

Submission to the Royal Commission into Aged Care Quality and Safety

Consultation Paper on Aged Care Program Redesign: Services for the Future

April 2020

Opening

Local Government NSW (LGNSW) welcomes the opportunity to present this submission to the Royal Commission into Aged Care Quality and Safety and provides the following comments and issues for consideration in relation the Aged Care Program Redesign: Services for the Future Consultation Paper 1, December 2019.

LGNSW is the peak body for local government in NSW, representing NSW general purpose councils and related entities. LGNSW facilitates the development of an effective community-based system of local government in the State.

This submission is informed by information and data provided by New South Wales councils, and in collaboration with the Australian Local Government Association and the Municipal Association of Victoria.

Purpose

The submission responds specifically to the following aspects identified in Consultation Paper 1, Aged Care Program Redesign – Services for the Future, developed as part of the Royal Commission into Aged Care Quality and Safety:

1. The principles for a new system.
2. Redesign of the aged care system to make it simpler for older people to access care and supports.
3. Information, assessment and system navigation.
4. Entry-level support stream.
5. Investment stream.
6. Care stream.
7. Specialist and in reach services.
8. Designing for diversity.
9. Financing aged care.
10. Quality regulation.

1. The principles for a new system

LGNSW supports in general the principles outlined for a new system. It is noted that the Consultation Paper for this program redesign identifies several aspects which are not included in the scope of this paper (e.g. funding, workforce, interaction with the health care system) and that these will be progressed through other processes of the Royal Commission.

It is critical that these other aspects are incorporated into the broader reform of the aged care system so that no matters are dealt with in isolation, ultimately impacting the quality and level

of services available and delivered to meet the needs of all older people, regardless of their particular circumstances.

LGNSW recommends the following principles and processes be included as part of the aged care redesign process:

- That an overarching structural framework for the aged care system be developed that incorporates all aspects of the system, including those not considered in the Consultation Paper, that have an impact on older people. This process includes a review and update of the proposed model for healthy ageing and prevention (Page 7 of Consultation Paper).
- That this framework includes an independent review process to ensure gaps in the planning, selection, delivery and evaluation of the aged care system are identified and addressed as part of a continual improvement process.
- That all key stakeholders, including local government, be part of the review process, redesign and implementation stages that result from this review.
- That quality and continuity of service levels are incorporated into the redesign and implementation process.

2. How could we ensure that any redesign of the aged care system makes it simpler for older people to find and receive the care and supports that they need?

The Aged Care Navigator pilots that have been rolled out in 2019 should provide some useful evidence and data to inform appropriate new models for effective access to aged care services. As such, the review of these trials needs to be incorporated into the research and analysis for the proposed redesign of the system.

Page 6 of the Consultation Paper states:

We want a system that would allow older people to enter any stream and be supported to build their own bundle of supports and care.

The range of options required to help older people develop their own specific bundle of supports needs to be increased but, just as importantly, this needs to be supported holistically from a knowledge base from within the industry. This is where case managers or care planners need to be considered as part of the system.

It has been acknowledged that the level of skill and expertise amongst staff within the sector is critical to the quality and level of services provided. This applies to the use of case managers with knowledge of aged care service options and providers and where those skills can be utilised to achieve the best outcome for older people. Case managers will help to ensure that older people understand the system and get the services and care they need, including getting

much better information and face-to-face support (as noted on Page 5 of the Consultation Paper).

Recommendation 1 – Access to the aged care system should be supported by face to face support for older people either by case managers or care planners to provide individualised service planning, delivery and review. This program could potentially be incorporated into the national Navigator program and include specific industry training for all workers.

Page 4 of the Consultation Paper states:

Aged care must be designed for the people it is intended to help, and based on their dignity, rights, choices, quality of life, involvement and feedback.....Every person seeking and receiving care is an individual with their own life history, and the aged care sector should recognise this.

As such, the aged care model needs to be designed from the older person's perspective, in effect, as an 'end to end' process for older people of all needs and backgrounds.

Related to this are the 'special needs' groups that are referred to on page 16 of the Consultation Paper. LGNSW acknowledges that the needs of certain groups are recognised in the Aged Care Diversity Framework but also agrees that caring for people with diverse needs has to be core business – not an afterthought (Page 17 Consultation Paper).

To achieve this, LGNSW recommends that the principles of inclusive design are incorporated into the design process from the start so that the new aged care model is designed by and for all older people and their carers and that services will be tailored to meet their individual needs.

Recommendation 2 – The principles of inclusive design are incorporated into the redesign process, including development from an older person's perspective of an 'end to end' process for an aged care service model.

3. Information, assessment and system navigation

As noted previously, there is a range of services required to effectively enter older people into the aged care system. These services must include system navigators and case managers

where possible. The national Navigator pilot program currently underway needs to form part of this review. For example, the most effective roles and models for system navigators need to be identified from the trials and incorporated into the design thinking for the new aged care model.

Face to face services also form an integral part of the entry system to aged care, either through service providers in general or through specific case managers appointed to individuals to address complex cases and ensure appropriate services are provided. Qualifications and skill level of key staff in these roles is critical to ensure older people get maximum benefit at the entry point to aged care or when changing programs.

Sector Support roles can also provide relevant one-on-one support to older people from marginalised communities accessing aged care services, including supported referrals to My Aged Care. These roles, such as ageing and disability positions in councils, can help build inclusive communities and support older people to access services appropriate to their needs. It is essential that these positions are provided with ongoing funding to continue these roles within the community.

Recommendation 3 – The Navigator program be expanded and rolled out nationally and funded accordingly – including for positions in local government – based on the outcomes of the Navigator pilot program evaluation.

4. Entry-level support stream

LGNSW believes that certain learnings can be obtained from the roll out of the National Disability Insurance Scheme (NDIS) across the nation. One of these learnings has been the gaps that have emerged in the delivery of services, often as a result of individuals in need having no or limited choice of services to choose from and ultimately not receiving adequate services, leading to an inequitable service system nationally. This is particularly the case in regional and rural parts of Australia.

There is sufficient evidence to support the case for increased funding to aged care entry level services (e.g. Commonwealth funding for residential care totalled \$13.2B for 183,000 clients nationally in 2018-2019 whilst funding for the Home Support Program totalled \$2.5B for 840,000 clients nationally in 2018-2019).

The largest segment of the older population is being served by community care services within My Aged Care, keeping these people at home and therefore providing savings to the Australian Government the longer they remain out of residential aged care.

The advantages of block funding in certain situations warrant a continuation of this funding where appropriate. As such, block funding needs to be included in the overall funding model. The existence of thin markets e.g. in regional and remote communities needs innovative solutions, with block funding based on individual or community outcomes being part of this solution.

Recommendation 4 – The Commonwealth commit to ongoing, recurrent funding for expansion of the Commonwealth Home Support Programme (CHSP) by redirecting Level 1 Home Care Package funding into the CHSP.

Recommendation 5 – Recurrent funding for the CHSP include allocations to retain the Sector Support positions that are employed under the existing system.

5. Investment stream

The level of flexibility to provide a range of service options that meet existing demands depends initially on the flexibility provided in the aged care service model. Limitations in this regard have often prevented service providers meeting all demands coming from more vulnerable cohorts e.g. Aboriginal and Torres Strait Islander people, and those in regional and remote parts of the country.

Part of the solution to this is developing a service model based around inclusive design principles that cater for all people regardless of their individual circumstances such as cultural background or geographic location. This would encourage providers to offer greater and more flexible options, including major home modifications and assistive technologies, which meet the needs of the older people, carers and caring relationships.

6. Care stream

The development of a care stream into the aged care model forms an integral part of an 'end to end' service system that meets the needs of older people from an effective entry point to aged care through to whichever level of services they require as their needs increase.

This includes increased collaboration and formal links with necessary health practitioners, including allied health, to enhance a more integrated approach to meet the individual needs of older people, regardless of their location and circumstances.

LGNSW acknowledges there have been some disadvantages to block funding in the current model but a review of how this best operates to identify and capitalise on the benefits it brings in the right situations must be incorporated into the review so that block funding continues in a revised but essential component to the new system.

Some examples of the benefits of block funding include:

- Many older people currently receive a small number of services per annum under the CHSP and block funding is the most appropriate model for this cohort. Individualised funding packages would not be cost effective and would ultimately reduce the number of older people able to access services.
- With the support of block funding, NSW councils have contributed significant in-kind funding for community care which increases service provision and outcomes for older people in their communities.
- Block funding supports location-specific population-based service planning and delivery, ensuring access to services for all, which supports an inclusive design approach as well as the identification of service demand and management strategies.

Recommendation 6 – The Commonwealth retain block funding as part of the overall funding model for aged care to ensure adequate services are still available to vulnerable cohorts and areas e.g. thin markets, high cost services, low socio-economic communities.

7. Specialist and in reach services

The appointment of case managers to specific cases will provide a crucial link to the range of available services that are needed for more complex health needs of older people. This linking capacity of case managers will integrate the various sectors (e.g. aged care, allied health, hospitals, geriatricians, GPs etc.) and assist with greater uptake of in reach health services.

Specific training for aged care workers should be developed and rolled out to strengthen the care planning for individuals as well as the integration between the many and various stakeholders engaged in the provision of aged care.

8. Designing for diversity

The principles of inclusive design need to be incorporated into the planning, design and implementation of a revised aged care system to ensure the needs of diverse individuals and groups, including those in regional and remote locations, are fully considered.

An inherent outcome of an inclusive design-based system is the element of flexibility which is identified as critical to filling the gaps that have been identified in the current aged care service model. Flexibility ensures a range of funding models, service pricing and delivery options are available through a more integrated service system.

Block funding to providers for entry level services forms part of this approach which enables providers to meet the challenges of thin markets and to achieve economies of scope and

scale.

9. Financing aged care

The current financing arrangements do not reflect the true cost of direct and sector support services delivered by local councils across NSW. Councils delivering both direct and indirect support to the aged care sector provide significant in kind and financial subsidy support to increase the number and levels of services provided to their residents.

Some examples of support delivered by councils include:

- Councils often meet the gaps in service provision when there are no other providers, particularly in rural and remote areas. They also support other providers by accommodating services in council buildings and providing local facilities for services and support activities.
- Councils act as local ‘community hubs’ and as such have extensive knowledge of local community needs and services and provide significant information and referral services as part of their community development programs. For example, access to home care services is enhanced in rural and remote areas of NSW through council facilitation of required referral processes for consumers.
- Councils have a growing role in market stewardship to ensure aged care service provision is effective at meeting the needs of all local citizens. This is essentially driven by the move to a more open market environment for both aged and disability services.

Local government needs to be more formally recognised, and consulted, as a key government partner in the planning, facilitation and delivery of aged care services. One option to address this is to develop an agreement between the Commonwealth, the State and local government to outline a more integrated and collaborative approach to meeting older peoples’ service needs at a local level. This is of particular need in rural and regional NSW where councils often have no choice other than to take on additional responsibilities to provide for medical services and aged care. It is an established position within LGNSW’s Policy Platform that there is a need for new models for rural and regional infrastructure and service delivery that are built on close collaboration between local, State and Commonwealth governments.

Without sufficient collaboration, support and funding, councils’ capacity to enhance services and re-invent ageing infrastructure to meet the needs of older people will be significantly reduced. This will greatly impact on councils’ ability to work in partnership with both State and Commonwealth governments as they endeavour to implement strategies at the local level.

As noted previously, much can be learned from the NDIS roll out, including the developments around thin markets, mostly in regional and remote locations, with diminishing service options to choose from. NSW councils have been withdrawing from the provision of direct disability services due to financial viability issues which has created some gaps in local services, mostly in regional and remote areas.

There are similar risks associated with an uncertain funding future regarding some programs including the CHSP. A key risk is that providers, including local councils, withdraw services leaving vulnerable people without essential services for support and social connection. It also results in a significant loss of expertise, knowledge and resources from the sector.

Recommendation 7 – Local government needs to be more formally recognised, and consulted, as a key government partner in the planning, facilitation and delivery of aged care services.

Recommendation 8 – The Commonwealth commitment to recurrent funding for community care be implemented through a National Partnership Agreement and Bilateral Agreements on community aged care with each state-wide jurisdiction.

10. Quality regulation

LGNSW supports in principle a case for:

- different regulatory approaches based on the nature of the service rather than the location in which the service is provided. This approach embraces the concept of flexibility in design of a redesigned aged care service system.
- some services to only be provided in particular locations with appropriate support. This approach is based on the need for local consultation as part of an inclusive design approach so that specific situations are considered as part of the overall regulatory approaches. Councils need to be part of this consultation process as part of their role at the centre of local communities.

To assess the quality and safety of aged care services provided in people's homes, LGNSW recommends as part of the review researching other service sector models to identify suitable comparative strategies and processes to consider adopting for aged care. For example, early childhood education services delivered in homes under the Family Day Care program.

Recommendation 9 – The Commonwealth review the regulatory processes established for comparative service sector models to identify alternative options for a more agile and responsive regulatory model.

Recommendation summary

In summary, LGNSW makes the following recommendations:

Recommendation 1 – Access to the aged care system should be supported by face to face support for older people either by case managers or care planners to provide individualised service planning, delivery and review. This program could potentially be incorporated into the national Navigator program.

Recommendation 2 – The principles of inclusive design are incorporated into the redesign process, including development from an older person’s perspective of an ‘end to end’ process for an aged care service model.

Recommendation 3 – The Navigator program be expanded and rolled out nationally and funded accordingly – including for positions in local government – based on the outcomes of the Navigator pilot program evaluation.

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Recommendation 6 – The Commonwealth retain block funding as part of the overall funding model for aged care to ensure adequate services are still available to vulnerable cohorts and areas e.g. thin markets, high cost services, low socio-economic communities.

Recommendation 7 – Local government needs to be more formally recognised, and consulted, as a key government partner in the planning, facilitation and delivery of aged care services.

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Recommendation 9 – The Commonwealth review the regulatory processes established for comparative service sector models to identify alternative options for a more agile and responsive regulatory model

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LGNSW would welcome the opportunity to assist with further information during this review to ensure the views of local government are considered.

To discuss this submission further, please contact LGNSW Senior Policy Officer Ageing and Disability, Chris Maclean on 02 9242 4043 or at chris.maclean@lgnsw.org.au