Royal Commission into Aged Care Quality and Safety

DRAFT COUNSEL ASSISTING'S OUTLINE OF PROPOSED NEW SERVICE ARRANGEMENTS FOR AGED CARE IN THE COMMUNITY AND HOME

Across Australia, 1.3 million people used aged care services last year. Of these people, less than one-fifth (242,612 people) received residential care. The great majority of people used services in their homes.[1] This is the preference of most older people. People want to remain independent and avoid moving to residential care if possible.[2]

With many older Australians using or likely to use aged care services in their later life, we want to change the experience of aged care. We want the experience of aged care to be safe and respectful. We want people to experience services that are empowering and caring. We want the time spent to find aged care to be shorter. And we want the services to meet the real needs of older people.

Support and care for older people in the community and home (and generally) should be focussed on:

- preserving and restoring capacity for independent and dignified living to the greatest extent;
- strong partnerships and collaborative working relationships between the person, their carers and family, support workers and between providers; and
- respecting their choices about how to best maximise their wellbeing and quality of life.

The propositions to be considered in this Home Care Hearing are intended to result in better outcomes for people using aged care through more targeted care and support to enable them to live independent and meaningful lives and to receive the care they need where and when they need it.

We have heard evidence that aged care services do not always meet people's needs in their homes and communities.

Waiting lists for care at home are not respectful, nor are they safe. Getting a home care package is like winning a lottery. And even when an older person wins that lottery, a package does not guarantee them support and care services that provides an adequate quality of life. People currently have to make trade-offs between their physical, psychological, social needs and the needs of carers due to the limited funding available in their package.

We know that everybody's need for aged care is different and that there isn't a linear progression of needs. We also know that the aged care system is overly complex and difficult to navigate. We propose a way of approaching aged care services that allows people to access different services that meet their needs without making trade-offs. This proposal assembles key services into service categories that can be added together or be taken individually or in a range of combinations, depending on the older person's care needs and circumstances.

Entitlement to services

We recommend that older people have more control over their aged care services, by giving them rights to those services. This should be done through an entitlement. The entitlement will mean that people will know what aged care services they can expect to receive, and to receive them in a

punctual manner. They will also have the ability to choose providers to deliver those services, and to change providers. And all of these decisions will be supported by a dedicated 'care finder' that will help the older person navigate and use services.

The types of services that older people may be entitled (upon assessment) to receive in the community and their homes comprise:

- **Social support**: social and recreational activities; transport to enable participation in community, social, economic and daily life activities; meals while attending activities or meal delivery services at home. An older person assessed as being in need of these services should receive an entitlement in kind to receive them. These services should be funded through direct agreements between the government and a commissioned service provider, which will have area coverage responsibilities. The grant agreements may for example use and blend of block and activity-based funding provisions.
- **Assistive technology and home modifications**: assistive technology or equipment that will aid individual functionality; and home modification design and construction. Further inquiry and consideration of the funding arrangements for these services is needed.
- **Respite care**: support for the informal carer, through short-term care at home, in the community or at a facility, which will deliver care that is in the best interests of the older person and focuses on their needs and growth. These services should be grant funded.
- **Care at home**: help with household tasks to allow the participant to maintain their home environment; daily personal activities; clinical and nursing care; personal support; and end of life and palliative care. Short term plans aimed at helping people regain, maintain or learn to adapt to new functioning with intensive allied health care. An older person assessed as being in need of these services should receive an entitlement in in the form of a budget expressed in dollar values for different categories of supports and care, including a budget for care and support coordination. The person will (with the assistance of a care finder if they choose) select a provider to co-ordinate their supports and care, including and supports and care they receive from the grant funded categories mentioned above. The provider will be responsible for the quality and safety of the care at home provided to the person, irrespective of whether it is directly provided by that provider or whether it is sourced by the provider from others under subcontracting or 'brokerage' arrangements.

Entitlement should not be based on age alone. The entitlement should be based on need, as assessed by a professional. A range of health professionals may speak with the older person and examine their needs. That examination or assessment should be provided to government employees to determine the value of the entitlement. The value will cover the services the older person would make the best use of and the total money available per year for those services. The money should only be paid from government to a provider of the person's choice.

The first step to bringing an entitlement to aged care is apply it to the packages of services delivered in people's homes. With consumer directed care, people have some control over their package. But they have to wait until a package is given to them. Older people should have access to a home care package if they have been assessed for one, and it should be funded to the level they are assessed as needing. We recommend clearing the waiting list for home care packages. And keeping it clear.

Over the last year there has been an increase in the release of home care packages but more is needed. The Australian Government currently rations access to aged care and maintains control over how much home care is available compared to places in nursing homes.

The Australian Government should develop a planning tool to ensure the supply of aged care meets demand for both aged care in the home.

Once a planning tool is in place, the rationing of care at home should be abandoned.

Much needed changes in culture

With more control over aged care services put in the hands of people, we see that providers must adapt the way they deliver services. We have heard that people want to be involved in decisions about their services.

The government has clearly outlined with in guidelines for the current CHSP and HCP programs how it expects current aged care services to be delivered - that care needs to have a restorative focus, that it should support the wellbeing, quality of life, independence and relationships of the older person. However, for many providers this is still rhetoric and not put into practice.

The new aged care program will emphasise that care and support must build on people's strengths and build their capacity to be involved in their aged care.

Key principles to support this approach include:

- people wish to remain autonomous
- people can improve their capacity
- people's needs should be viewed holistically
- aged care services should be organised around the person and his or her carer—that is, the person should not be simply slotted into existing services
- a person's needs are best met when there are strong partnerships and collaborative working relationships between the person, their carers and family, support workers and between providers.

So how is the new model for aged care at home going to work?

Care finders

Once an older person wants more than just information about the aged care system, their initial contact should be with a care finder. Care finders provide tailored information, navigation and case management to help older people and their carers understand, make decisions about and evaluate available aged care support and service options and providers. They are an ongoing contact of the older person, offering information and navigation assistance.

This personalised and knowledgeable service is missing from the current system.

In future, the care finder will undertake an initial screening and registration process and link the older person to the assessment process. Following the assessment outcome, that is the entitlement decision, the care finder will help the older person to connect to aged care services. But the care finder will have a cross-system function. The care finder will build a relationship with the older person and understand their health, financial and housing circumstances. As part of their case management role, the care finder will connect up and integrate the older person so a holistic approach is taken in helping people to transition to aged care.

COTA have been supported to trial a navigator service across aged care. This trial needs to be scaled up. There should be more care finders, as professional roles, in more areas. Their service should be offered to all people investigating or using aged care.

The care finder function will also be able to be scaled up to provide more intense and specialised support to older people who are identified as vulnerable. Vulnerable people are those with complex support needs, experiencing cognitive challenges, poverty, domestic violence or poor connection to family, friends and other services.

Assessment

Assessment is required to determine an older person's eligibility for aged care. Eligibility is not based on age alone, but needs. And eligibility is about determining whether an older person and their informal carer have needs that aged care services could help and support. The assessment will look at the level of assistance an older person and their carer need in order to continue to live independently and maintain quality of life.

There should be a single, scalable assessment process. The assessment process should engage relevant expertise from interdisciplinary assessment teams as required. But it should not require an older person to tell their story multiple times. For example, reports from general practitioners could be used to inform the assessment and entitlement decision. These decisions should be undertaken independently from any involvement by aged care provider, subject to exceptional circumstances.

There may be scope for consultation with prospective providers during assessment, and this may by facilitated by the care finder.

The assessment outcome will articulate the entitlement to aged care. This will set the number of hours of support and care that a person has been assessed as needing, across a year. These hours will be articulated across the five key categories: social support, respite care, enabling care and care at home. It will also decide whether the older person would most benefit from receiving residential care, rather than remaining their own home.

Where people wish to be cared for at home and their funding is approaching the maximum level, because unit costs of care are generally higher in home care than in residential care, an older person would need to consider moving into residential aged care or supplementing the funding available for care at home out of their own pockets and through access to informal care. In cases where the person can no longer safely and appropriately continue to receive subsidised care at home, the assessment team, the provider and any care finder appointed for the person might have to assist the person to decide whether the person should start receiving residential care. Ultimately the provider may have to decide whether it is willing to continue to provide services to the person at home, in light of its duty to ensure the person receives high quality care.

The assessment service must be nimble, and able to provide timely reassessments upon changes in circumstances raised by the provider, care finding, individual concerned or their family.

Service offerings under the new aged care program

The current Commonwealth Home Support Programme and Home Care Packages Program should be reconfigured into a single aged care program which has the four categories of services already mentioned.

These categories are not mutually exclusive and if assessed as having a need, an older person may access services from more than one category at the same time. The services a person receives from each category will vary in intensity (amount per week) in accordance with the person's assessed need.

Social supports

Social isolation and loneliness are significant concerns for older people as their functional capacity declines.

We have heard that services addressing social isolation and loneliness are generally limited to the Commonwealth Home Support Programme. People using any aged care service should be able to use social support if their assessment says they need it.

This category will foster older people's social and community networks, increasing their connection to and participation in the community. Services available under this category include social activities, transport and meals.

As already mentioned, this category should be grant funded. It will be commissioned by the entity responsible for system management at a regional not a central level, so that there is local solutions for local need and there is the opportunity to integrate it with other community and social activities that are funded and run by local and state government.

This may include innovations relevant to ageing populations over time, such as:

- intergenerational programs
- locating community facilities on the same site as nursing homes, for example schools, child care centres, cafes, libraries, arts centres
- careful urban planning and building design to reduce isolation for older people living in nursing homes and social housing.

Assistive technology and home modifications

Ageing bring changes in functioning that can impact on people's ability and capacity to live independently.

Current aged care services provide limited opportunity to access support to regain, maintain or learn to live with new functioning. Across the aged care program there will be a greater awareness of changes to function and ways of supporting independence across all aged care services. But there is also a need for a focus on providing supports that help older people to manage changes in functioning.

This category will provide assistive technology and home modifications. This category focuses on maximising older people's independence to perform tasks or activities and minimise any risk to their safety.

Access to assistive technology and home modifications will further support older people to maintain their functional outcomes.

Proposed commissioning and funding arrangements for this category remains under consideration. One option might be that over time this category may be integrated into the care at home category but only after it is well established and has become a fundamental part of aged care service delivery. There will be a period of increasing the share of allied health care offered in aged care in all States and Territories. This will be supported by the continued shift in culture for enabling and wellness across all aged care services.

Respite care

Informal carers make a significant contribution to the lives of the older people they care for and to the broader economy. To sustain a caring relationship, short-term, regular, planned breaks must be available.

The current respite offerings are difficult to navigate, not financially viable for providers and insufficient to address the needs of older people and their carers. The services are currently under-used but in high demand. People and providers do not understand respite and it does not support carers.

Assessment should explicitly focus on the needs of the informal carer, as well as on the primary recipient of care. The guidelines for assessment should not confine the availability of respite to circumstances where the caring relationship is already under strain. It should be available on a preventative basis and be used as a potential opportunity for enablement so that the older person

is assisted to restore their capacity or manage it themselves. People should have access to their 63 days per year, if assessed as needing respite, as per the current requirements. However, this could be used as one weekend a fortnight or more sporadically, rather than in large blocks.

Respite should facilitate access to meaningful activities and should have a strong enabling / restorative focus. Respite therefore has a dual purpose - it provides relief for the carer as well as improved outcomes for the person receiving care.

There is a need to re-design respite and it should be co-designed with carers. New respite services should be built in consultation with carers and the Carer Gateway to determine what will best meet their needs.

This co-design approach will provide access to different models of respite, including cottage based overnight and short-term multiday respite services, in-home day and overnight care, and respite in a nursing home.

Respite is in addition to any care at home entitlement. The provision of respite should not diminish the money available for the provision of ongoing supports and care for the older person.

The category should be grant funded. It should be commissioned by the regional arm of the system manager so that there is local solutions for local need and there is the opportunity to integrate it with other aged care services.

Care at home

In ageing people experience changes to their ability to look after their own homes and their bodies. This can be frightening, upsetting and painful. For older people, it can be very difficult to confide in someone when you can't get yourself to the bathroom, or dry yourself after a shower, or comfortably prepare and eat a meal, or take yourself to medical appointments or to do grocery shopping.

Aged care services can support people to do these things when they can no longer do them alone. Where people are assessed for an entitlement for the ongoing category of care, they should be able to use these services in their homes and communities. This category should be available for people who need help around the house and garden, for people who need more intensive support in the form of personal and clinical care, and for people who are at end of life and need palliative care services.

Services for care at home should meet people's reasonable needs. As needs change over time, funding can be increased. For example, an older person might commence care at home with some independent living supports and minimal care coordination. If, at some later point, they need help with showering or going to the bathroom, then personal and clinical care can be added and care coordination can also be increased.

This category should provide and coordinate holistic support and care services to older people to help them to continue to live independently at home. Care and support services include:

- Living supports: help with cleaning, laundry, preparing meals, mowing and basic house maintenance.
- Personal care
- Clinical care
- Palliative and end of life care: to assist people to die well in their homes.
- Care coordination: coordination of all aged care services the older person accesses. This will be scaled up in line with complexity of services being delivered.

- Ongoing allied health care services will provide older people with access to regular therapeutic and health support that will maintain or improve their functional independence.

This category will provide short-term enabling plans, and ongoing allied health care. Short-term enabling plans are likely to be intense in nature and provide a mix of personal care, nursing care and allied health care interventions that focus on capacity building to maximise functional independence. Plans should run for 6-12 weeks and will be person-centred and goal-oriented.

Living support can represent a person's first step in asking for help. Often this is because living supports are seen as a more socially acceptable form of aged care, and are easier to ask for help with. Including living supports in the care at home service category provides an opportunity to build trust in aged care services, in the system, and in the provider. It enables a relationship to be built which supports the transition to more personal forms of care.

This category will have individualised funding.

The older person will need to identify their lead provider for care at home. This provider must be an approved provider and will be responsible for care planning, care coordination and building an ongoing relationship with the older person. The workforce delivering support and care services may be subcontracted / brokered by the approved provider. There are issues to be resolved as to whether (or in what circumstances) workers may be directly engaged by the older person using government subsidies, for example through online worker marketplaces. If an older person is also receiving services from other categories, these services will be coordinated by the lead provider.

With support from their lead provider, older people should be able to make choices and manage the services they access, to the extent they can and wish to do so, including who will deliver the services and when.

Transition to the new aged care program

Transition to new arrangements will take time and will need to be managed sensitively to maintain the continuity of care for those in receipt of aged care services in the home. There will also need to be a smooth transition for providers to ensure minimal disruption to the supply of aged care services.

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[1] Aged Care Financing Authority, Eighth Report on the Funding and Financing of the Aged Care Industry, p 11.

[2] Ratcliffe, G Chen, J Cleland, B Kaambwa, J Khadwa, C Hutchinson, R Milte - Caring Futures Institute, Flinders University, Australia's aged care system: assessing the views and preferences of the general public for quality of care and future funding, 2020, p 3.