

Support at Home: What do we know and what do we want?

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ACSA acknowledges the traditional custodians of the land on which we work and pay our respect to Elders past, present and emerging.



CURRENT MAJOR ISSUES



COVID-19 response

- Current issues include:
 - Omicron wave
 - Residential care visitation revised Industry Visitation Code
 - Residential care booster shots
 - Home care worker boosters
 - Managing outbreaks
- Engaging with Federal and State/Territory Governments on regular basis on above



Workforce shortages

- Long-term chronic workforce issues have become acute crisis
- COVID-19 has shut borders, scared existing and potential staff, and increased competition with health sector
- Australian Aged Care Collaboration has proposed package of 6 short-term measures to government
- Representation on unions' claim for a 25% pay increase in Fair Work Commission



Managing reform: an industry transformation plan

- Industry consolidation is real
 - While Home Care Package provider numbers have doubled in past 3 years, CHSP and residential care providers numbers have been steadily falling for a decade or more
- Government response to ACRC recommendations will increase regulatory pressure, even if there is an improvement to financial sustainability
- There's a need for a proper Aged Care Industry Plan
 - Clear role for Funder, Steward and Regulator
 - Responsibility for Provider Peak Bodies and individual providers



HOME CARE HISTORY



Home care history

1986 – Home and Community Care (HACC) Program

1991/93 – Aged Care Reform Strategy Mid Term Review and HACC Efficiency & Effectiveness Review

- 1992 Home Care Package (HCP) forerunners start [CACP & EACH]
- 1997 Aged Care Act
- 2004 The Way Forward: Community Care Reform
- 2011 Productivity Commission Care of Older Australians Report
- 2012 Living Longer Living Better & Commonwealth HACC Program
- 2014 Current HCP structure introduced



Home care history

2015 – Commonwealth Home Support Program (CHSP) and intent to merge CHSP & HCP by 2018

- 2017 HCP funding to consumer
- 2018 Further consultations on home care reform for 2020 deadline
- 2019 Last State HACC Program (WA) transferred to CHSP
- 2019/21 Aged Care Royal Commission
- 2020 Government recommitted to merger of CHSP & HCP in response to ACRC Interim Report
- 2021 CHSP extension to 2023 and intent to create Support at Home Program by 2023



Lessons from history

- HACC Program focus on funding individual providers each doing one service type didn't work for people with complex needs
- HCP model of 4 levels of funding is inflexible and over-allocates money to many individuals contributing to long waiting lists. Individual budgeting process is administratively complex
- Most older people don't want to self manage, but some want the option
- Don't do what NDIS did and eliminate block funding entirely, even for thin markets
- Access to support difficult for older people as they navigate complexities of My Aged Care and separate assessment processes for low and high care



AGED CARE ROYAL COMMISSION FINAL REPORT: KEY FINDINGS



ACRC Key Findings

- Around 30% of people using aged care services received substandard care at least once over their time in care
- "The extent of substandard care in the current aged care system is deeply concerning and unacceptable by any measure"
- 1997 Cabinet Memorandum shows current system is "the unenviable trade-off between health of older Australians and the desire to save on public expenditure for that help"
- Successive governments "consider aged care as a form of welfare for the very needy, to be provided to bare minimum extent required"
- Government underfunding amounts to \$9.8 billion per annum (58% of 2018-19 expenditure)
 - Inadequate indexation has reduced Australian Government expenditure by 22.4%
 - Rationed supply has reduced Australian Government expenditure by 25.7%



FIVE PLILLARS AGED CARE REFORM DIRECTIONS



Five Pillars of Aged Care Reform

Pillar 2:

2021

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 healt 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

Residential aged care services and sustainability

inuation of the increases to the homeless viability supplements.

intervention to help providers build financial sustainability, capability and resilience. Independent Hospital and Aged Care Pricing Authority established, extending role of existin hospitals pricing authority to include aged care

advisory function.

New funding model to improve quality of care for 240,000 people using residential care and 67,000 people using residential respite care each veer

Average care minutes for each resident increased to 200 minutes per day, including 40 minutes of registered nurse time. Partitizered nurse on rite for a minimum of 16

hours per day. Structural Adjustment Program delivers increased provider viability and a strength

Single assessment workforce introduced to improve the experience of senior Australians residential care. Better reporting, including through Star

Minimum care time becomes mandatory. Annual funding increases and price setting tak into account advice from the new Independent Hospital and Aged Care Pricing Authority.

2024

2023

 Increased choice for senior Australians receiving residential care with care package assigned to consumers, not providers.
 New residential aged care accommodation framework gives senior Australians more ch and improves accessibility and dementiafendly accommodation.
 Aged Care Anorexa Round discontinued

2025

 Improved service suitability that ensures the care needs and preferences of senior Australians in residential aged care are met.

Pillar 3:

2021

Residential aged care quality and safety

- ,

• Immediate improvements to the quality of care in dementia, diversity, food and nutrition

services. Surge loci Stronger clinical care standards developed by the Australian Commission on Safety and

Quality in Health Care. Up to 120,000 additional GP services through boosted Aged Care Access Incentive.

 Increasing dementia care capability delivers better outcomes for people living with dementia.

 Palliative care services expanded to support end-of-life care at home.

2022

 Residents access improved care through Primary Health Networks facilitating telehealth and out-of-hours triage services.

 Expansion of the Serious Incident Response Scheme gives 1 million senior Australians receiving home and community care greater protection.

Stronger presence of Aged Care Quality and Safety Commission in facilities with an extra 1,500 site audits.

Providers to report regularly to residents and families on care and commencement of Star Rating system.

Improved support and training in dementia care and minimising restraint (restrictive practices).

2024

2023

 National Aged Care Data Strategy improves the information that is available to senior Australians about the quality in aged care.
 New independent regulatory authority

established following review of the Aged Care Quality and Safety Commission.

2025

 Senior Australians receive high quality, compassionate care.

Confidence in aged care is rebuilt.

Pillar 4:

Workforce

202:1 • Up to 6.00 new personal care workers in workplaces. • Surge locum workforce capacity in regional and rural locations. • Improved training in dementia care and minimising restraint (restrictive practices). 2022 • Up to 7.000 new personal care workers in workplaces.

33.800 additional training places rolled out over two years for personal care workers to attain a Certificate III in Individual Support (Ageing). More registered nurses in workplaces due to nurse incentive and financial support schemes. Single assessment workforce in place to

conduct assessments across residential and home care.

2023

Additional training places for personal care workers to attain a Certificate III in Individual Support (Ageing).

2024

Continued growth of the aged care workforce and a demonstrable increase in registered nurses choosing aged care as their career.

2025

 Tangible improvements seen in staffing levels skill mix and training of the care workforce.
 Workforce continues to meet the demand for aged care services, particularly in home care.

Pillar 5:

Governance

2021

- Initial rollout of expanded regional network to improve local planning and understanding of needs.
- Council of Elders established to provide a direct voice to Government.
- National Aged Care Advisory Council established to provide expert advice to
- Expanded capital infrastructure grants available to improve access to better quality aged care services for First Nations people and those in rural and remote locations, or who are homeless or at risk of homelessness.
- Improved services and health outcomes for people in remote and Indigenous communities

as a result of additional aged care funding.

New workforce of trusted First Nations people to assist Older First Nations people navigate and access aged and disability care.

2023

Introduction of a new, values based Aged Care

2025

Strong and effective governance of aged care is in place with senior Australians at the centre and improved care outcomes consistently delivered.



Five Pillars + One

- 1. Home Care
- 2. Residential Care Sustainability
- 3. Residential Care Quality*
- 4. Workforce
- 5. Governance
- 6. Housing & Retirement Living [ACSA]
- * Also includes home care quality issues as well as building models & regulations



GOVERNMENT HOME CARE INITIATIVES



Home Care

ACRC Recommendation	Budget Initiative	Implication				
Eliminate Home Care Package (HCP) waiting list	 \$6.5B to provide an additional 80,000 HCPs: 40,000 in 2021-22 40,000 in 2022-23 	Continued significant growth in HCPs gives providers opportunities				
Create single aged care program	Merger of HCP, Commonwealth Home Support Program (CHSP), Short-Term Restorative Care (STRC) and respite care into single in-home care program by July 2023. CHSP contracts extended by one year to 30 June 2023, with most CHSP providers transitioning to payment in arrears.	Funding model to be determined, but will include grant funding and possibly a classification model. Will be future growth opportunities				



Home Care

ACRC Recommendation	Budget Initiative	Implication
Improved access to carer support services	\$798.3M to support 1.6 million informal carers, including additional CHSP respite services for 8,400 older Australians	Opportunity for growth in respite and other carer support services
Improved support for people accessing aged care, including introduction of care finders	\$272.5M for enhanced support and face to face services to assist older Australians accessing and navigating the aged care system. Network of 500 local Care Finders in place by 2023	More help available for people to steer their way through aged care system
Elimination of user charges for in-home care	Not implemented. Will be reviewed as part of creation of new in-home care program	No change to CHSP/HCP consumer fees for next couple of years



Dept of Health Support at Home Program Overview

- The proposals for a new Support at Home Program would reform all aspects of the delivery of in-home aged care including assessment, reablement and restorative care, to individualised support plans, clarity on service inclusions, funding of providers, and regulation of the market
- Senior Australians would receive individualised service approvals, based on their assessed aged care needs and personal circumstances, rather than being placed in one of the four broad home care package levels
- Senior Australians would have access to a new program for goods, equipment, assistive technologies, and home modifications needed to live safely and independently, rather than needing to 'save up' package funds for these purchases



Proposed Service List

Independence at home	Domestic assistance Home maintenance Meals Digital monitoring, education & support
Social connections	Social support Transport
Personal care	Personal care Nursing
Health & specialised support	Allied health Specialised supports Assistance with care and housing (squalor & hoarding)
Care management	Care management
Digital technologies, equipment & home modifications	Digital technologies Goods, equipment & assistive technologies (non-digital) Home modifications
Respite	Respite (in-home, centre-based, cottage) Residential respite

Aged & Community Services Australia

Dept of Health Support at Home Program Overview

- A new funding model would support point-of-delivery payments for service providers, while reducing their reporting burden. This would enable greater transparency for senior Australians and reduce fees and administrative costs
- Support at Home assessments would focus on independence, providing senior Australians with guidance and support to delay functional decline
- Senior Australians would have greater choice between providers to deliver their care
- A risk-proportionate regulation model is being developed to support care businesses and care workers to participate in the delivery of safe and high-quality aged care services in a home environment



DoH Support at Home consultation

	Timing	Consultation Area	Topics	Audience
Codesign	November 2021 – August 2022	Aged Care for Aboriginal and Torres Strait Islander Peoples	Assessment tools and assessment processes for Aboriginal and Torres Strait Islander Peoples	 Indigenous organisations NAGATSIAC Aboriginal and Torres Strait Islander communities States/territories Broader public
Codesign	February – March 2022	Care Management	 Definition of care management Responsibilities of care managers Self-management Regulating care management 	 Consumers, carers Providers and peaks Aged care professionals Experts
	February – March 2022	Service List	 Appropriate categorisation of service types Granularity of service types Reablement services 	 Consumers, carers Providers and peaks Aged care professionals NDIS, DVA Assessors
	February – March 2022	Price List for Support at Home	Testing an initial draft price list	 Consumers, carers Providers Peaks NDIS, DVA
	February – March 2022	Funding Model	 Overview of model Testing ideas on flexibility for minor changes in needs Self management 	 Consumers, carers Providers Peaks



DoH Support at Home consultation

	February – March 2022	Evaluation Framework for Support at Home	 Led by Health Policy Analysis Measures of success for the Support at Home Program Methodology for monitoring and evaluation 	 Consumers, carers Providers and peaks Aged care professionals Regulators NDIS, DVA
	March — April 2022	Point of Delivery Payment Platform	Consultation to seek input on the payment platform design from providers and consumers.	ProvidersConsumers, carers
	March – June 2022	Assessment Model	Living Lab Trial testing the appropriateness and validity of - The assessment Tool - Assessment process - Assessment outcomes	 Living Lab trial partners Assessors Providers Consumers, carers
Codesign	May 2022	Goods, equipment, assistive technologies, and home modifications	 Designing the new schemes for timely access to GEAT and home modifications 	 Providers Aged care professionals State and Territories NDIS, DVA Consumers, carers



CHSP Extension

Table 1 Implementation timeframes for the CHSP extension

Financial Year	2021-22			2022-23			2023- 24		
Calendar Year	2021 2022		2023						
Key work items	Jul – Sep	Oct – Dec	Jan – Mar	Apr – Jun	Jul – Sep	Oct – Dec	Jan – Mar	Apr - Jun	Jul – Sep
Contract negotiation with CHSP providers									
Transition support applications									
Contract finalised									
CHSP Extension									
Transition to Support at Home Program									



Table 2: 2022-23 CHSP National Unit Prices Ranges

CHSP Service Type	Output measure	2022-23 CHSP National Unit Price Ranges			
Allied Health and Therapy Services	Hour	\$95-\$125			
Assistance with Care and Housing	Hour	\$61-\$97			
Centre-based Respite	Hour	\$27-\$51			
Cottage Respite	Hour	\$28-\$53			
Domestic Assistance	Hour	\$48-\$61			
Flexible Respite	Hour	\$51-\$67			
GEAT	Cost in dollars	*			
Home Maintenance	Hour	\$53-\$75			
Home Modifications	Cost in dollars	**			
Meals	Meal	\$7.50-\$13			
Nursing	Hour	\$104-\$129			
Other Food Services	Hour	\$25-\$41			
Personal Care	Hour	\$51-\$68			
Social Support Group	Hour	\$17-\$27			
Social Support Individual	Hour	\$39-\$60			
Specialised Support Services	Hour	\$76-\$118			
Transport	One-way trip	\$18-\$36			



ALLIANCE FOR SEAMLESS AGED CARE: SET UP SUPPORT AT HOME RIGHT, FIRST TIME



Support at Home Alliance

- Alliance of organisations passionate about the future of the home care system in Australia:
 - Aged & Community Services Australia
 - Australian Community Transport Association
 - Community Options Australia
 - Community Transport Organisation (NSW)
 - Home Modifications Australia
 - Local Government NSW
 - Meals on Wheels Australia
 - NSW Neighbour Aid & Social Support Association
 - NSW Ethnic Communities Council
- A working party including representatives of the Support at Home Alliance, sector support & development projects and the Australian Health Services Research Institute, University of Wollongong contributed



Alliance Seamless Aged Care position paper

- Alliance position paper titled *Seamless Aged Care: How to set up Support at Home right, first time*
- Based on engagement with members of alliance partners who provide home and community care services, either through the Home Care Packages program, Commonwealth Home Support Program or both
- Intended as a contribution to development of the new Support at Home Program
- Alliance will continue policy development with a second paper describing potential design elements of Support at Home



WHY SEAMLESS AGED CARE?



Strength of home and community care

- Home and community care programs are the bedrock of Australia's aged care system, supporting communities through provision of personal care services, meals, transport, community support, amongst others
- We are embedded in every local area across Australia, providing services and support to people regardless of where they live, their culture or their ability to pay
- Our aim is simple, to ensure the over 1 million older people we care for, are able to continue to live in their local communities, participate in everyday activities, for as long as possible
- We do this by drawing on the strengths of local communities, underpinned by lean infrastructures and overheads, and maximise our impact thanks to our vast armies of local volunteers



Vision for Support at Home

- Built on existing network of local services, activities and supports
 - formal and informal
- Provides real choice for older people
 - Program based or self-managed or mix of both
- Minimises burden on the older person
 - E.g. administration, rostering etc (unless it's their choice)
- Localised planning framework and capability development
 - Interface with health services
- A funding model that is equitable and sustainable



Mechanism to allow Seamless Aged Care

- We propose a new Support at Home Program that includes a classification and funding system, similar to the Australian National Aged Care Classification (AN-ACC) in residential aged care
- Importantly, this will support longer-term sustainability of the vital community supports and volunteer activities that our services provide
- It will provide real choice for older people as it will be designed around meeting their individualised needs
- It will also improve accountability of funding and build a platform for meaningful quality improvement across the sector



CONTENT OF SEAMLESS AGED CARE PAPER



Guiding Principles for Support at Home

- Experience of older people, e.g.
 - Is at the centre of the aged care system
 - Sees equity of access to services in the home
 - Focuses on wellness and reablement as a positive feature
- Eco-system of home care sector, e.g.
 - Accommodates the challenges and diverse needs of thin markets
 - Values the motivation and contribution of volunteers
 - Applies consistency of funding approaches across aged care



Experience of Older People

- Articulating key rights of older people, based on recent OPAN statement about human rights basis of new Aged Care Act
- Emphasising freely and competently exercised choice of care older people want
- Explicit information about limits placed on service availability due to funding constraints or requirement to pay for services



Funding Model for Support at Home

- Identifies alliance aspirations for a new funding model
 - Accommodates place-based service delivery (costed to recognise variance and complexity of place)
 - Mitigates unintended consequences of market responses as well as volatility in client base/service environment
 - Recognises that services need to be scalable and sustainable
 - Enables measurement of quality of life outcomes
- Uses concepts embedded in activity-based funding and AN-ACC
 - Classification system with classes that describe the characteristics of those receiving care rather than describing what they receive (casemix not service mix)
 - Payment model in which there is an explicit relationship between cost and price informed by regular costing studies



Funding Model for Support at Home

- AN-ACC funding model has three key design elements:
 - 1. A base care tariff (for the fixed care component)
 - 2. A variable payment (for the individual care needs of the resident as determined by the resident's AN-ACC class)
 - 3. A one-off adjustment payment when a resident enters residential aged care
- Applying this model to Support at Home program could yield benefits, in that it:
 - provides predictability through the fixed component
 - allows for a seamless and integrated consumer experience throughout the ageing journey
 - encourages providers to deliver beyond an 'output #'
 - is accountable based on monthly invoicing for services delivered (in arrears) for variable component
- —— it allows for flexibility and is responsive, supporting an outcome focus



Characteristics of Support at Home

- Paper identifies key characteristics the alliance believes should feature in the new Support at Home Program. These cover areas such as:
 - System design
 - Choice for older people
 - Quality and safety
 - Funding including high level care
 - Provider mix
 - Workforce and volunteers
 - Primary health and Reablement & wellbeing
 - Transition arrangements



LET US KNOW YOUR THOUGHTS



Seeking sector views

- Seamless Aged Care paper
 - Paper released December 2021: <u>https://acsa.asn.au/ACSA/media/General/Support-at-Home-Alliance-Position-Paper.pdf</u>
 - Keen to receive views from the sector
 - Alliance is engaging with other provider peak bodies (e.g. via Australian Aged Care Collaboration) and consumer peak bodies
- Our paper informs response to government preparation for Support at Home Program
 - CHSP transition year
 - HealthConsult work on assessment, classification and funding model
 - DoH overview paper: <u>https://www.health.gov.au/sites/default/files/documents/2022/01/support-at-home-program-overview.pdf</u>

