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# Submission template

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## Discussion paper:

### Future reform – an integrated care at home program to support older Australians

*Submissions close on 21 August 2017*

#### Instructions:

- Save a copy of this template to your computer.
- It is recommended that you read the relevant pages in the discussion paper prior to responding.
- You do not need to respond to all of the questions posed in the discussion paper.
- The numbering of the questions in the template corresponds to the numbering in the discussion paper.
- Please keep your answers concise and relevant to the topic being addressed.
- Upload your completed submission on the [Consultation Hub](#). Alternatively, if you are experiencing difficulties uploading, you can email your submission to: [agedcarereformenquiries@health.gov.au](mailto:agedcarereformenquiries@health.gov.au)

Thank you for your interest in participating in our consultation.

## Tell us about you

What is your full name?

**First name** Keith

**Last name** Baillie

What is your organisation's name (if applicable)?

Surf Coast Shire Council

What stakeholder category/categories do you most identify with?

<input checked="" type="checkbox"/> Commonwealth Home Support Program <sup>1</sup> service provider	<input type="checkbox"/> Peak body – consumer
<input checked="" type="checkbox"/> Home Care Package service provider	<input type="checkbox"/> Peak body – carers
<input checked="" type="checkbox"/> Flexible care provider	<input type="checkbox"/> Peak body – provider
<input type="checkbox"/> Residential aged care service provider	<input type="checkbox"/> Seniors membership association
<input checked="" type="checkbox"/> Aged care worker	<input type="checkbox"/> Professional organisation
<input checked="" type="checkbox"/> Volunteer	<input checked="" type="checkbox"/> Disability support organisation
<input checked="" type="checkbox"/> Regional Assessment Service	<input type="checkbox"/> Financial services organisation
<input type="checkbox"/> Aged Care Assessment Team/Service	<input type="checkbox"/> Union
<input type="checkbox"/> Consumer	<input checked="" type="checkbox"/> Local government
<input type="checkbox"/> Carer or representative	<input type="checkbox"/> State government
<input type="checkbox"/> Advocacy organisation	<input type="checkbox"/> Federal government
	<input type="checkbox"/> Other <input type="text" value="Click here to enter text."/>

Where does your organisation operate (if applicable)? Otherwise, where do you live?

<input type="checkbox"/> NSW	<input type="checkbox"/> SA
<input type="checkbox"/> ACT	<input type="checkbox"/> WA
<input checked="" type="checkbox"/> Vic	<input type="checkbox"/> NT
<input type="checkbox"/> Qld	<input type="checkbox"/> Tas
<input type="checkbox"/> Nationally	

May we have your permission to publish parts of your response that are **not** personally identifiable?

Yes, publish all of my response

No, do not publish any part of my response

<sup>1</sup> Includes Home and Community Care Providers in Western Australia

## Section 2. Reform context

### 2.3 Reforms to date

#### Comments

We would welcome your views and feedback on the February 2017 (*Increasing Choice*) reforms.

*Refer to page 6 of the discussion paper*

As a provider of Home Care Packages in a rural setting, we have welcomed the centralised and nationally consistent allocation process. We have seen consumers who have been waiting for a number of years for a package be allocated a higher level HCP within a much shorter timeframe.

Unfortunately there have also been some negative aspects to these changes. For example we have seen the wait times for ACAT assessments for our local government area increase from 3-4 weeks to 6+ months, which has impacted on clients requiring urgent assessment or reassessment.

We have supported many clients whom are experiencing confusion around the transition, and subsequently have been missed or overlooked from being allocated and assigned a HCP on the new centralised MAC pathways. We would support more education and advertising on the changes to HCP, and how those who would benefit from a package could understand the process.

With the stronger focus on consumer driven market, we have experienced a trend for differences of opinion between family/carers and the client in priorities of the package utilisation. Council supports further education for families and recommends retaining Advanced Care Planning, so that the goals and wishes of HCP clients are very clear to family members, and so that families understand Home Care Packages and the Aged Care system.

Council also believes that clients having differing levels of complexity due to a number of factors that lead to the conclusion of "vulnerable" and "at risk" are at risk of falling through the gaps in a competitive environment, and therefore strongly recommends special policy consideration.

## Section 3. What type of care at home program do we want in the future?

### 3.1 Policy objectives

#### Question

Are there any other key policy objectives that should be considered in a future care at home program?

*Refer to page 9 of the discussion paper*

There's evidence of market failure and clients being left in crisis with the rollout of the NDIS.

Council believes that clients having differing levels of complexity due to a number of factors that lead to the conclusion of "vulnerable" and "at risk" are at risk of falling through the gaps in a competitive environment, and therefore strongly recommends the addition of the following policy objective:

We want a program that ... 'protects the interests of clients having differing levels of complexity due to a number of factors that lead to the conclusion of "vulnerable" and "at risk"'

## Section 4. Reform options

### 4.2 An integrated assessment model

#### Question

What do you believe could be done to improve the current assessment arrangements, including addressing variations or different practices between programs or care types (e.g. residential care, home care and flexible care)?

*Refer to page 12 of the discussion paper*

The Assessment system in Victoria is a sophisticated system that currently ensures clients that require a timely assessment either for CHSP services or HCP/ residential care receive one in a timeframe that does not impact negatively on their outcomes.

Council has experienced a dramatic increase in the wait time for an ACAT assessment, since the introduction of a single point of assessment. Regional Assessment Services (RAS) have stepped in and provided assessments for clients who are waiting for an ACAT assessment, with the provision of CHSP services.

We acknowledge that this is a duplication of effort, as the client receives a RAS assessment, then after a period of time, an ACAT assessment. This however safeguards against a hospital admission which is likely to be more expensive.

Council would be concerned if this safeguard was lost and assessments became less responsive, particularly to local needs in rural and remote areas.

### 4.3.1 New higher level home care package | 4.3.2 Changing the current mix of home care packages

#### Questions

Would you support the introduction of a new higher package level or other changes to the current package levels?

If so, how might these reforms be funded within the existing aged care funding envelope?

*Refer to pages 12 – 14 of the discussion*

### 4.4.1 Changing the current mix of individualised and block funding

#### Question

Which types of services might be best suited to different funding models, and why?

*Refer to pages 14 – 15 of the discussion paper*

Council believes that in a rural setting, social support activities may be better suited to block funding. Social support services are crucial to the wellbeing of older Australians and block funding is the only way to guarantee the continuance of quality, accessible activities in a dispersed rural setting.

#### Question

What would be the impact on consumers and providers of moving to more individualised funding?

*Refer to pages 14 – 15 of the discussion paper*

The risk to consumers of moving to individualised funding is that service providers may pick and choose who they provide services to. Council strongly recommends the introduction of a safety net (such as an adequate rural and remote payment) to *protect clients having differing levels of complexity due to a number of factors that lead to the conclusion of "vulnerable" and "at risk" in rural and remote areas.*

#### Question

Are there other ways of funding particular services or assisting consumers with lower care or support needs, e.g. a combination of individualised funding and block funding, vouchers etc.?

Refer to pages 14 – 15 of the discussion paper

#### 4.5.1 Refocussing assessment and referral for services

##### Questions

Should consumers receive short-term intensive restorative/reablement interventions before the need for ongoing support is assessed?

If so, what considerations need to be taken into account with this approach?

Refer to page 16 of the discussion paper

##### Question

How could a wellness and independence focus be better embedded throughout the various stages of the consumer journey (i.e. from initial contact with My Aged Care through to service delivery)?

Refer to page 16 of the discussion paper

#### 4.6.1 Ensuring that services are responsive to consumer needs and maximise independence

##### Questions

How do we ensure that funding is being used effectively to maximise a person's ability to live in the community and to delay entry to residential care for as long as possible?

For example, should funding be targeted to services or activities where there is a stronger connection with care and/or independent living? Are there examples of current services or activities that you believe should not be funded by government?

Refer to pages 16 - 17 of the discussion paper

##### Question

How do we maximise the flexibility of care and support so that the diverse needs of older people, including those with disability, are met?

Refer to pages 16 - 17 of the discussion paper

Council recommends early intervention and the funding of preventative services the support people to remain in their home and community for as long as possible. The CHSP has a focus on wellness and reablement, and as such creates a greater preventative safety net for those who have not yet experienced decline in health or ability, and assists to keep older people well.

#### 4.6.2 Accessing services under different programs

##### Question

Under the current program arrangements, does allowing some consumers to access both programs promote inequity, particularly if other consumers have to wait for a home care package?

Refer to page 17 of the discussion paper

Due to the increased wait times at ACAT since the February reforms, allowing consumers to access both programs is a safeguard that ensures consumers can access services in a timely manner and prevents them from entering either permanent

residential care or presenting at hospitals. Whilst waiting for an ACAT assessment, these consumers access CHSP services, which keeps them in the community and living at home.

#### Questions

Until an integrated care at home program is introduced, is there a need to more clearly define or limit the circumstances in which a person receiving services through a home care package can access additional support through the CHSP? If so, how might this be achieved?

*Refer to page 17 of the discussion paper*

### 4.8.1 Supporting specific population groups

#### Question

How can we make the care at home system work better for specific population groups, particularly those whose needs are not best met through current CDC models and administrative arrangements?

*Refer to page 19 of the discussion paper*

Further work is required for those who experience Dementia and wish to stay in their own homes. Dementia is set to rise in the next 20 years, with projected diagnosis around 40% of those aged over 80. In order to support those individuals navigate the Aged Care system, it is important to have safeguards for them in individualised funding, otherwise there is a risk of providers not understanding their care needs.

### 4.8.2 Supporting informed choice for consumers who may require additional support

#### Question

What additional supports could be considered to ensure that people with diverse needs can access services and make informed choices and exercise control over their care?

*Refer to page 19 of the discussion paper*

The Government needs to ensure providers do not pick and choose consumers that have more lucrative packages or are easy to manage/work with and leave challenging consumers without a service. By maintaining a basic block funding for CHSP this will ensure that people with diverse needs still have access to a basic level of service.

Council supports consumers having access to a basic level of service irrelevant of their geographic location, culture or gender. Funded advocates or support service could support consumers to navigate the system to ensure their rights are heard and their needs are met.

### 4.10 Other suggestions for reform

#### Question

Do you have other suggestions for care at home reform, or views on how changes might be progressively introduced or sequenced?

*Refer to page 20 of the discussion paper*

Council advocates taking time to understand what occurs at a local level, and all of the benefits of the current system in Victoria. Whilst we understand the need to have an equitable service system across Australia, losing all if the benefits of the Victorian system to achieve this will ultimately disadvantage Victoria consumers.

## Section 5. Major structural reform

### 5.2 What would be needed to give effect to these structural reforms?

#### Question

Are there other structural reforms that could be pursued in the longer-term?

*Refer to page 21 of the discussion paper*

## Section 6. Broader aged care reform

### 6.1.1 Informal carers

#### Question

How might we better recognise and support informal carers of older people through future care at home reforms?

*Refer to page 22 of the discussion paper*

Council can see benefits to carers by improving educational and promotional campaigns/materials of the changes and current services available for carers and support people. The continuation of the National Respite for Carers funding would also benefit carers.

### 6.1.2 Technology and innovation

#### Question

How can we best encourage innovation and technology in supporting older Australians to remain living at home?

*Refer to page 22 of the discussion paper*

Whilst technology can support older Australians to remain living at home, in rural and remote areas the reliability of technology is not always adequate to support this.

One example could be to run competitions in conjunction with the Dept of Education for younger people to invent innovative ways to support older Australians. This has a twofold benefit, in that it encourages younger people to spend time with older people to better understand what they need, and what they struggle with, and what they can improve on. This also has the benefit of older people being given the opportunity to pass on their knowledge and memories to the younger generation, which research has shown lifts the satisfaction of life levels and increases feelings of connectedness in local communities, which in turn lowers instances of social isolation, which then reduces early admission to permanent residential care, which represents a significant financial savings to the Commonwealth.

The Government may need to fund innovation and technology initiatives to encourage services to take up these options.

#### Question

What are the existing barriers, and how could they be overcome?

*Refer to page 22 of the discussion paper*

### 6.1.3 Rural and Remote areas

#### Question

How can we address the unique challenges associated with service delivery in rural and remote areas?

Refer to page 22 of the discussion paper

Council would advocate for an adequate rurality allowance and a carefully developed transition plan that includes growing the market. Although the service sector is growing, support is needed to assist providers to have a presence, including a local employment presence, in rural and remote areas. An allowance is one way to encourage and support this presence.

#### **Question**

What other service delivery and funding models could we consider for providing care at home services to consumers living in rural and remote areas, including examples of innovative local community models?

Refer to page 22 of the discussion paper

Many small rural and remote areas have local hospitals with a present workforce that is suitably trained and supported to deliver services to older consumers. Flexible funding could be provided to these rural hospitals to provide care at home services to remote consumers. This flexible funding could include a rurality allowance or block funding for basic level CHSP support.

Refer to page 23 of the discussion paper

## **Any further comments?**

### **Other comments**

Do you have any general comments or feedback?