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Access to basic care and the future of the Commonwealth Home Support Program

System design and effectiveness
Some key questions about the future of aged care in the home and community

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With acknowledgement of the input and
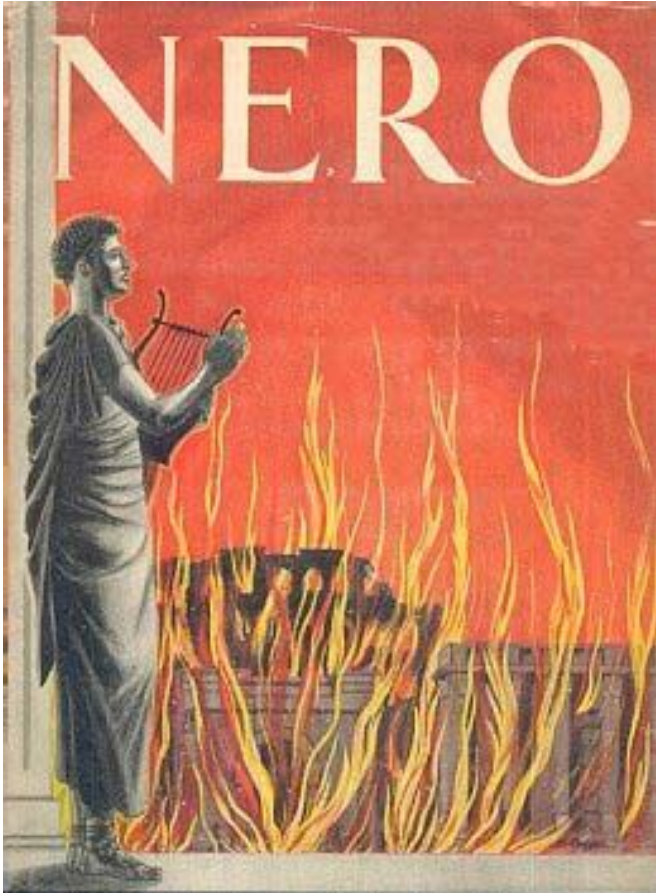discussion from my colleague Dr Bob Davidson

The world seems to be going crazy over the past few years

BUT THAT CAN'T EXPLAIN THE CURRENT REFORM PROPOSALS FOR THE CHSP AND HOME CARE. THESE ARE DELIBERATE PLANS

Did Nero really fiddle while Rome burned?

IS THE GOVERNMENT SERIOUS ABOUT GOING AHEAD WITH THE SUPPORT AT HOME PROGRAM UNDER THE CURRENT CIRCUMSTANCES?

- ❑ **Damning Royal Commission Report into Aged Care**

- ❑ **Catastrophic number of deaths in residential aged care during the pandemic in 2020 and 2021, exceeded only by those during the Summer of 2022.**

- ❑ **Staff crises across aged care field**

- ❑ **Social Isolation of residents, continued to point of absurdity.**

- ❑ **Problems of hospitals, GPs, vaccination shortcomings, etc, etc.**

- ❑ **Why were a series of important reports released during January 2022, when there were so many urgent issues confronting the nation,**

More questions

Geez Grandma! It's not that hard! Go into Settings... select wi-fi... Select it! Tap it with your finger... OMG any finger!! Grrrrrrr

When will Australians be able to expect care at home seven days a week?

How can we deliver services which support carers and work in partnership with services?

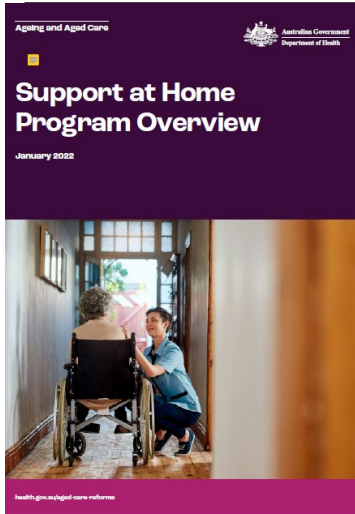**How can we provide immediate access to support at home services?**

How can day care and cost effective social be developed?

What can we learn from overseas?

What will it take for aged care in this country to be seen as a fabulous career option?
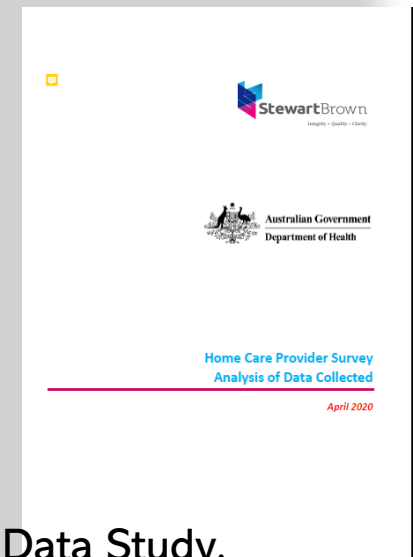
Four key reports released during January '22

1. SAH Program Overview

2. Options for the assessment, classification and funding model for the unified aged care at home program Final Report

3. Home Care Provider Survey. Analysis of Data Collected, *April 2020*

4. Commonwealth Home Support Programme Data Study. Department of Health, October 2020

Pillar 1:

Home care

2021

- 40,000 more home care packages.
- Senior Australians able to access assistance and information about aged care through 325 Services Australia Service Centres, and aged care specialists in 70 Service Australia centres.
- Extra support for informal carers.

2022

- 40,000 more home care packages.
- Respite services for 8,400 additional clients every year.

2023

- 500 local Community Care Finders provide targeted, specialist face-to-face support to vulnerable senior Australians to help them access aged care and connect with other health and social supports.
- Senior Australians can access a new support at home program.
- Single assessment workforce will expand to the new support at home program.

2024

- New support at home program supports senior Australians to stay in their homes and keep connected to their communities.
- Single assessment workforce will continue assessments for the new support at home program.

**Home Care (Pillar 1)
Future design and funding**

New Support at Home program
In response to the Aged Care Royal Commission, the Australian Government will invest $10.8 million to develop a new support at home program in consultation with senior Australians and community stakeholders, commencing in July 2023.

The program will replace the

- **Commonwealth Home Support Programme (CHSP)**
- **Home Care Packages (HCP)**
- **Short-Term Restorative Care, and**
- **residential respite programs.**

'Improved assessment arrangements … consistent, that recognise that not all consumers need intensive assessments' - single assessment workforce

https://www.health.gov.au/resources/publications/home-care-pillar-1-of-the-royal-commission-response-future-design-and-funding

Behind the concept of Íntegration'.
Three Major Changes

There are three major changes proposed in the report, introduced without clear justification, evidence or elaboration.

1. individualised entitlements for each user;

2. fee-for service for all providers, and

3. a reduction in the regulation of the entry, capability, and behaviour of service providers

In Australia – stay home!!
Home Care safer than Residential Care

**'Nursing home residents represent
7.5% of all COVID-19 cases in Australia, and
75.3% of all COVID-related deaths'**
Charlesworth and Low, 2020

Australia 2020-21 Jan-Jan Type of Service	All deaths linked to COVID-19 (Aust)	Number of deaths of care home residents linked to COVID-19	Care homes deaths as Pct of Total COVID-19 Deaths	Number of care home residents/ service users 2019	Deaths per 100,000 care home residents /service users
Care Home (RACF)	909	685*	75.36%	242,612	282.0
Home Care/Support		8**	0.88%	974,423	0.82

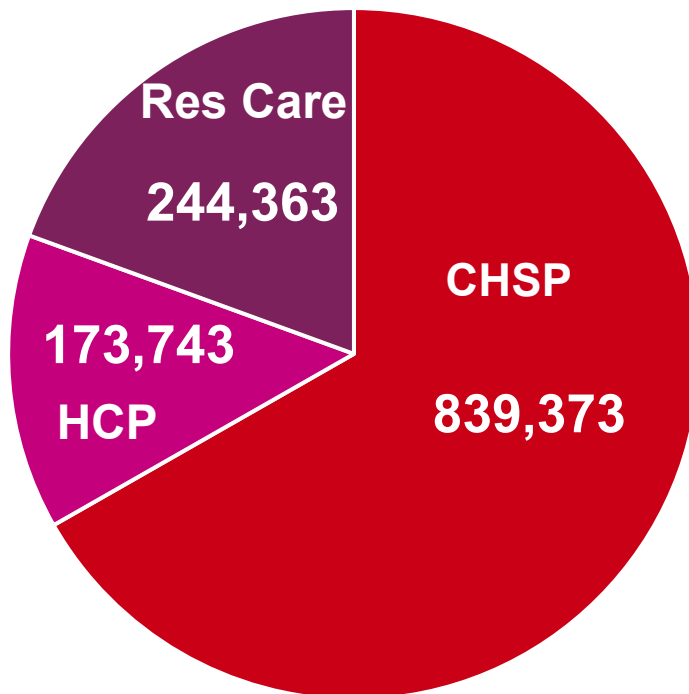**Note**: As of 22/11/2021: deaths in RACFs *858, in Home Care**10.

Statistics from 2022 continue to demonstrate relative safety of aged care at home.

The Existing Aged Care System.

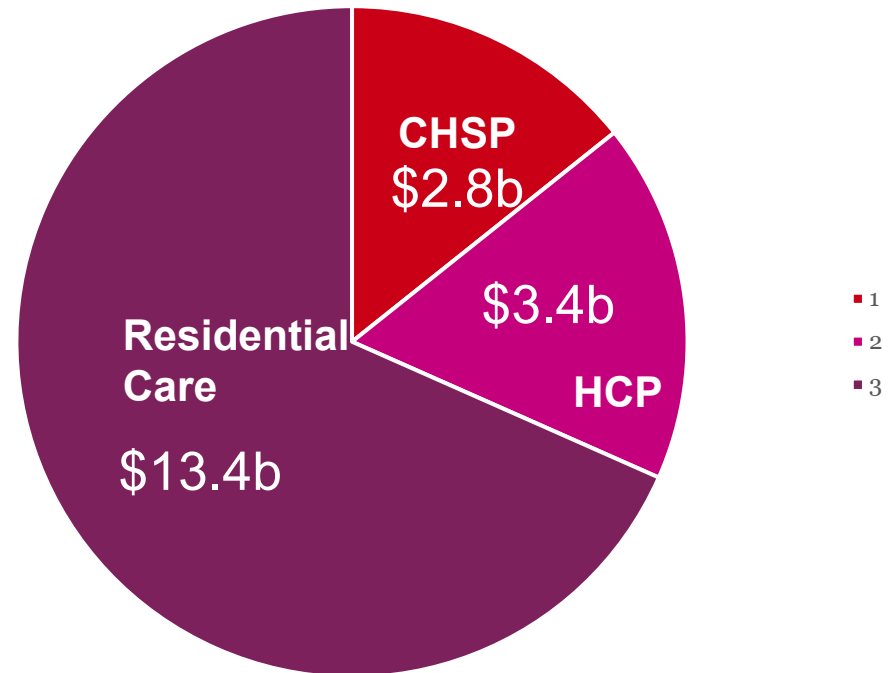The starting point for the future

Three main service delivery programs. 2019-20

1. **Number of Consumers**

Res Care
244,363

CHSP
839,373

173,743
HCP

2. **Commonwealth Funding**

CHSP
$2.8b

$3.4b

HCP

Residential
Care
$13.4b

1
2
3

Source: ACFA, 2021

Government and Consumers Expenditure on Aged Care 2019-20

(ACFA, '2021: 17-18)

	Home support	Home care	Residential care
Number of providers	1,452	920	845
Number of consumers	839,373	173,743	244,363
Commonwealth funding p.a.	$2.8b	$3.4b	$13.4b
Commonwealth funding per person per week	$64.10	$376.33	$1,054.55
Consumer contribution	$251m	$102m	$4.9b
Total costs per person per week	$69.90	$387.62	$1,440.17

3. How has the CHSP done it?

SOME RESEARCH HYPOTHESES

Some data problems.
- Poor data for CHSP services.
- Continued overcounting of consumers, especially with use of multiple specialised services. But this can't be used to explain away such a massive cost difference.

Service efficiency (and exploitation?)
- Big hearts, tight budgets.
- Efficiencies of block funding

Volunteers and Feminism
- Low cost labour for certain work
- Women bringing new ideas and enthusiasm into the workplace

Innovation
- flexibility, creativity of staff, volunteers, boards
- low cost practical experimentation, demonstrations.

Costs: Important Limitations and Constraints on Services arising from existing funding schemes and organisational conditions.
Double Benefits: Delivery of service benefits to clients/ recipients; and Development of community social capital and opportunities.

CHSP and HCP: some key points of difference. What could 'integration' mean?

Home Care Packages
Now CDC 'Consumer Directed Care'

1. **Payment-per-service Individualised funding**. Inflexibility for providers as it can't be used to help others.

2. Long waiting lists (12 months +)

3. Complex, slow assessment system

4. Difficult 'choices' for clients; payments and costs not clear; too few level 4 packages.

5. Increased staff insecurity and out sourcing of jobs

6. Relatively costly (ACFA 2019)

7. Unspent funds issues.

Home Support Program
Previously HACC

1. **Long-term block funded**; promoted efficiency at organization level, but limit flexibility in some ways. Fear of advertising to increase demand.

2. Waiting lists in some services, many have none.

3. Volunteers as well as paid jobs

4. Double benefit: support to those who need help at home, and fostering social capital and community development.

5. Services advocate for clients and their families.

6. Record of innovation and improvements in the system of care.

7. Many small, task specific services, esp. in NSW.

4. Next steps:
# System Design and the future of the CHSP

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- Integrative mechanisms and movements necessary due to ongoing system specialisation and tendency towards fragmentation (ongoing double process of social development) and system breakdown.

- Integration is abroad concept that means different things in different contexts.

Can be thought of as a sort of spectrum:

Links/ referrals   One approach
Totally autonomy ←-------------------------------------→ **Single mechanism**
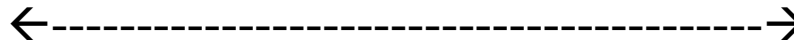
Specialised independent   Take overs by a few
 units   dominant providers

- The wrong sort of program integration can be costly, inefficient and counter-productive.

BUT:
- Clear distinctions/boundaries and agreed protocols for collaboration are helpful in organising components of a larger system.

System Design and the CHSP

Education:
-Primary education: Basic skills for all students
-Secondary: More advanced skills and knowledge
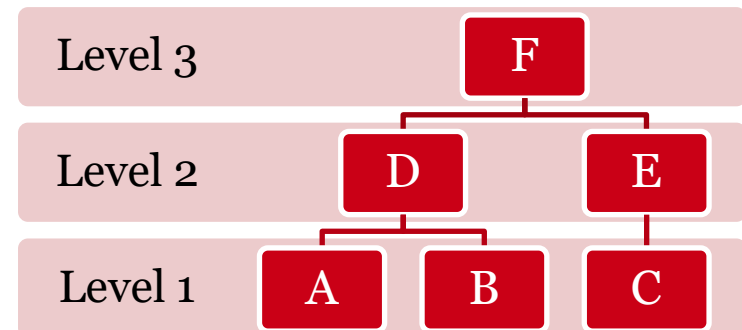-Tertiary education: Higher level specialisation

Health:
-Primary care (GPs, dentists)
-Secondary care (e.g. specialists)
-Tertiary care (Hospitals)

Australian Government:
-Local
-State
-Federal

For example

Level 3			F		
Level 2		D			E
Level 1	A	B		C	

Easily Accessible Home Support sector as Primary Aged Care System, the first tier of aged care

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Cost per user

Provides rehab and other support to people at home (day care, etc).

Residential care system
Prior assessment required (ACAT)
Linked to community care

Assessment required (ACAT)

Complex Care at Home

Assessment required

Primary Care System
Home Support Program
"No wrong door" approach to aged care program access.
Services: Modified block funding as basic model +user payments
Users: self referral; follow-up assessment if needed.

Link to carers and other care at home