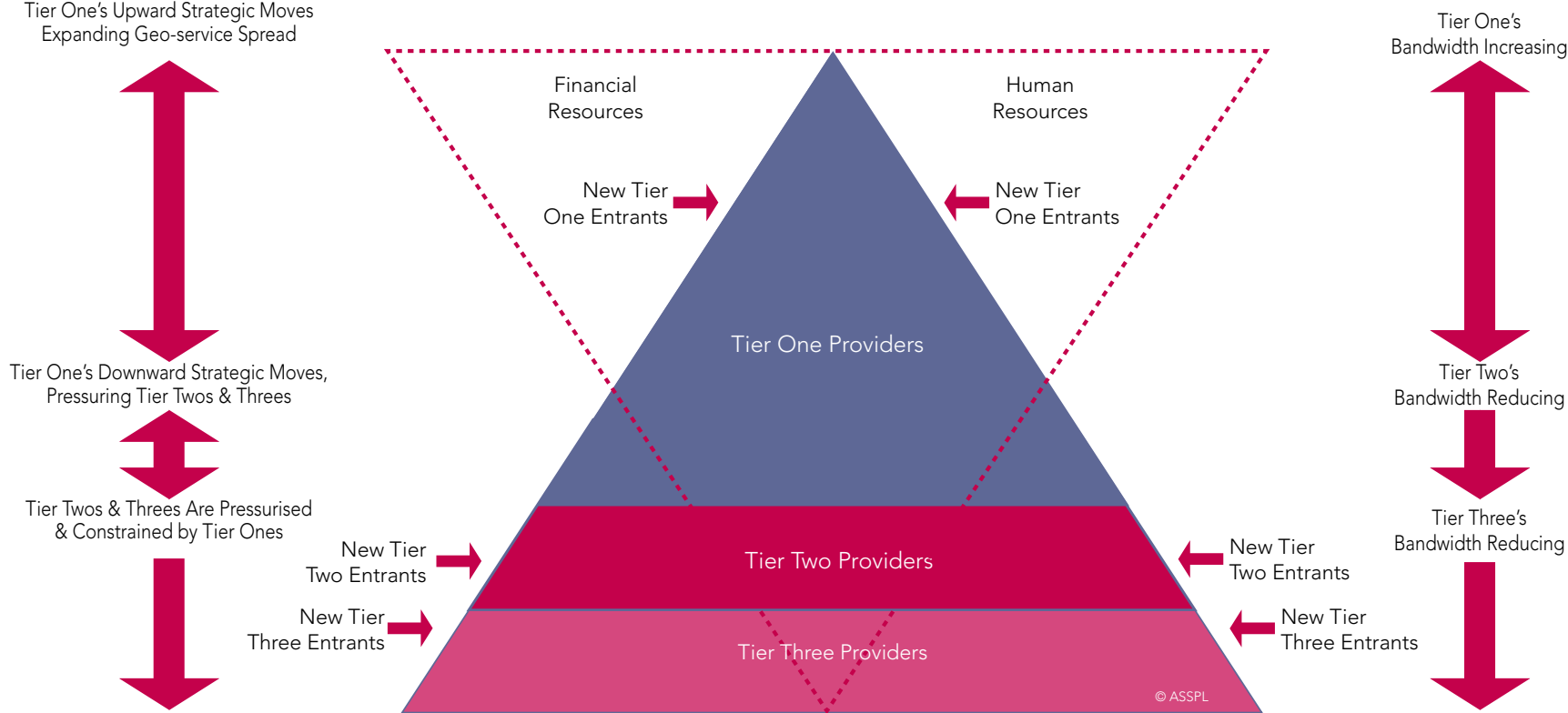
- ◆ 2015: RSL Care and Royal District Nursing Service (RDNS) merge to form Bolton Clarke, which today delivers services across Australia and New Zealand

Toosey

- ◆ 40 bed facility in rural Tasmania; has diversified to become an aged care and health care provider operating 56 residential beds, 17 ILUs, 2 Rural Health (Hospital) Beds, Home Care, Community Health and Allied Health services

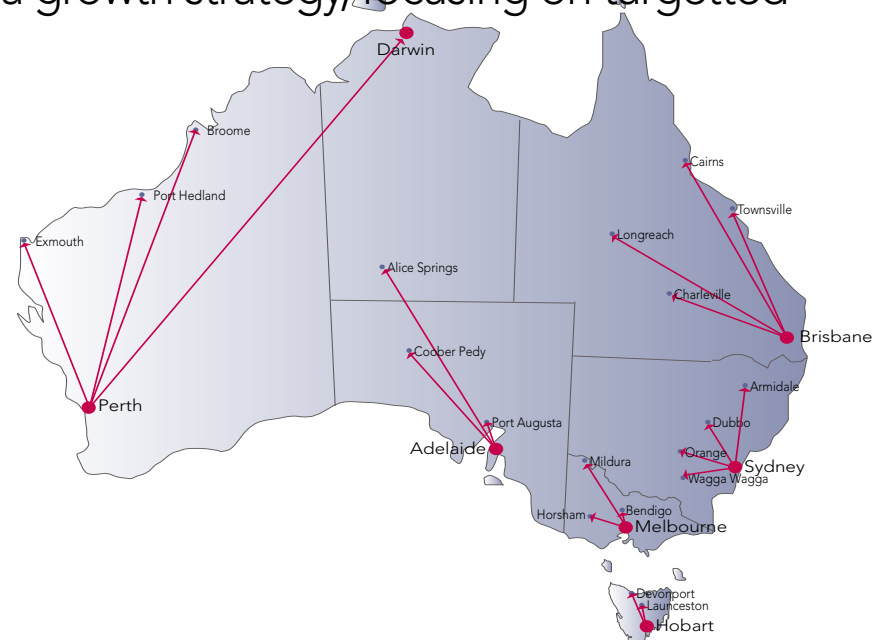


The Influence & Power Of Tier One Organisations

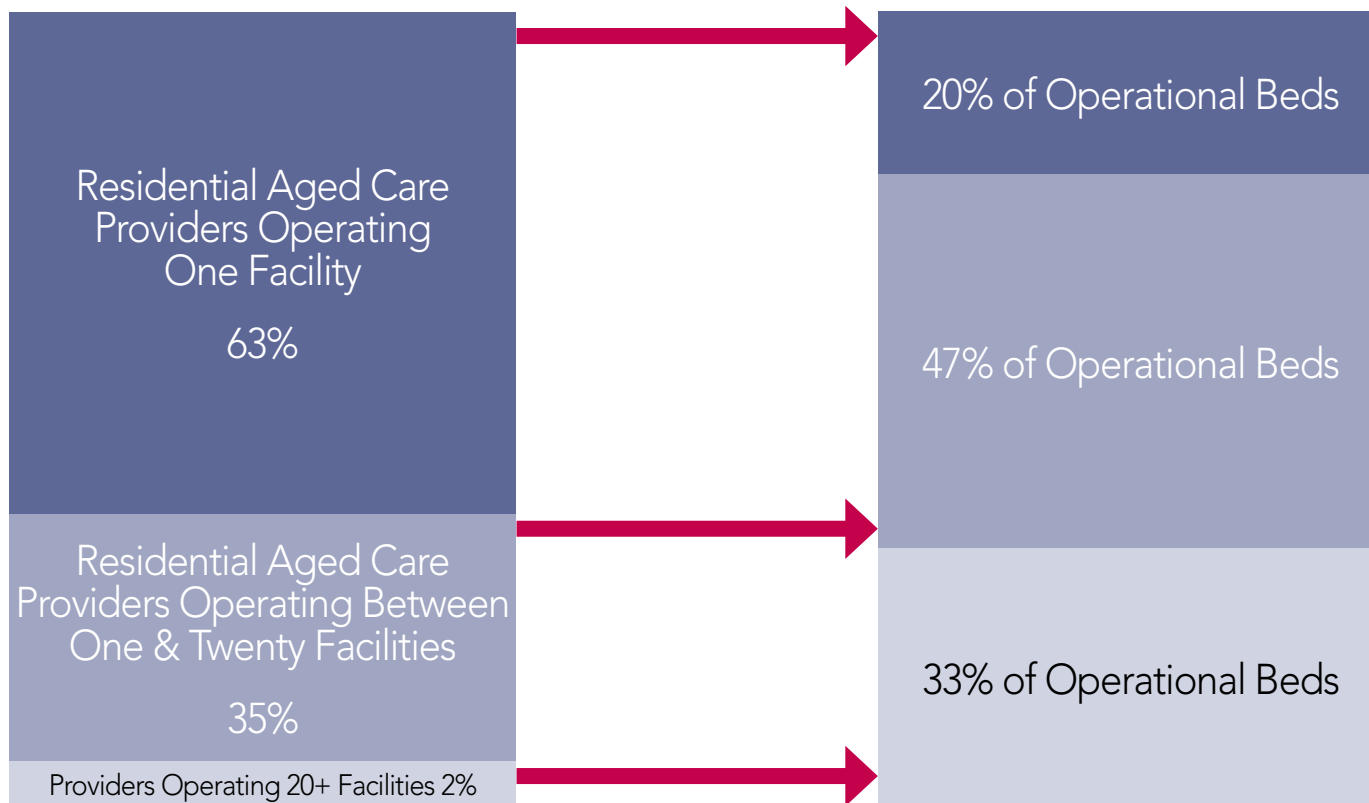


Cities Are Crowded, Tier One & Two Providers Are Targetting Premium Regional & Rural Communities &/Or Providers

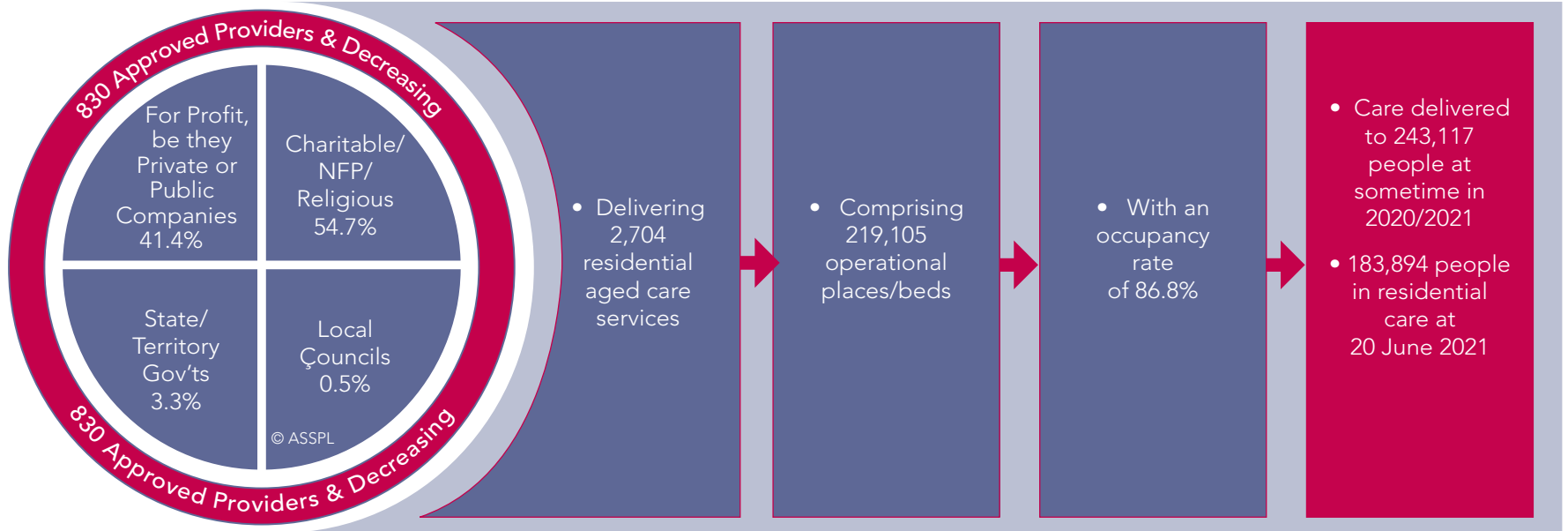
- ◆ Tier One and Tier Two providers are targetting regional and rural communities in order to research, develop and implement a growth strategy, focusing on targetted towns, communities, regions and states.
- ◆ Organisations' various growth strategies include:
 - * organic growth strategies
 - * targetted strategic partnerships
 - * targetted amalgamations
 - * targetted acquisitions
 - * targetted brokerage contracts
 - * targetted contacts/networks.



Residential Beds Matched To Provider Facility/ies Percentages

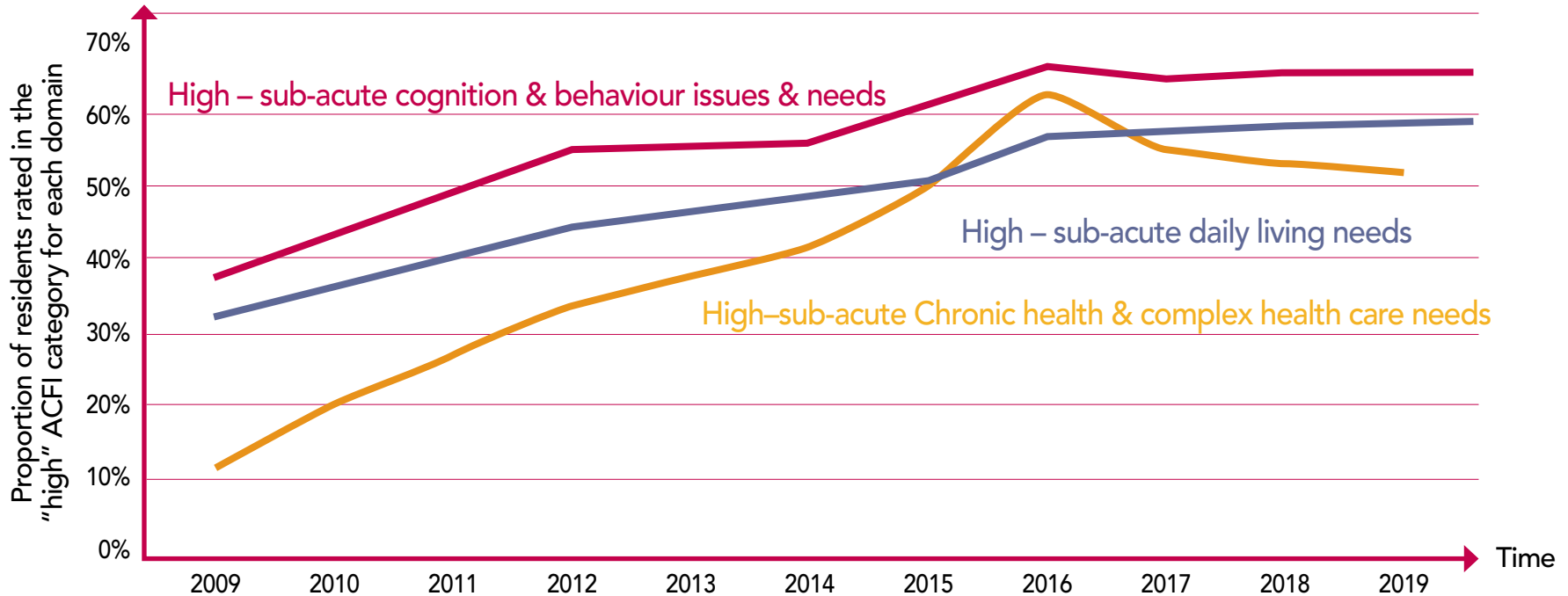


Residential Aged Care Provider & Resident Overview



* 2020–2021 Report on Operation of the Aged Care Act

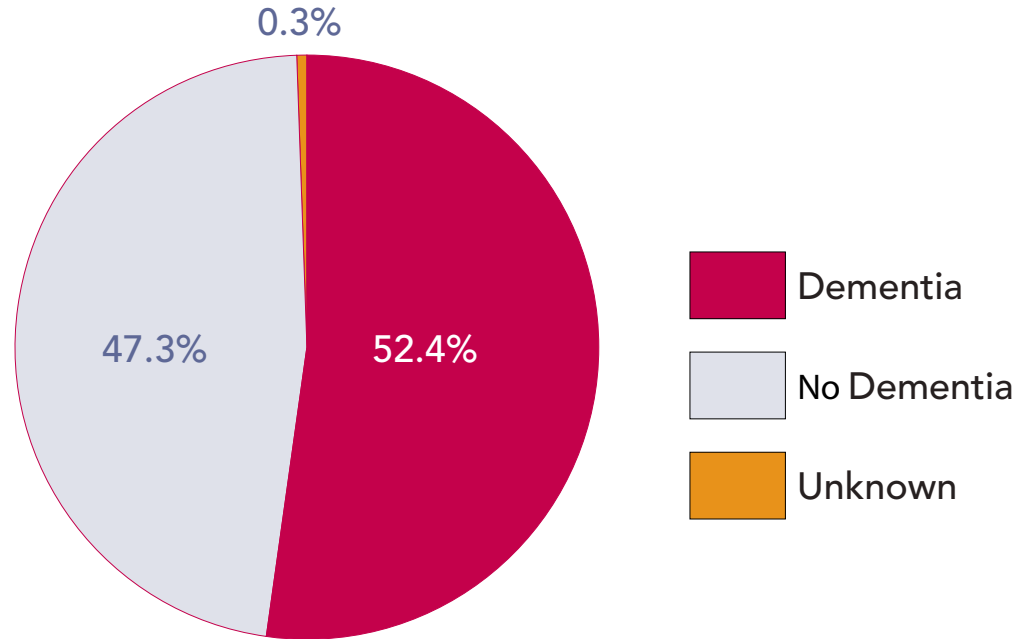
Residential Care Becomes Some High Care, Mainly Sub-acute



Source: Gibson 2020, published by the Grattan Institute

- ◆ Over the past 10 years, the proportion of aged care residents with high care – sub-acute care needs has increased significantly.

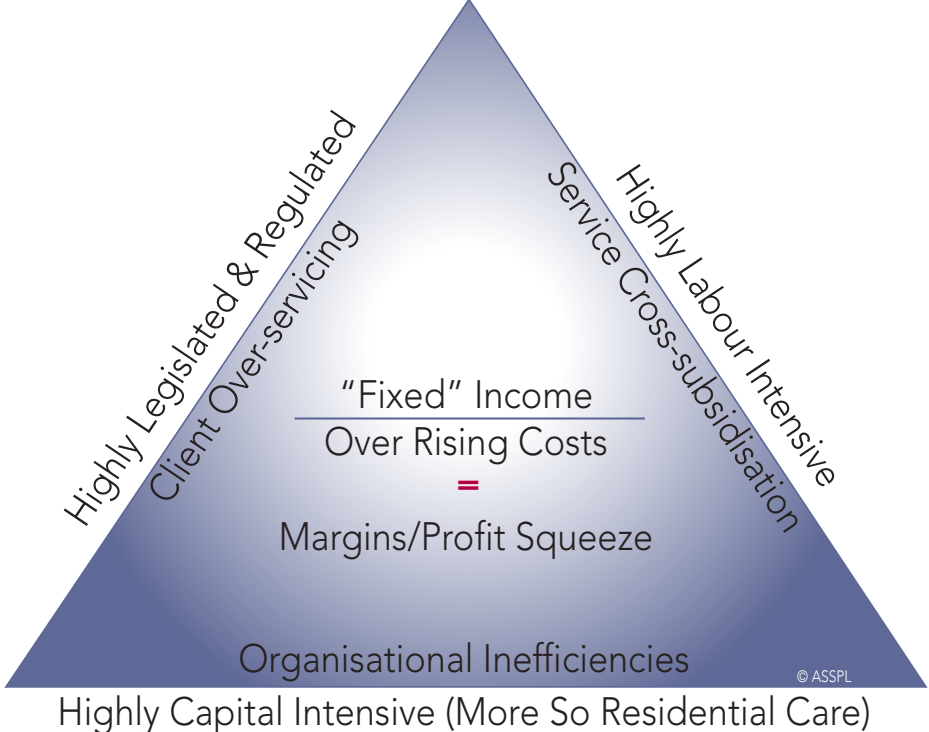
Residential Aged Care, Resident Dementia Status



* 2020–2021 Report on Operation of the Aged Care Act

◆ Permanent residents by dementia status, at 30 June 2021.

The Typical Service, Business & Financial Models Of Residential Aged Care & Home Care Organisations



"Fixed Income" & Rising Costs, A Disaster, The Evidence

Year	Cost Increases	Dollar Worth	Funding (COPO) Increase	Dollar Worth
Start 1997	\$1 =	\$1		
1997	3.50%	\$1.04	1.50%	\$1.02
1998	3.50%	\$1.07	1.50%	\$1.03
1999	3.50%	\$1.11	1.50%	\$1.05
2000	3.50%	\$1.15	1.50%	\$1.06
2001	3.50%	\$1.19	1.50%	\$1.08
2002	3.50%	\$1.23	1.50%	\$1.09
2003	2.00%	\$1.25	1.50%	\$1.11
2004	3.50%	\$1.30	0.00%	\$1.11
2005	3.50%	\$1.34	1.50%	\$1.13
2006	2.50%	\$1.38	1.50%	\$1.14
2007	3.50%	\$1.42	1.40%	\$1.16
2008	3.50%	\$1.47	1.50%	\$1.18

Year	Cost Increases	Dollar Worth	Funding (COPO) Increase	Dollar Worth
2009	2.50%	\$1.51	0.00%	\$1.18
2010	2.00%	\$1.54	1.30%	\$1.19
2011	2.50%	\$1.58	1.40%	\$1.21
2012	3.50%	\$1.64	1.40%	\$1.23
2013	2.00%	\$1.67	0.00%	\$1.23
2014	2.50%	\$1.71	1.50%	\$1.24
2015	2.50%	\$1.75	1.15%	\$1.26
2016	3.50%	\$1.81	1.50%	\$1.28
2017	3.50%	\$1.88	1.15%	\$1.29
2018	2.00%	\$1.92	1.17%	\$1.31
2019	2.00%	\$1.95	1.15%	\$1.32
2020	2.50%	\$2.00	1.15%	\$1.34

© Research Analytics

“Fixed Income” & Rising Costs, The Evidence

- ◆ Analysis by Research Analytics (refer to table on previous page) shows that up to 2020 the increase in underlying funding for residential aged care services has in real terms meant providers have gone backwards financially unless they have been able to deliver a 70% efficiency or labour productivity in their business, or maintain corporate costs (\$ per bed) whilst increasing revenue by increasing bed numbers.
- ◆ This financial crunch is reflected in the fact that in March 2020 60% of residential aged care facilities were operating at a loss (negative earnings before tax).
- ◆ Stewart Brown forecast that additional funding in the May 2021 budget would:
 - * improve the average operating result from a deficit of \$9.95 per bed per day to a deficit of \$0.38 per bed per day for FY2022; and
 - * this would result in the percentage of residential aged care facilities operating at a loss (negative earnings before tax) declining to 45%.

Innovative & Disruptive Aged Care Models Are Increasing

- ◆ New entrants to the market are creating innovative and disruptive new service, business and financial models, be they residential and/or home care providers.
- ◆ However, leading and some upper following boards, chief executive officers and executives have been able to commence transforming, or completely transform their organisation, re-engineer their business model and reinvent their culture transforming to new service, business and financial models, eg: Care Connect, via digital technology.

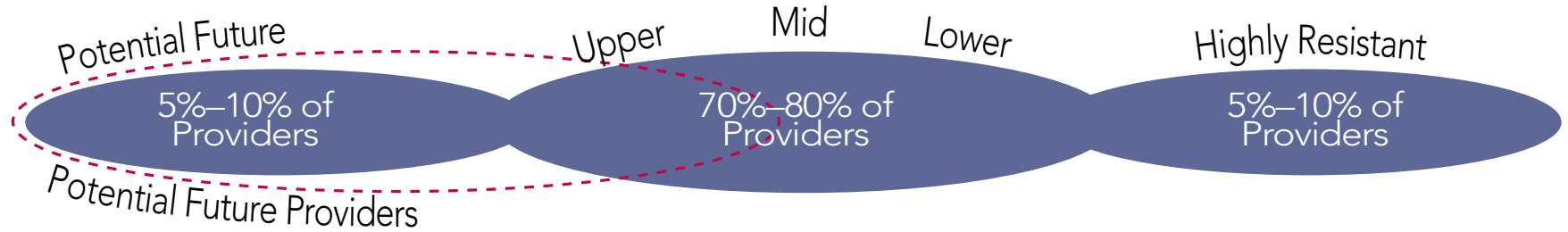


The Emerging Reality Of All Aged Care Organisations

Leading Organisations

Following Organisations

Resisting Organisations

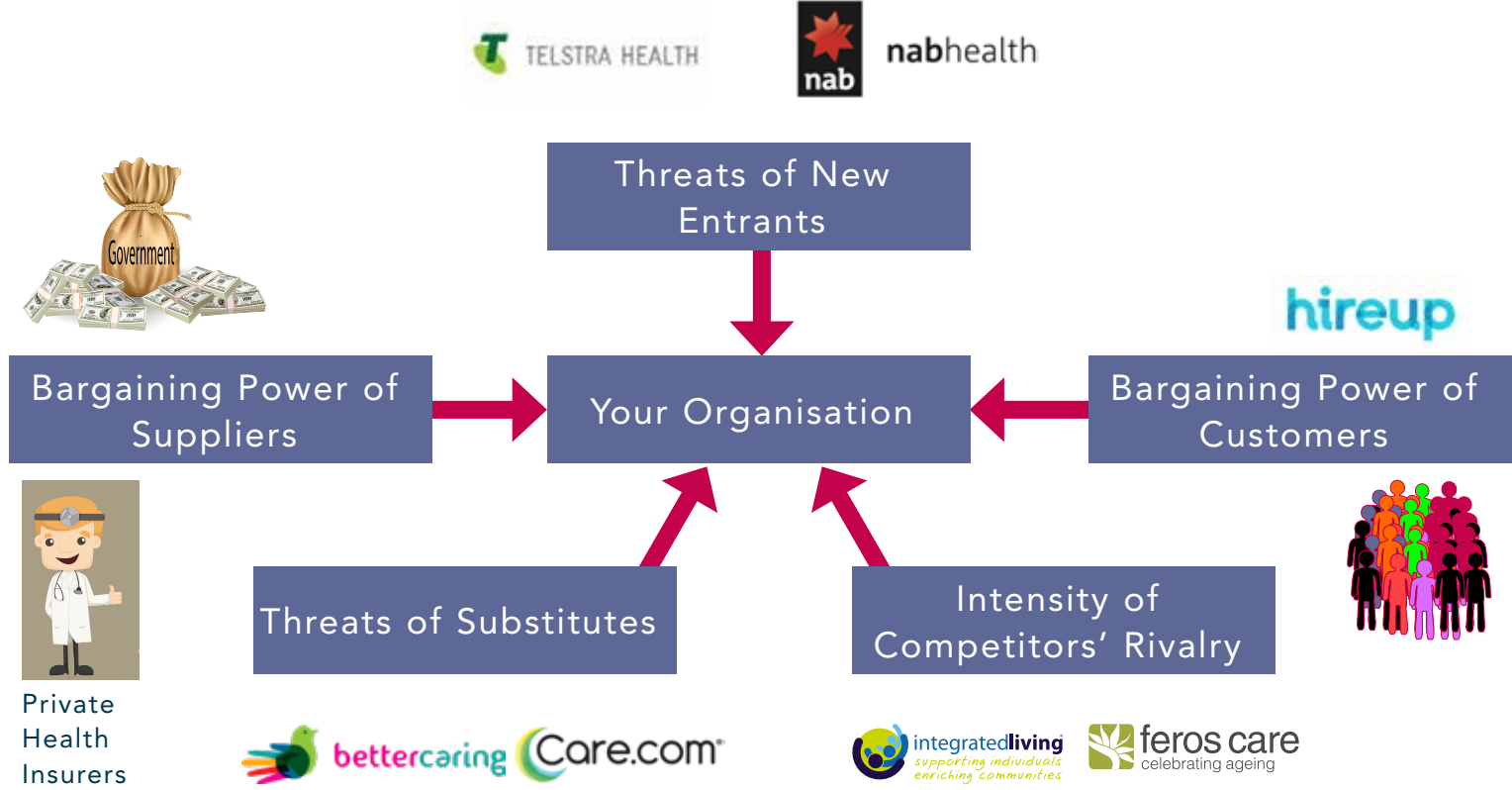


- ◆ Visionary, entrepreneurial, creative & innovative
- ◆ Major organisational transformation projects
- ◆ New service, business & financial models, new markets & revenues, new technologies & digital solutions

- ◆ Cautious, sequential strategies & projects
- ◆ Varying degrees of achievement & change
- ◆ Watching & learning, generally slow to act
- ◆ Conservative, risk averse boards & CEOs
- ◆ Upper, Mid & Lower

- ◆ “We are quality, we are accredited”
- ◆ “Our clients love us”
- ◆ “We’ve seen it all before, we don’t need to do anything”
- ◆ “We know the local politician”, etc, etc
- ◆ We are excellent”

The Paradigm Has Shifted, Remember Porter's Five Forces

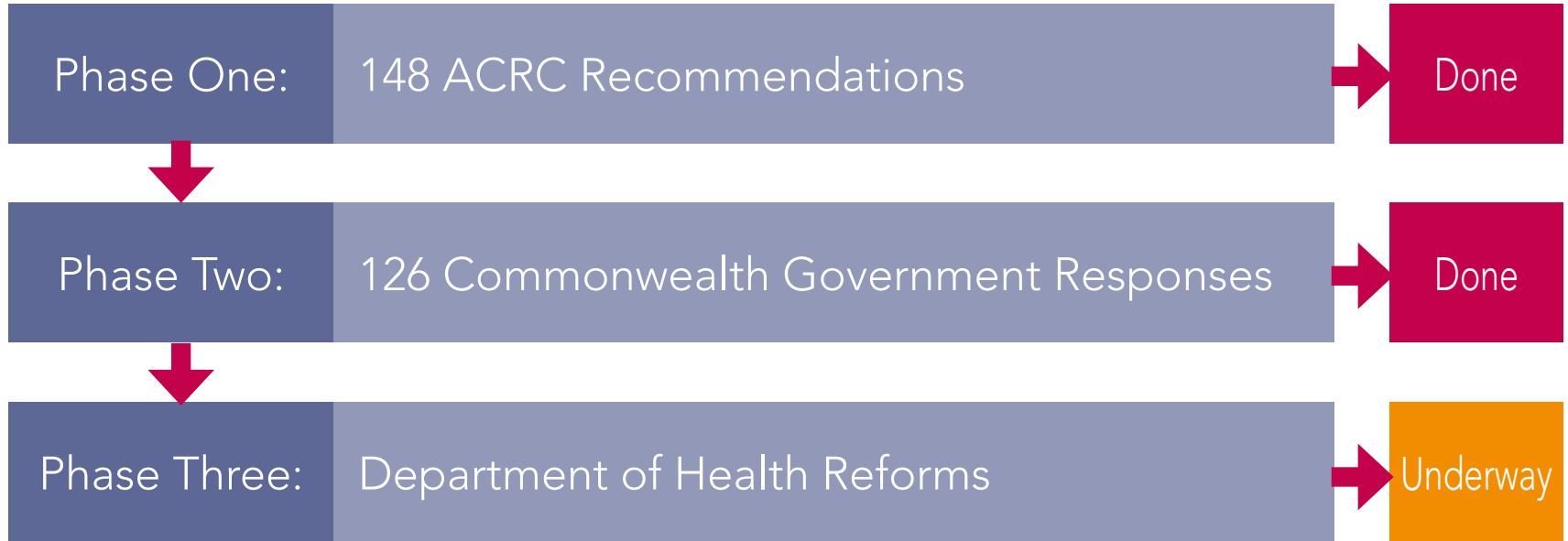


3. The ACRC Recommendations, Government Responses & Department Reforms... The Key Messages For All Aged Care &/Or Accommodation Providers

* Comments, Questions
& Discussion



Message One...The Aged Care Royal Commission



- ◆ As the Royal Commission into Aged Care Quality and Safety Recommendations take their place in history, the Commonwealth Government Responses to these Recommendations provide the mandate for the Department Reforms.

Message Two...The Deinstitutionalisation Of Aged Care, The Individualisation Of Aged Care Services

- ◆ The headline message arising from the ACRC Recommendations and the framework they establish for all aged care providers and the industry is...

*“the de-institutionalisation of care,
the individualisation of care”*

- ◆ In summary, a cataclysmic paradigm shift, focused on the individual who is ageing and receiving care, not the organisation that is delivering care.
- ◆ In a nutshell, providers must transform or perish!



Message Three...A Strengthened Aged Care Philosophy, A New Aged Care Framework, Created By ACRC Reforms

- ◆ The strengthening and enacting of the prevailing philosophy and principles of “ageing in place” or consumer choice and control, along with consumer directed care (CDC) will be based on:
 - * human rights principles and practices
 - * the provision of service options and service pathways, therein CDC
 - * the continuing dynamics, forces and trends of a customer-driven, competitive marketplace.



Message Four...Boardroom Bingo, 17 Key ACRC Reforms

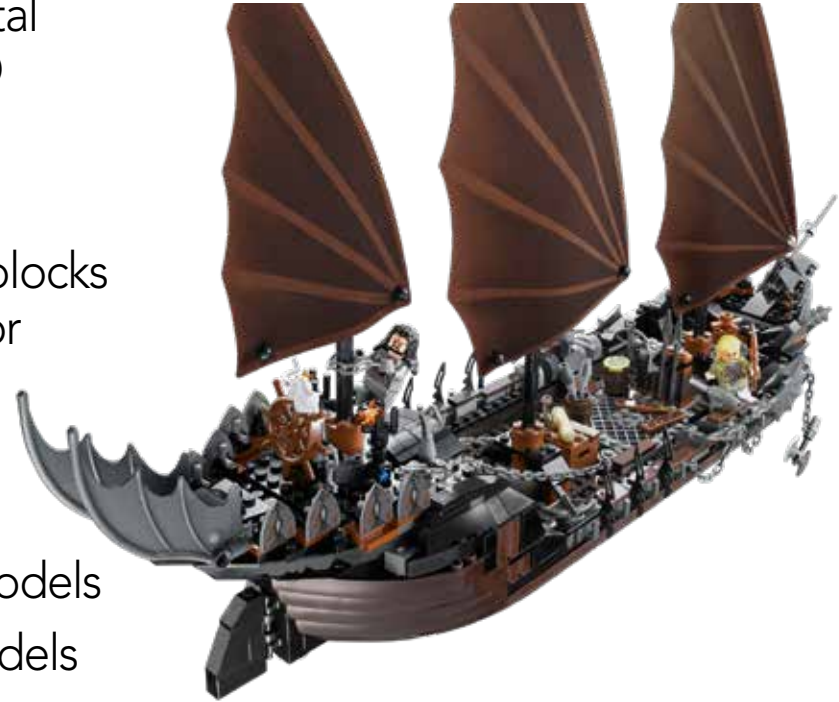
- ◆ The Australian Government's Response included 126 of the 148 ACRC Recommendations.
- ◆ Of the 126 Recommendations included in the Response, a number can be categorised into 17 Key Reform Drivers; together these will not only dramatically impact your organisation's current service, business and financial models but cause the need for new service, business and financial models.

1. The ACRC Report, The Headline Messages, All of the 126 Recommendations

1. The ACRC Report, The Headline Messages, All of the 126 Recommendations	<p>2</p> <p>A New Human Rights Based Aged Care Act</p> <p>Recommendations: 1, 2, 3</p>	<p>3</p> <p>New Aged Care Quality and Safety Standards</p> <p>Recommendations: 13, 17, 18, 19, 20, 21, 65, 93</p>	<p>4</p> <p>A New Care Assessment Framework</p> <p>Recommendations: 25, 28</p>	<p>5</p> <p>Star Ratings of Organisations, Performance Information & Support For Customers</p> <p>Recommendations: 15, 24, 26, 27, 29, 94, 95</p>	1. The ACRC Report, The Headline Messages, All of the 126 Recommendations
	<p>6</p> <p>In-home Care: Additional Packages</p> <p>Recommendation: 39</p>	<p>7</p> <p>In-home Care: A Single In-home Care Program</p> <p>Recommendations: 31, 32, 33, 34, 35, 36, 117, 118</p>	<p>8</p> <p>Residential Care: A New Funding Model, AN-ACC & Minimum Staff Time</p> <p>Recommendations: 11, 85, 86, 110, 117, 116, 120,121</p>	<p>9</p> <p>Enhanced Access To Primary and Allied Health Services, Increased Use Of Telehealth, Digital Technology and MyHealth Record</p> <p>Recommendations: 61, 63, 68, 34, 35, 36, 37, 38, 58, 59, 109</p>	
	<p>10</p> <p>Registered Workforce, A More Qualified Workforce</p> <p>Recommendations: 48, 77, 78, 79, 80, 61, 82, 83, 114</p>	<p>11</p> <p>Quality Indicators, National Benchmarking and Evidence Based Reporting</p> <p>Recommendations: 22, 23, 100, 122</p>	<p>12</p> <p>Strengthened Care Regulator, Increased Requirements</p> <p>Recommendations: 10, 97, 98, 103, 104, 137</p>	<p>13</p> <p>Residential Care: Prudential Standards, Liquidity and Capital Adequacy Requirements and Reporting</p> <p>Recommendations: 116, 131, 132, 133, 134, 135, 136</p>	
	<p>14</p> <p>Residential Care: No ACAR, Places Go Directly To Customers</p> <p>Recommendation: 25</p>	<p>15</p> <p>Residential Care: National Design Standards For Accommodation</p> <p>Recommendation: 45</p>	<p>16</p> <p>Strengthened Board Governance & Leadership</p> <p>Recommendations: 14, 77, 88, 89, 90,101</p>	<p>17</p> <p>Recommendations Yet To Be Determined</p> <p>Recommendations: a. No RADS, Rec: 142 b. Increased Wages, Recs: 84, 85 c. Civil Penalties, Recs: 101,102</p>	
1. The ACRC Report, The Headline Messages, All of the 126 Recommendations					

Message Five...Each Departmental Reform Is A LEGO Block, But Combined What Do They Create & Mean For Your Organisation?

- ◆ The 126 Government Responses – Departmental Reforms can be considered as individual LEGO blocks.
- ◆ The two key questions that arise are:
 - * combined, what framework do the LEGO blocks make... a pirate ship, an interstellar tardis or star ship?
 - * what does this framework mean for your organisation's:
 - current service, business and financial models
 - future service, business and financial models
 - transformational strategies.



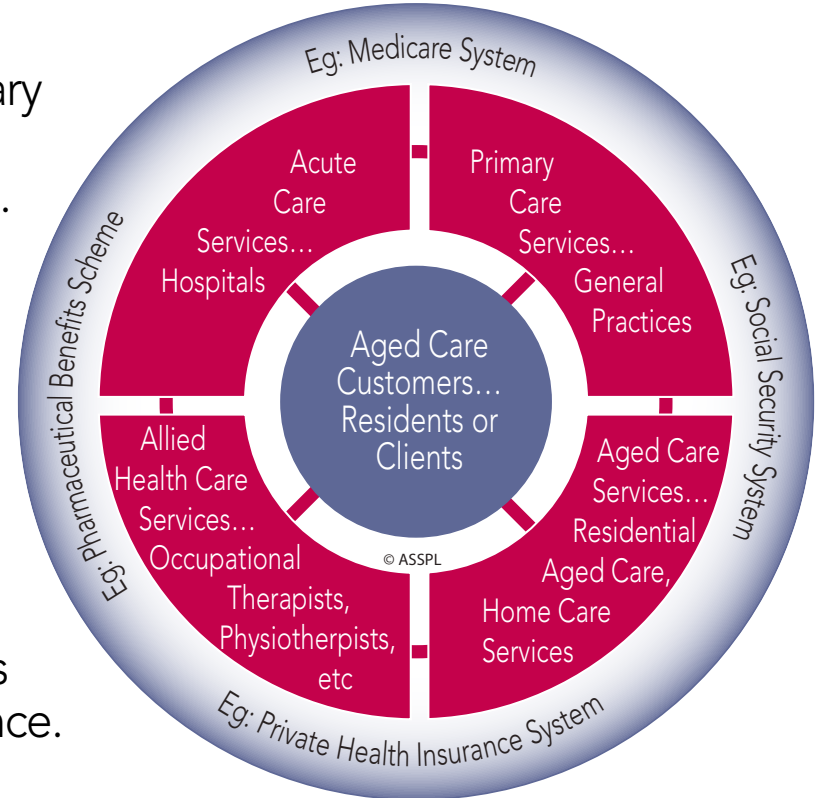
Message Six...A New Aged Care Act, A New Framework, A Human Rights Based Aged Care System

- ◆ The existing Aged Care Act is focused on “responsibilities”, eg: Approved Providers, Funding, Accreditation etc
- ◆ A new Aged Care Act will be focused on the individual customer, be they a resident or a client – in essence it will be “a human rights based” Act, founded on the Universal Declaration of Human Rights (UDHR) and associated international, national and state legislations and standards.



Message Seven...Aged Care, A Vital & Integral Part Of The Australian Health Care System

- ◆ Aged care, along with allied health care, primary care and acute care form the four key service components of Australia's Health Care System.
- ◆ Although until now aged care has been "the black sheep" of the health care system
- ◆ Aged care will become a vital and integrated part of the Australian Health Care System.
- ◆ The four supporters of the health care system and the people that use these services, including aged care residents and clients, are, eg: Medicare, the Pharmaceutical Benefits Scheme, Social Security, Private Health Insurance.



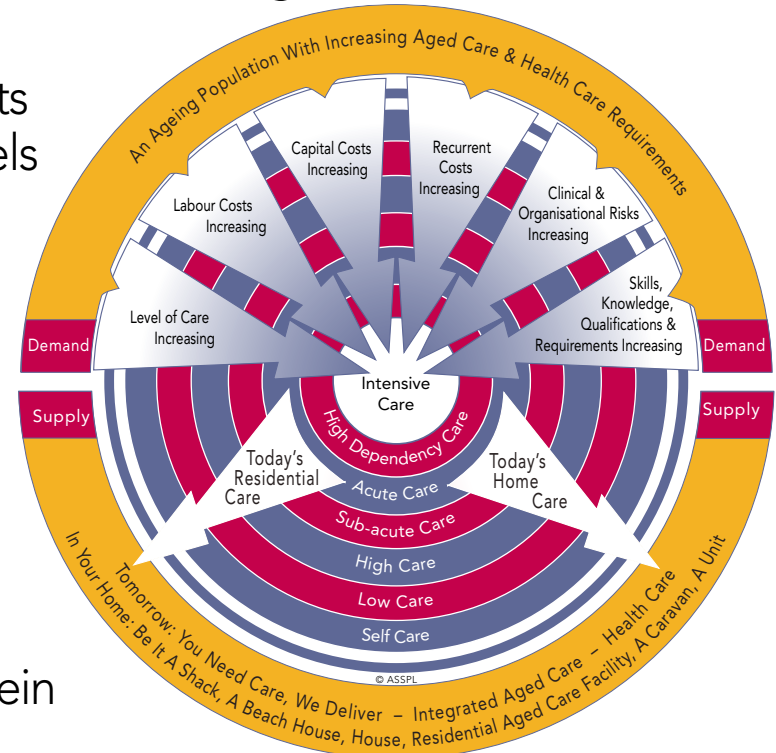
Message Eight...Aged Care Has A Critical Role & Function To Play As Part Of The Health Care System

- ◆ As part of the Australian Health Care System, aged care has a critical role and function to play now and in the future, by:
 - * keeping people out of acute care
 - * helping people exit out of acute care earlier
 - * preventing re-admission to acute care
 - * addressing customers' co-morbidities by focusing on their lifestyle, health and wellbeing journey.
- ◆ In essence, assisting customers through service delivery to enhance, with or without support, their self-management and self direction.

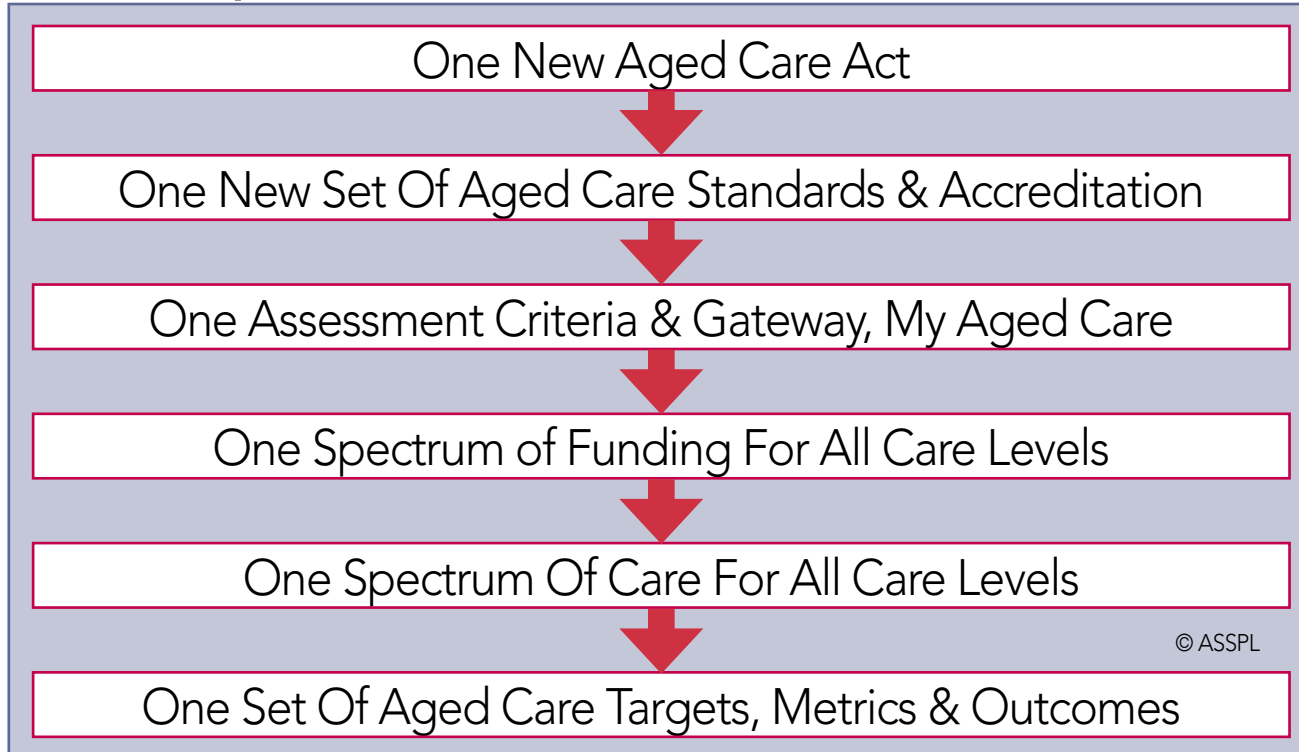


Message Nine...Demand & Supply Will Drive In-home Care & The Creation Of Specialist Residential Aged Care

- ◆ Understanding the bigger picture of both the demand side and supply side of care, in all of its forms, and therein the seven different care levels (see rings), the five drivers (arrows) and their strategic impacts and implications on all types of care organisations, including specialist residential aged care, in-home care, seniors living and health care is critical.
- ◆ The inter-relationship of acute care (hospitals), aged care (providers), allied health care (occupational therapists, physiotherapists), primary health care (GPs) is/will be critical; therein are the opportunities.

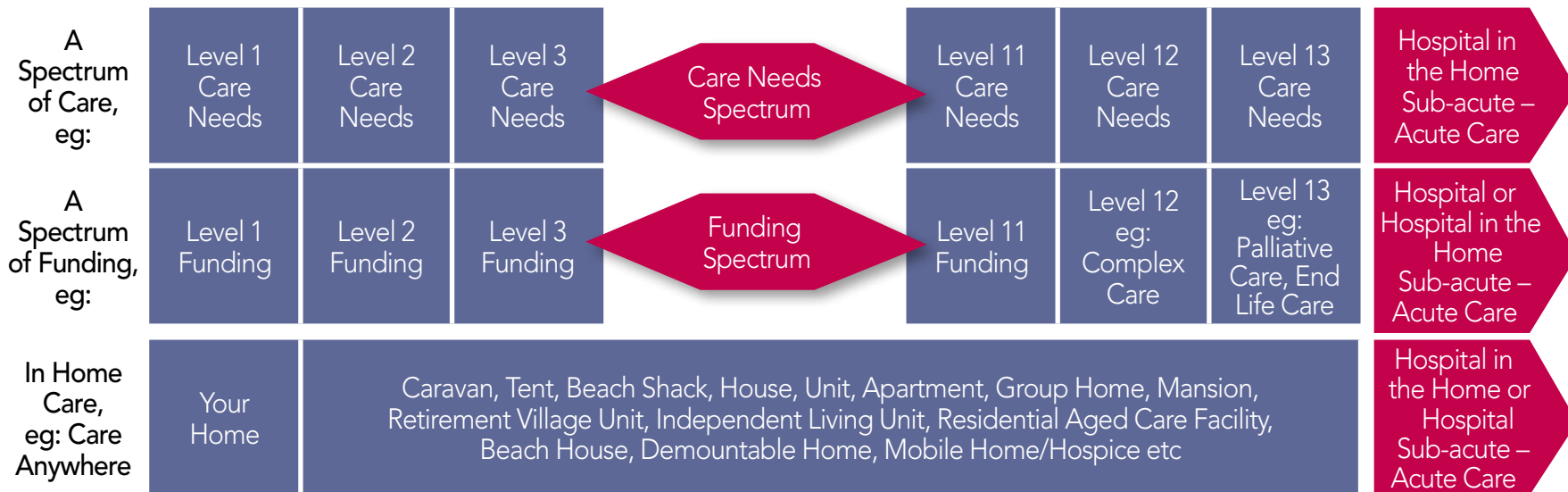


Message Ten...ACRC Reforms Will Create A New Framework For The Development & Delivery Of Aged Care Services



Message Eleven...CDC Enacted By Spectrums of Care & Funding, Creating A Range Of Service Options & Pathways

- ◆ Many boards, chief executive officers and executives are locked into a programmatic funding mentality and approach; they must understand the opportunities and challenges of the new assessment, services and funding models and what they mean eg:

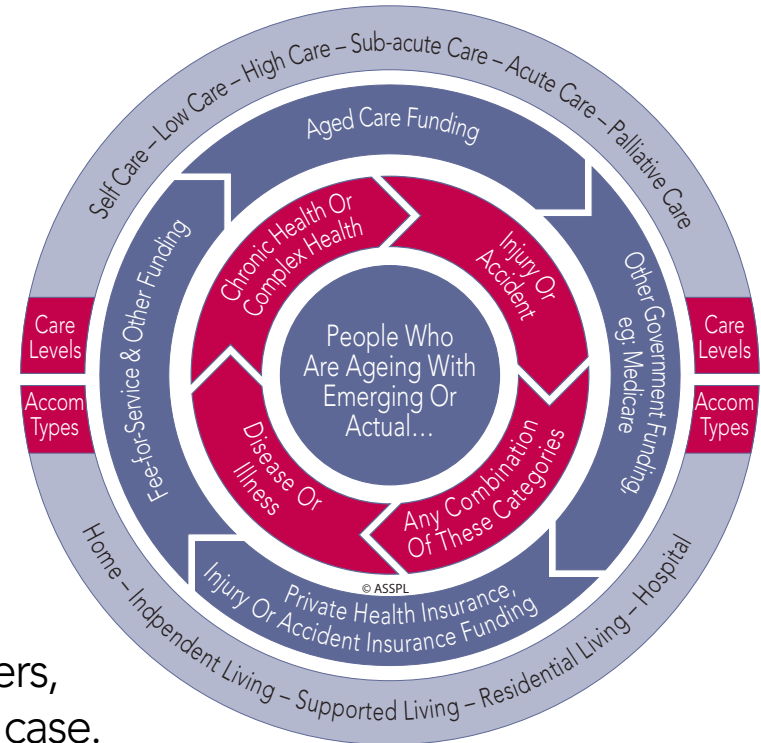


Message Twelve...The Realities & Practicalities Of Who Providers Care For Today Versus Tomorrow

- ◆ People who are ageing with emerging or actual:
 - * chronic health or complex health issues
 - * injury or accident
 - * disease or illness
 - * any combination of these categories

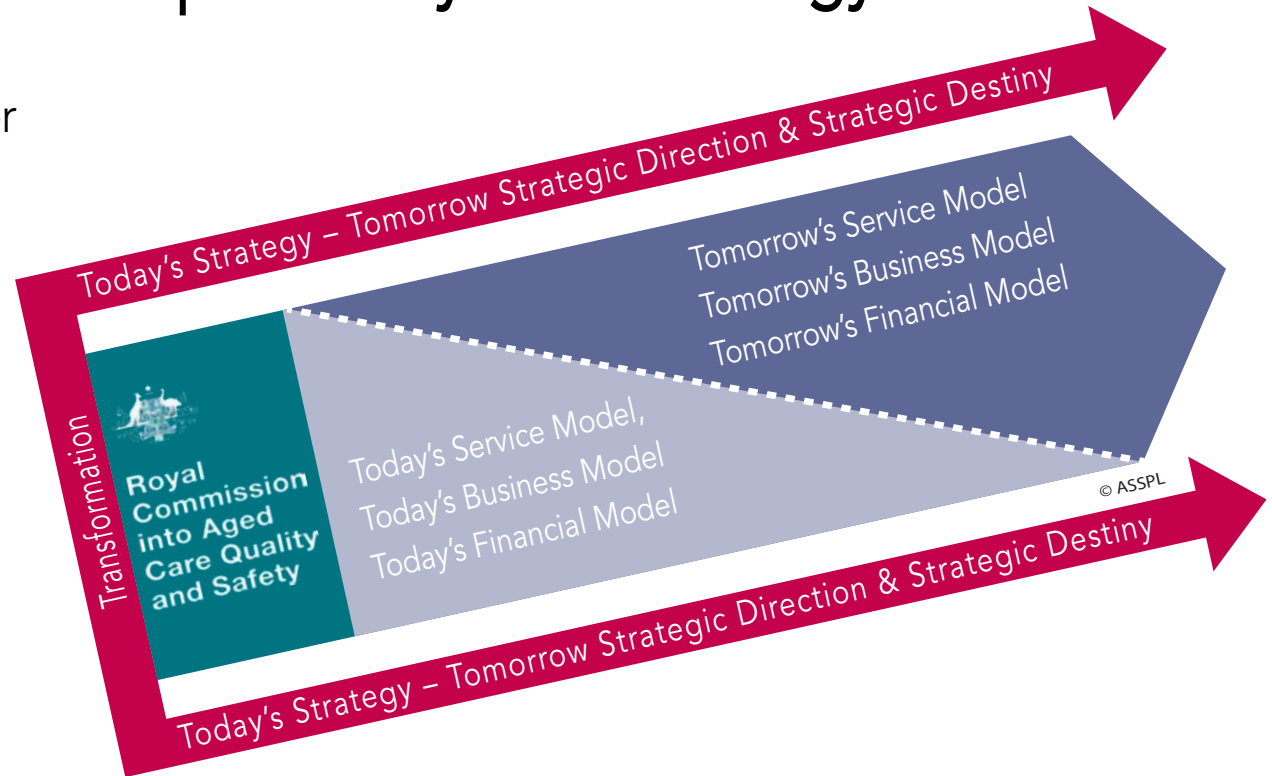
are all potential specialist residential aged care or home care customers, and increasingly customers of RVs/ILUs.

- ◆ Whilst traditional, government funded aged care providers were established, and tend to be still focussed on residential care or home care customers, markets and funding, this does not have to be the case.



Message Thirteen... Transform Today's Service, Business & Financial Models, Underpinned By Your Strategy

- ◆ To transform your organisation, re-engineer your service–business model and reinvent your culture, your board, chief executive officer and executives must develop and document a compelling and willing strategy, validated by an integrated and robust financial model.



4. The Key Considerations for All Aged Care &/Or Accommodation Providers... Be They At Strategic Governance, Organisational Or Service Levels

* Reflections, Questions & Discussion



Key Questions To Address

- ◆ There are four key questions that the boards, chief executive officers and executives of aged care organisations should ask themselves, definitively answer and strategically address:
 1. What overarching, headline messages are contained in the ACRC Report and what do they mean for our organisation and its services today and tomorrow?
 2. What specific ACRC Recommendations, Government Responses and enacting Department Reforms – referred to later in this article as Key Reform Drivers – will directly impact on or have implication for both our organisation's current and future service, business and financial models?



Key Questions To Address

3. In light of these Key Reform Drivers, are our organisation's traditional, programmatic, government funded residential aged care and / or home care (incl. CHSP) service, business and financial model/s doomed to failure or continual demise?
4. On the basis of the answers to the previous questions, is there a strategic imperative to transform our organisation, re-engineer our service, business and financial models and reinvent our culture?



Available Resources

Presentations

- ◆ Take One, Red Telephone Boxes or Interstellar Tardises... are traditional residential aged care & home care business models doomed to failure or continual demise?
Michael Goldsworthy
- ◆ The Board, CEO's Roles & Responsibilities in Strategically Transforming Their Organisation.
Michael Goldsworthy

Take One, Red Telephone Boxes or Interstellar Tardises...

Download a 30 minute video of Michael presenting these slides at the LASA Ten Days of Congress 2020 (download size 84MB)
https://www.dropbox.com/s/lo9w85u7czilz8w/Red%20Telephone%20Boxes_LASA%202020.mp4?dl=0

...are traditional residential aged care & home care business models doomed to failure or continual demise?

 AUSTRALIAN STRATEGIC SERVICES

 LASA AFFILIATE 2020-2021

 ACSA

Available Resources

Articles

- ◆ It's a Paradigm Shift, *Michael Goldsworthy*
- ◆ Boardroom Bingo, *Michael Goldsworthy*
- ◆ Strategy, The Key Domain of Directors, Chief Executive Officers and Executives/ Senior Managers, *Michael Goldsworthy*
- ◆ Adaptive Governance...Transformational Leadership, *Michael Goldsworthy*
- ◆ Rethinking aged care: emphasising the rights of older Australians, *Stephen Duckett & Hal Swerissen, Grattan Institute, October 2020, <https://grattan.edu.au/report/rethinking-aged-care/>*

Tools

- ◆ The Comparison Tool
- ◆ Strategic & Organisational Assessment Tool
- ◆ Current & Future Business or Service Model Tool

Further Information & Assistance

- ◆ For further information, resources or assistance regarding any aspect of this presentation or its application to your organisation/services, please contact:



Michael Goldsworthy
Principal Consultant

03 5429 6331/0418 130 581

office@asspl.com.au



Aaron Goldsworthy
Senior Consultant

03 5429 6331/0400 996 331

aaron@asspl.com.au