



Take on Board Podcast – Episode 305

Transcript – Advisory board mini series – Cynthia Payne outlines the evolution of advisory boards in aged care

Cynthia Payne 0:00

Today on the Take on Board podcast, I'm speaking with Cynthia Payne about health and aged care sector advisory boards. As listeners from the last couple of weeks will know, this is part of the advisory board mini series. So first up, we heard from Louise Broekman about all things advisory boards, because she knows everything. Then last week, you heard from Sandra Gamble talking about energy and sustainability advisory boards. And of course, this week we've got Cynthia in health and aged care. Next week, we will hear from Heather Disher on the business sector. And then we will close out the series with Louise again, talking about the State of the Market 2025 report. So this is right in the middle of the series.

Helga Svendsen 0:46

Before we start the conversation today, I would like to acknowledge the traditional custodians of the land on which we record. For me, I am on the unceded lands of the Wurundjeri people of the Kulin nation, and I pay my respects to elders past and present. I also acknowledge any First Nations people that might be listening or watching today. I acknowledge their continuing connection to land, waters, skies, culture and country. I support voice, treaty and truth for Aboriginal and Torres, Strait Islander peoples, and I encourage others in the Take on Board community to do the same.

Helga Svendsen 1:22

Now let me tell you about Cynthia. Cynthia is on the advisory board for PainChek and is also a director of the Mind Connections Foundation. She's previously been on the boards of the Heart Foundation, the national peak body, LASA and the Blue Knot Foundation. Cynthia Payne is well known across many sectors. She has contributed to leadership roles for the past 33 years.

In 2018, she founded Anchor Excellence, a national consulting firm that today directly impacts over 45% of the entire aged care market through its range of products and services: Sage study tours, Anchor Consulting, Anchor Academy, Impactful Leaders, and Anchor Policy. The list goes on. Originally a registered nurse, Cynthia is a certified chair with the wonderful Advisory Board Centre and a certified practitioner for team management systems.

She holds an MBA. Is a member of the Australian Institute of Company Directors, an FGIA, so a Fellow of the Governance Institute of Australia. And I love this, a yoga teacher. I love it when people have the little random asides. So welcome to the Take on Board Podcast.

Cynthia Payne 2:33

Thank you so much. And it's so good to be here and draw attention to actually this area. So look forward to chatting.

Helga Svendsen 2:40

Oh, it's so fabulous. So Cynthia, before we dive into advisory boards, aged care, all of the stuff, where it's so important, as always, I would love to first up, just dig a little bit deeper about you. Can you tell me where were your parents born and where are your ancestors from?

Cynthia Payne 2:59

So Helga, I have a bit of an interesting history. For some people, they might remember the series called 'Love Child', which really goes back into the 60s. So I'm giving away when I was born, where there were unmarried mothers, and it was a bit of an iconic time in Australia. So I was born in Australia. My mother is Maltese, and she came to Australia at 16, and she fell pregnant with me at 19. So I was born to an unmarried mother, and back then, that was kind of a big deal. So young women were placed into services where the nuns were quite involved, and there was quite a lot of pressure back then. So to actually have young mothers give up their children for adoption. My mother's pretty headstrong, so that's also where I get my head strongness from, because the nuns had actually said to her, she'll amount to nothing. So when you sort of did my introduction, it's a reminder of how much one person can actually get involved and engaged and particularly when you're passionate about a particular industry. Of course, my area of interest is, is aged care, and I've had a stellar career, so I'm really pleased to be here to talk about it.

Cynthia Payne 3:00

Yes, it's an immigrant parent background, born in Australia, but raised in a single parent household

Helga Svendsen 3:42

Is their siblings. Did they come along at any stage?

Cynthia Payne 4:02

Yep. So my mother partnered, and I have two sisters and a brother from that second relationship, and we're very close, and we're still very close together. So my mother is still a very central part. And of course, because she was so young, I have a very close connection. So aged care is pretty important. My mum turned 75 this year, so all of the issues associated with an ageing demographic and baby boomers is definitely a part of my family connection as well as a Gen Xer and I have four children, so I have my own brood of family as well.

Helga Svendsen 4:58

I promise we'll get there. Moment, but I just want to dig a wee bit more. So, how many languages do you speak?

Cynthia Payne 5:05

Well, when a lot of the immigrants came to Australia back in the 60s, there was a bit of wanting to assimilate in this great country, being the lucky country. So we were never taught Maltese. And my mum regrets that, I have to say, but she really felt that they had come to Australia for a new life, and therefore English was the chosen language. So sadly, I only speak English. I don't have a mother tongue for another language, and because Maltese as a language has a derivation and mixture of Arabic and Turkish, and that's just the history of the country. It's not an easy language to actually learn. So if my mother's talking to my aunties in Maltese, I can't interpret.

Helga Svendsen 5:48

Can't keep track, fair enough. And finally, where do you feel your place or your home is?

Cynthia Payne 5:55

Well, Sydney is where I reside. So I'm very fortunate that I live on the outer skirts of Sydney, and have done for a really long time, but in my growing up periods, nomadic is probably not quite the right word, but it was. I went to nine different primary schools and four different high schools. So I was educated in lots of different places around New South Wales. I was educated in South Australia. I had a stint in the UK, so I kind of see myself as a bit of a global child, but my roots are Sydney, Australia.

Helga Svendsen 6:28

Oh, okay, thank you, Cynthia. Thank you for allowing me to dig around in there. For now, let's turn to the topic of today. As I said at the top of the episode, this is part of a mini series about advisory boards and you, Cynthia, are our health and aged care advisory boards guru. Tell us, where should we start this conversation?

Cynthia Payne 6:48

Well, Helga, first thing that is really kind of interesting. So when you would have heard Louise, she would talk about this global community associated with advisory boards, and only in 2022 to 23 we saw this shift in aged care. So this is a very aged care, not necessarily health broadly, because in Australia, aged care is a national system. And people might have recalled there was a very significant Royal Commission, and the Royal Commission produced a very significant report about the state of play of aged care in Australia. And I mean, this is quite significant, the title of the report was called neglect. So there was significant concern that was our system actually going to be ready for this ageing population. So this is right around Australia.

Cynthia Payne 7:39

The Royal Commission delved into everything, not only providers. It looked at our system governor, which is the Department of Health and Aged Care, our regulator, which is the Quality and Safety Commission. So its recommendations were all pervasive. And one of the really key things that came out of that Royal Commission, which for those people working in governance are unsurprised by is that there needed to be a absolute uplift in governance.

Cynthia Payne 8:07

If we are going to have an aged care system that we can all be proud of, that is a system that older people want to interact with - so this is residential and home care - this is the territory that we're covering, we needed to see an uplift in governance. So governance overall has been in pretty strong focus.

Cynthia Payne 8:26

Now, in this governance bucket, there's a few things that kind of got looked at, and this is where this year, it's very significant again, Helga, because we're going to have a new piece of aged care legislation. The new Aged Care Act was approved in Australia on the 25th of November, 2024 so it was, it took a while outside of the Royal Commission to actually get that, but some of these reforms started in 2023 so this uplifting of focus in governance, and it's part of this re engineering, is moving everyone to be a more older person-centred approach. Now this is kind of for government as well as

for providers, and for us to do that, we have to elevate the issues to the governing bodies, because obviously their responsibilities are increasing. They care for a vulnerable population. They take a lot of money from government. So of course, there's an expectation of how that those funds are actually used.

Cynthia Payne 9:21

So philosophically, we're moving from this provider-centric system, this was the criticism out of the Royal Commission and that we needed to move to a more older person centred. So everything is actually happening around the older person, not being sort of connected just to the provider.

Cynthia Payne 9:38

So these changes really started the journey on the first of December 2023 and this has been a rolling bit of transformation, Now, interestingly, outside of the board composition. So in this governing board composition has been looked at. So that is a majority independent executive directors. So this is really important. And some organisations are exempt. So I just will caveat that. Having a nominated clinical director, so because we've got this vulnerability going on for older people, the Royal Commission said, no, we need someone with that right capability around the board table.

Cynthia Payne 10:16

And then they actually, for the first time globally, actually instituted this notion of advisory boards in a regulated model. So Helga, this is really important. Now we don't call them an advisory board, but they are an advisory board. They're called in the legislation advisory bodies, so they sit in that governance system.

Cynthia Payne 10:39

So Louise will have talked about that, how important that structure is in supporting the governance system, and that's equally the same place here. So we have two, we have a quality care advisory body, which has a few more requirements to it, and it's a bit more technical. So there are certain things that the provider or the organisation has to provide information wise to the quality care advisory body, and it needs to consider that information no different than you would have heard Louise talking about project advisory boards, or where there might be sort of key focus.

Cynthia Payne 11:18

So we kind of pulling out this key area of focus, and this advisory body supports the governing body with the remit and produces a report every six months, and the board is obliged, through the

legislation, to respond. So there's an accountability connection piece, but it's bringing focus around a number of bits of detail which we can we can come back to.

Cynthia Payne 11:44

The second one that and again, this goes back to this fundamental shift of the system, is having a stakeholder advisory board. And again, Louise probably talked about the rise of stakeholder advisory boards. This one is the consumer advisory body. So we kind of got these acronyms to come up. We talk about the QCAB, the quality care advisory body, and we talk about the CAB, which is the consumer advisory body.

Cynthia Payne 12:08

Now the consumer advisory body is a little bit different, because it is all about the older person's voice coming up to the governing body. Now the provider will have systems like complaints and feedback and all those usual things. But it's really elevating what actually are the things that are on the mind of older people, supporting them to come together? So there's a secretariat element that goes with it, and bringing that voice up to the governing body, and again, depending on the sophistication of the consumer advisory body, because again, there's no one size fits all here, they might decide to produce a report once a year. Maybe it's twice a year. But again, there's this expectation that the governing body responds.

Cynthia Payne 12:57

So this really changes the elevation of that voice and how it actually strengthens and shows that conduit actually coming through. So we've had them now for just over a year, and this is a really interesting time, Helga, because to start with, it would be pretty fair to say everyone was a bit unsure of it. Because if you think about traditional governance focus, we'll have sub committees of the board. We'll have designated groups that could be audit and finance in a health and aged care setting, definitely clinical governance from a risk management point of view. But these ones are different to those committees, because, as Louise would have mentioned to you, advisory boards or bodies don't make decisions, as a general rule, that's not their remit. They're considering information, they're providing feedback, they're making recommendations. And that really runs to the heart of these two advisory bodies, but really supporting that governing body, because they've got a lot of accountabilities to be across, having this information and recommendations so that the board can actually consider those and they've got this kind of independent voice actually coming through.

Helga Svendsen 14:15

Both of those sides, I think, is really interesting. And obviously, as you know, we're talking about health and aged care, the consumer voice, I would say, is absolutely key to ensuring quality care is delivered. So that you can see how they're I can see why they're separate, but also intermingled.

Cynthia Payne 14:32

I chair a number of QCABs, so quality care advisory bodies and consumer advisory bodies. So kind of just linking this back to the important work of the Advisory Board Centre. So when this was starting to come through the legislation, I reached out to Louise and said, I think there's going to be a real need to provide leadership in this space, because the legislation is very straightforward, but to really gain benefit from them, it would be good to be able to have an aged care certified chair. So fast forward, the Advisory Board Centre now has that aged care certified chair programme, and there, I think there's a community of, say, 50 chairs now that have actually gone through that process. Now the legislation doesn't oblige an independent chair, but now that we're a little bit down the track Helga, it's absolutely clear the benefits to the provider of having an independent chair are great.

Helga Svendsen 15:34

Oh gosh, so many questions already swirling in my head. This might not be the most important one, but I'm going to ask it, because it's bubbling up for me. One thing I'm often talking about is obviously diversity in the boardroom, and that is diversity in a whole range of ways, partly experience. So having, for example, the consumer voice in the boardroom, and when I say boardroom, I mean the governance boardroom, I'm wondering whether this increased emphasis, I guess, for want of a better word, or the regulated requirement for a quality advisory board and a consumer advisory board does that in a weird, converse way, make it less likely that there will be consumer and quality people in the governance boardroom?

Cynthia Payne 16:17

I don't think so. I mean, I think it's probably a bit early to say. So let's go to those governing changes that kind of came through. So part of this package of uplifting governance, and this was quite significant for many providers, is actually having the governing body membership, and there are certain circumstances of exemption. So I just want to make make that note of having a majority independent non executive directors.

Cynthia Payne 16:42

The second component, as I said, was having that nominated clinical director. Now, if we put governance in the bucket overall, and we look at what's happening at a best practice level for

governance, board skills mix, board diversity and variety of membership, I think, is top of mind for most boards, but in the private sector in particular. So you just think about this.

Cynthia Payne 17:06

Helga, if I'm a private owner of an aged care organisation, this change required me to put in place a board, the biggest voice, because that majority independent, non executive director actually changes that dynamic. Now, I think initially there was quite a bit of like unhappiness in that initial phase, but I think now that we're 12 months down, I think that you would probably say that generally, they're all pretty happy, because it is changing the conversation around the board table, we do see this continued focus and obligation. So in the aged care environment, we talk about the approved provider obligations, and it's it's pretty complex. They can't do it on their own Helga, they do need the quality care advisory body. They do need the clinical governance and in depending on the size of the provider, they definitely need the audit and finance committee, and maybe they have uplift property if they're a residential provider or whatnot.

Cynthia Payne 18:08

So a more sophisticated approach means we get this conversation, and it's operating rhythm in a better way than what happened in the lead up year to the royal commission? So I think we haven't really got a diversity index, if I just call that out, there isn't one for aged care in terms of board mix, and some organisations might be wrapped up in ASX listed requirements, of course, because we do have some listed providers that are quite substantial in their size,

Helga Svendsen 18:40

It's interesting, I realised two seconds after asking the question that in some ways, I've fallen into the trap that I shouldn't have, having just had the conversation with Louise as well, that this is a governance ecosystem. It's not governance boards, advisory boards, it's part of a fully governance ecosystem. So having this built into the full system actually strengthens that consumer voice, that quality voice, which is key, of course, in quality aged care and quality health care. So what's your advice to people that might be thinking about advisory boards, whether it's quality or consumer or others in the health and aged care? What's your advice to them about exploring this?

Cynthia Payne 19:26

Well, I think the first thing would be, if you're an older person, so let's say you've got this opportunity and you're invited to be participated. I think the first thing I would always encourage is that people get involved, because it's amazing, like I just think about some of the consumer advisory bodies that I've chaired already, Helga, and the conversations and the mature, really objective, useful feedback that older persons have provided about their experience, that maybe the quality

system, the audits, whatever management's got going on doesn't necessarily pick up on. So this is nice, because we really kind of crystallise.

Cynthia Payne 20:05

That the quality care advisory body Helga, is more technical. So for me, it depends on the membership. So in the membership, you have to have someone who's representing key personnel. Again, this is special meaning under the Act, someone with an operational background, so someone who's got that, someone with a clinical background, plus you have to have someone representing consumers. So we've got this crossover connection, a voice of older people.

Cynthia Payne 20:32

You don't have to have an independent chair. You don't have to but I'm going to call it out to say I personally think it is a genuine difficulty for management to chair something that is meant to be independent to the governing board, I'll just call it out. It's not to say that it doesn't happen, but I personally just in this professional ecosystem, am an absolute advocate, and I see that through the work I do as an independent and how my clients actually say, wow, if we were sharing this, we wouldn't have got that same conversation out of older people for example.

Helga Svendsen 21:09

It's so important, isn't it, and I think you'd referenced much earlier, about in the old days, inverted commas, whenever that might have been, it might have just been five years ago, but it's often about just inverted commas, listening to complaints, whereas it's so much greater than that. And when you really hear the voices of older people in the aged care system, it's more than just complaints. It's about the full experience, which just provides so much.

Cynthia Payne 21:36

So just to give you a bit of a flavour, right? So in the new standards, in this regulatory framework, there is a focus on dining experience, so not just nutrition, but actually the experience. And I've seen older people really providing fabulous insight that even the management team is sitting back in their seat going, wow, that is amazing. I hadn't thought of that. So tapping into that and allowing the freedom that older people are also talking about what matters to them. Now, obviously they're not representing everybody. They're a channel. There are other forums that happen often. Providers have focus groups, they might have their complaints, they might have their other feedback, but this is really an opportunity for the provider to even socialise thoughts they have about a project. So maybe they were about to embark on a change program, and then they can actually say to this group, hey, before we do this, what do you think of it? Have you thought of this? Have you thought of this? Have you thought of this?

Helga Svendsen 22:38

So Cynthia, these have been in place for a year or so, what's next on the horizon for these advisory bodies in the health and aged care sector?

Cynthia Payne 22:46

Okay, so let's maybe touch first Helga on the first one, the quality care advisory body. So there's certain information that I mentioned that they have to have regard for in this reform era, so again, remember, for aged care in Australia, we've got a new Aged Care Act, and it starts on the first of July, 2025 so there's not a lot of transition time.

Cynthia Payne 23:06

Now, with that change, there's new aged care standards, so the compliance requirement steps up, and so for providers, there's a lot of focus on getting ready. So I think the quality care advisory body is really well placed on the technical side to be able to provide input feedback and help really lift up maybe what management's got underway as plans, including maybe feedback on policies, processes, that kind of thing.

Cynthia Payne 23:35

I think because of reform, the consumer advisory body is a great mechanism to litmus test how it's actually going at the experience level. So this is a great way to kind of really see how this is actually making a positive difference to the lived experience of older people. So whilst we'll have these topics that they might be interested in I think when we really bring that stakeholder voice through and we encourage it, we might be able to even pick up on other nuances that we haven't picked up to date.

Cynthia Payne 24:11

So I think they will evolve over time and I think we're seeing, this is my observation, the governing bodies and the executive teams maturing in their understanding. So I think, to start with I thought, oh gosh, gotta have other subcommittees. Oh god, there's more work for me to do, but I do the minutes. I gotta prepare the agendas. But I think now that we're kind of, we're picking up on stuff, maybe blind spots, maybe asking questions that management isn't necessarily picking up themselves. It adds value to the governing body.

Cynthia Payne 24:46

So from a risk management point of view, there's definitely real benefit

Helga Svendsen 24:49

Yeah, risk management and value add, like real such value add. Oh, Cynthia, oh my gosh, you are a brain box on this stuff. It is just fabulous. Yes, what are the key things you want people to take away from the conversation that we've had today?

Cynthia Payne 25:04

Well, I think if you're connected to the aged care system, and you aspire to make a difference, and you think that maybe being part of or chairing an advisory body in aged care, I would strongly encourage that. I think we need a bigger pool of independent chairs just to support providers. And I think this will grow over time. I think just generally, for anybody who's part of the Australian ecosystem, being alive to the fact that an ageing society is a really important issue for all of us, not just the aged care system. So we are seeing the largest population, the baby boomers are now 75 they're much fitter than they're out there previous generations. But we do know that those co morbidities the next 15 years of their life are pretty important now that's going to put positive pressure for change, not only in the health and aged care systems, so health, particularly aged care, when it comes to needed services, but if we think about all the cascading effects - transport, housing, what happens in our economy, this group is the wealthiest group that we've ever actually seen.

Cynthia Payne 26:19

So we are seeing emergent industries, which is a great space for innovation. So it's not all about services being because we've got people who are needing services. Yes, there is that component, but there's also a large cohort of very fit and positively ageing people. So from that, I'd say, if you're a service business, start bringing that lens of what it means to support older people, because we're going to have to do that really well in the coming, sort of 15-20, years. And think about, you know, how we support people to be in the community as long as we can, because residential aged care is really about need. So someone who cannot live at home anymore now home care will be there for them, and that's a growing area, but residential aged care, let's face it, even with the best design principles, it is still continued care service or institutional care, and so we don't want people having to have that if they can avoid it.

Cynthia Payne 27:21

So my kind of finishing remarks, I'm also a blue zone advocate. A blue zone around the world is where we see centenarians that live independently. So people who hit 100 they're around the world. We do know that when you you have a good lifestyle, you've got great ecosystems, social connects, moving a more slightly more plant based diet. These are all conditions that help us age really, really well. So that's kind of my parting message is, look after yourself as well so you do get the benefit of a long, a long age.

Helga Svendsen 27:57

Such great advice in there, Cynthia, is there a resource you would like to share with the Take on Board community around this?

Cynthia Payne 28:06

So all you need to do is go to the Advisory Bards website. There's a range of free resources there for aged care advisory boards. Through the work that Louise actually set up as specialty project aged care advisory board. There's no surprises there. I was a member of that. There have been resources, and through connecting with the Advisory Board Centre, you can be connected to other chairs. There is a community of practice that we gather every quarter, and it's a space for sharing and collaboration. So if you're not 100% confident, don't worry. We've got a community there for you to support you as well.

Helga Svendsen 28:46

Amazing, which is great for people who want to be advisory board chairs, but also for organisations that are looking for people who are yeah, it's fantastic. Oh, Cynthia, thank you. Thank you so much for sharing your wisdom. So helpful for the Take on Board community and such a great part of this whole mini series so thank you for answering the call and sharing your wisdom.

Cynthia Payne 29:09

Thank you, Helga.

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