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AGED CARE alliance

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NATIONAL AGED CARE ALLIANCE

Submission in response to the Department of Health discussion paper – July 2017

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

About the National Aged Care Alliance

The National Aged Care Alliance (the Alliance) is a representative body of peak national organisations in aged care, including consumer groups, providers, unions and health professionals, working together to determine a more positive future for aged care in Australia. Further information about the Alliance is available at naca.asn.au

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Background

The National Aged Care Alliance (the Alliance) is a representative body of peak national organisations in aged care, including consumer groups, providers, unions and health professionals, working together to determine a more positive future for aged care in Australia. The Alliance welcomes the opportunity to respond to the Department of Health's (the Department) discussion paper "Future reform – an integrated care at home program to support older Australians".

The Alliance considers that the creation of a single integrated home care program is a key step in achieving the recommendation of the Productivity Commission's Caring for Older Australians Report that supports 'a single integrated, and flexible system of care entitlements' and to deliver on the Alliance's vision for ageing that:

"Every older Australian is able to live well with dignity and independence in a place of their choosing with a choice of appropriate and affordable support and care services as and when they need them".

The Alliance has developed a discussion paper, ***Increasing Choice Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program (CHSP)***, 31 May 2017. The discussion paper addresses Commonwealth 2017 Budget announcements relating to aged care and outlines the Alliance's views on what is required to ensure an appropriate transition for consumers and providers to a single home care program and the key milestones to be achieved between now and 2020.

For the purposes of the Alliance's discussion paper, the new program formed by the integration of the Commonwealth Home Support Program (CHSP) and Home Care Packages (HCP) is referred to as Support@Home. This is not a suggested name, rather a working title. The Support@Home name is used within this submission in the same way care at home is used in the Department's discussion paper.

Reform Context

Reforms to date

For more than a decade, the Alliance has been at the centre of improvements in aged care. The Alliance has welcomed and embraced the opportunity to work collaboratively with Government on the design and implementation of the reforms to date. In recognising the breadth, depth and pace of the reforms the Alliance strongly supports the intensified effort required to continue the momentum of reform.

There is still much work to do to achieve quality aged care services that are consumer driven, have a focus on wellness and reablement, are affordable for the community and individuals, are sustainably provided and are inclusive of the diversity of older people. Older people who may face additional barriers to accessing aged care, such as the special needs groups recognised in the Aged Care Act 1997, must be considered at every stage of the reforms or they are at risk of being left behind. Those who may need additional support include, but are not limited to:

- People living with cognitive impairment and dementia;
- People who require palliative and end-of-life care;
- People experiencing disability;
- People of Aboriginal and Torres Strait Islander communities;
- People from culturally and linguistically diverse backgrounds;
- People in rural or remote areas;
- People experiencing financial or social disadvantage;
- Veterans;
- People who are homeless or at risk of becoming homeless;
- Care Leavers;
- Parents separated from their children by forced adoption or removal; and
- People of diverse sexual orientation, gender identity or intersex characteristics (LGBTI)

Increasing the momentum of the reform process requires government and industry action. Whilst early planning and co-design are essential for the next steps in the process of reform, the need to see action is also essential. The Alliance strongly supports the establishment of an Advisory Group with representation from consumers, providers, professionals, unions and government to support and assist in the co-design of the next stages of the reforms. The Alliance is keen to work collaboratively with Government to establish this group.

The Alliance acknowledges the impact of the whole of the reform process on the sector to date. Consumers and providers have been impacted through earlier areas of the reforms where there were limited consultations, short timeframes for implementation, or insufficient mitigation of known issues (e.g. equity of access in rural and remote areas). Currently service providers are still adjusting to the new Home Care Packages marketplace and the ACFI reforms, and are seeking clarification on the sequencing of changes between now and 1 July 2020 ahead of full integration of CHSP and HCP.

What type of care at home program do we want in the future?

Policy objectives

Program Architecture

The Alliance reaffirms its support for the Government's intention to create a single integrated care at home program and acknowledges the policy objectives outlined on page 9 of the discussion paper and reinforces the following broad policy objectives identified by members:

- *To make the system easier to navigate for consumers*
- *To increase choice and control for consumers in relation to their care*
- *To ensure that the system is sustainable into the future*
- *To simplify funding arrangements and reduce red tape for providers*
- *To deliver a system that results in equitable consumer contributions based on individuals' capacity to pay and the level of care and support being received*

Furthermore, the Alliance supports the integration of HCP and the CHSP as the first step in achieving the vision outlined in the Aged Care Roadmap of a single aged care system in which unnecessary distinctions between home care and residential care are removed.

The Alliance recognises that these changes represent an important philosophical shift in the way aged care services are delivered in the community, and the relationships between Government, service providers and consumers. The impact of this is an opportunity to not only create a new program that will serve the longer term needs of Australia's ageing population, but also as an opportunity to promote positive societal attitudes about ageing and aged care and encourage individuals and families to proactively plan and prepare for their future care needs and promote wellness and reablement.

Support@Home Program Design Principles

The Alliance supports the application of the following program design principles in designing the new Support@Home program:

Service viability – Ensuring future service viability through trialling and piloting different funding models that consider the impacts and benefits to consumers and providers, and evaluating the effectiveness of each model (including benefits to consumers and the cost to Government) to allow for an open market whilst being fiscally responsible.

Co-design – The Support@Home program is developed through a genuinely inclusive and timely co-design process with consumers and providers.

Consistent service delivery – The delivery of nationally consistent high quality services to ensure equity of access to agreed outcomes for all service recipients.

Aligning funding – That a single system of subsidies for individuals which is agnostic as to where the care is received be created. Such a system would provide subsidies for care that would follow the consumer, regardless of where that care is provided and would foster flexibility and innovation in service models. This would include the alignment of funding levels and income tested fees for

consistency across higher levels of care under Support@Home (currently level 3 and 4 under the HCPprogram) and residential care.

Consistent means testing and fees – The alignment of means testing arrangements and the application of fees across the single Support@Home program and residential care with consideration for socio-economic disadvantage.

Aligning program standards and quality frameworks – Government will continue to regulate for consumer protection, safety and quality of aged care through the Single Aged Care Quality Framework. The Alliance supports further discussion on options for mutual recognition of standards between relevant sectors.

Wellness and reablement – That a wellness and reablement focus (including restorative care) is embedded and applied across all services provided in the new Support@Home program to ensure that consumers have access to care and services that will maintain or improve their independence and place in their community to the greatest degree possible. This approach must recognise the consumer as a unique cultural and social being with unique needs and expectations. To be effective, maintaining and/or improving independence should be a focus from the point of screening, through to assessment and care provision.

Home environments which support wellness and reablement – A program of aids, equipment, assistive technology and home modifications which addresses safety requirements in the home, maintains functional ability, independence and quality of life, and establishes suitable referral and specialist assessment pathways to ensure these are delivered when they are required and are fit for purpose.

Transparency and accountability – Robust and relevant data collection and transparent public reporting processes (that meet consumer communication needs) to provide clarity for consumers and the broader sector on access, assessment, service provision, and consumer outcomes. This must include improved data collection processes to capture diversity and special needs groups.

Recognition of thin markets – An understanding and recognition of the differing business models that operate in thin and niche markets currently and the impact on those businesses in moving to a single Support@Home program. This could include allowing for trialling of different funding models and/or variations to funding models to meet the needs of consumers in these markets.

Social capital – The important and vital role of informal carers, volunteers and local communities in the delivery of community based aged care services needs to be recognised and strategies put in place for ensuring these are maintained and supported into the future.

Subsidy reduction – Applicability of subsidy reduction across the Support@Home program.

Support for diversity and consumers with special needs (p.2) – The delivery of services, including assessment, to groups and/or individuals who may require additional support needs to be embedded in the design of Support@Home from the outset and not retrofitted to a new model. Individualised funding should be tailored to include the different circumstances of people with diverse, specialised and special needs.

Improved workforce strategies – The Alliance supports the workforce announcements in the 2017 Federal Budget, and reaffirms its position that to be effective the workforce strategy must be co-designed with the aged care sector. The strategy should also take into consideration:

- The needs of the sector in moving to a single assessment workforce
- Mechanisms to encourage better coordination across the social services sectors (including health, aged care, disability and community services)
- Strategies for recruitment, retention, education, development and remuneration to ensure that the workforce needs of each of the sectors are met across all geographical areas
- Support for informal carers

Innovation – A program that is designed around the consumer encourages, supports and allows for innovative practices to drive better service delivery outcomes.

Social impact measurements – A commitment to working towards a measurement of social impact and well-being outcomes for service delivery is a preferred future state for the Support@Home program. Done well and widely adopted, this will provide accelerated and more meaningful outcomes to consumers and better focused funding instruments.

The Alliance commends the design principles for the Support@Home program and recommends that the Government adopts these design principles for the development of the new integrated program and strongly supports the development of a new Advisory Group to address issues of policy, design, parameters and timeframes.

Reform options

An integrated assessment model

The Alliance supports a government funded assessment process that is agnostic of place, free for consumers, and where practicable operates independent of service providers.

In its response to the Aged Care Legislated Review, the Alliance also supported an integrated assessment workforce and reiterates this support. A single assessment process must be a prerequisite to a single, integrated aged care system. A single assessment process that incorporates input from a range of disciplines can be accommodated under a single assessment model. In addition, having a single independent and appropriately qualified professional assessment service would improve the consistency and quality of assessments, as well as allow the assembly and analysis of key data on unmet need. These features, on most reports, are lacking in the current administrative arrangements.

There is an imperative to ensure that assessments are flexible, impartial and undertaken by skilled assessors who have the capacity and capability to identify and scope the care needs of the consumer and match these to appropriate services and levels of care. Measures to ensure that cultural safety is embedded in all assessments and assessors are culturally competent are particularly important for consumers with special needs, for example, Aboriginal consumers or CALD consumers. Changes to the assessment regime should include the development of workforce capacity to appropriately assess consumers' disability and health needs, understanding of the impact of terminal and life limiting conditions on the care needs of consumers and skills in the appropriate use of language services including translating and interpreting services as well as other necessary supports to enable meaningful consumer participation in the assessment process.

An assessment should include the assessment of eligibility, care and support needs, a maximum funding level, whether the service required is to be time limited or ongoing, and consider the consumer's relative need and circumstances and their physical, emotional, psychological and care needs. The assessment should have a wellness and reablement focus (with at a minimum a focus on maintaining independence and quality of life) regardless of the care type or duration. Criteria should be developed regarding the process for reassessment or review as care and support needs change. This will ensure that consumers do not need to retell their stories and will facilitate re-entry into the system.

Consumers who are fully self-funded will still be able to use the assessment service, and information provided by the assessor and through My Aged Care, to make informed choices regarding their care needs.

The following practices need to be addressed within a new integrated assessment model:

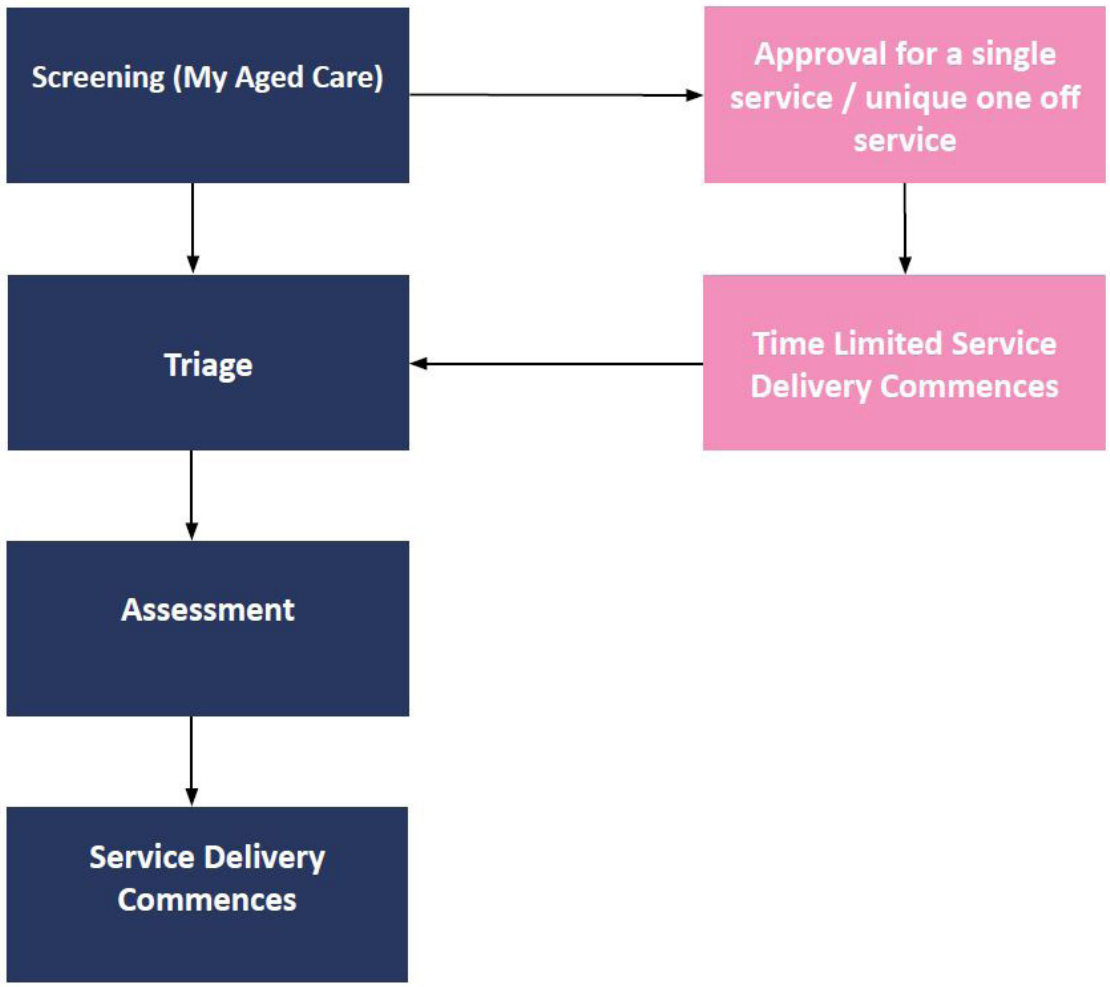
- the repetitive nature of assessment that sometimes leads to consumer frustration and at times refusal of service by the consumer.
- the lack of timely access to assessment and review, leading to over or under servicing consumers
- poor availability of data. Clear, transparent and published KPIs that measure process and whether the consumer's goals are being met and measuring unmet need are required to monitor progress and guide industry.

- inadequate staffing and funding of the assessment service. Adequate funding is essential to support assessment services that have appropriately trained staff, are independent and with strong, robust, professionally developed administrative protocols.

To address inadequacies of the current assessment system and process, the Alliance supports the application of the following design principles in developing the assessment framework for the Support@Home program and more broadly across the whole aged care sector:

A single assessment workforce – The integration of the existing RAS and ACAT teams into a single, independent assessment workforce. The transition to a single assessment workforce, including the tender, is informed by the RAS review and current ACAT referral, waitlist and assessment data.

Timely access – Timely access to appropriate assessment and commencement of services. To enable this the Alliance supports a tiered (or similar) assessment process that will allow timely access to services for individuals with low needs and/or a unique once off service. The Alliance supports an assessment process that gives My Aged Care staff the ability to screen and then approve an individual for a single service (for a time limited period) whilst they wait for their assessment to be completed.



This model will require the upskilling and ongoing training of My Aged Care staff to undertake screening and risk assessments to determine and approve eligibility for a single / unique one off service.

An appropriately funded and qualified assessment workforce – The Alliance supports the workforce announcements in the 2017 Federal Budget. A workforce strategy that will lead to a well-led, well-trained workforce that delivers appropriately qualified and trained staff to provide effective and timely assessment services, and meet the demands of an ageing population is required.

Assessor competencies – A minimum set of competencies and ongoing professional development is required for all assessment staff.

Multidisciplinary team structure – An integrated multidisciplinary team based assessment, that includes the involvement of health professionals, nursing, allied health and medical professionals as required. This must be supported by a robust triage process within the assessment teams.

Single assessment – Consumers are only assessed once, except when there is a significant change in need or a future clinical assessment is required.

Single assessment tool – Feedback from the sector to inform further development, monitoring and evaluation of the National Screening and Assessment Tool to ensure a flexible and inclusive tool that is effective and appropriate for use by all assessors under a single assessment workforce, including screening at My Aged Care.

Intake and triage protocols – Protocols to be developed to assist assessment teams in managing intake, ensuring timely access to services, and assigning consumers to the most appropriate assessor based on skills and expertise.

Reablement and wellness – All components of the assessment should be developed with a reablement and wellness focus that as a minimum supports independence and quality of life, and should be an initial intervention that is available to all consumers up front.

Cultural safety – Assessment processes are provided in an environment that is spiritually, socially, emotionally, and physically safe for the consumer (and their support person(s)), and aligns with the diverse characteristics, cultural values and norms of the person receiving an assessment, and are undertaken by assessors who demonstrate relevant cultural expertise.

Time limited and restorative – The assessment process should consider the benefits (if any) of providing time limited services where appropriate.

Inclusive of carers – Early identification of carer needs and support planning should be a priority of the assessment service.

Special needs – The assessment process is developed to ensure that people with special or specialist needs are supported to access and actively participate in an assessment.

Urgent referral pathways – The assessment process includes consistent urgent referral pathways from My Aged Care screening to referral under Support@Home.

Measurable performance outcomes – Key Performance Indicators (KPIs), co-created with the sector, to measure the consumer journey experience, outcomes of the assessment and eligibility process. These should include a set of process and efficiency indicators (e.g. timeliness, cost) as well as impact (successful service match, enabling goal responsive and outcome delivered service plan) indicators.

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

The Alliance is generally supportive of the introduction of a higher level package as an interim measure. However, any changes should be supported by a review of the packages, in terms of numbers, levels, gaps between levels and consideration of the mix and number of packages. This review should be undertaken through a co-design process with the aged care sector.

Any review of packages should be framed against a continuum of care which is agnostic of setting, and therefore should include residential care. Providing the older person with choice and control should be at the centre of any review. This will necessitate the integration of residential care, home care and home support into a single and equitable funding structure based on funding following the consumer.

The Alliance supports the development and implementation of an equitable fees, charges and means testing framework across aged care that is based on the level of service being received.

Fees and charges should be calculated based on the individual consumer's capacity to pay, with a streamlined and clearly articulated process for ensuring access for those who do not have the capacity to pay. Fees should be equitable across residential care, home care and home support services based on the individual's capacity to pay and the consumer contribution should be proportionate to the value of the service. The development of any new fees, charges, or means testing frameworks and should be informed by a cost of care study undertaken by the Productivity Commission and consider the impact of indexation on eroding the current value of packages.

Consumers should have clarity regarding the unit price of services they are purchasing in order to provide a fully informed basis for comparison and decision making. This includes providers setting and advertising prices that relate directly to the services that consumers are purchasing (e.g. cleaning).

Changing the current mix of individualised and block funding

The Alliance proposes and supports the development of an Advisory Group to ensure consumers, providers, health professionals and the broader aged care sector are engaged in the co-design and co-development of Care at Home reforms. A cost of care study should be undertaken by the Productivity Commission to inform the issue of funding.

Individualised funding

The Alliance continues to support individualised funding for services that are individual in nature and based on assessed needs and goals of the consumer (and carer). These could include (but not be restricted to) nursing, personal care, domestic assistance, home maintenance, respite care, meals and allied health services.

Consumers will choose how these care needs are met (including in what setting) and how to utilise their budget. Consumers requiring multiple service types could receive a 'packaging' of services from one or multiple providers of their choosing.

The Alliance strongly advocates that the success of individualised funding in a market based system is dependent on consumers having a reasonable level of system literacy that allows them to understand, access and navigate the aged care system. Ensuring that consumers are better informed is essential and will require:

- Further development and refinement of My Aged Care into a virtual market place for quality aged care services to support consumer choice and control.
- The availability of independent, ethical and specialised aged care financial advice of a high standard to provide greater clarity of costs and payment options for consumers.
- The availability of independent, ethical and culturally appropriate system navigators to support consumers.
- Development of a culture in which planning for ageing is a normal part of planning for retirement by individuals, families, employers and the financial services sector.
- Resourcing and advocacy to ensure a diverse range of older people including those with special needs can access the system.

An evaluation and co-design process can ensure that transition to a more individualised model of funding can be undertaken in a flexible, timely and streamlined way that improves access for consumers and supports provider understanding and readiness. To this end, it will be essential to fund services that assist consumers to better access the aged system separate to individualised funding. The Alliance's discussion paper, ***Integrated Consumer Supports***, June 2017, explores these issues and support options in more detail.

Block Funding

The Alliance supports continued block funding of services that are currently delivered within those funding streams, such as Social Support for vulnerable groups and Community Transport. Block funding should also be maintained for sector development. Block funding is a valuable tool to facilitate access to service for special needs groups recognised in the Aged Care Act 1997. For example, social support groups for older persons from a CALD background are often the first step in accessing other necessary supports. Multicultural, ethno-specific and specialist providers of care to Aboriginal communities are well placed to deliver wellness and reablement, allied health and nursing services. Conditions requiring more specialised support, for example dementia, may also benefit from block funded services that would not otherwise be supported through mainstream programs.

The Alliance supports the establishment of an Advisory Group with representation from consumers, providers, professionals, unions and government to participate in the co-design of the next stages of the reforms. The Advisory Group would determine which services are most effective if funded in block. Any consideration of changes to the mix and levels of funding should be predicated on an effective and responsive payment system.

For providers, the transition and appropriate sequencing of the reforms are essential to maintaining and growing a vibrant and strong aged care service industry. The changes need to be implemented in a measured, orderly and prioritised way. This will allow for the sector to work collaboratively to operationalise changes, provide feedback and make adjustments as required.

Alternative program funding arrangements

The Alliance's discussion paper, ***Increasing Choices Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program (CHSP),*** 31 May 2017, presented these possible funding options for Support@Home as an appendix in table format on page 21 of the paper. These options are not intended to be an exhaustive list of all funding models that could be available under the integrated CHSP and HCP program.

The Alliance recognises that while the majority of funding will follow the consumer, alternative funding options may be required to address disadvantage, as necessary. The Alliance recommends that services should be measured against a set of criteria (to be developed) to determine the appropriateness of how to fund services into the future.

Any alternative funding arrangements must have specific reporting requirements that can monitor and evaluate the effectiveness of that funding on improving service access, provision and outcomes for consumers as an alternative to individualised funding.

Examples of the types of considerations are included below:

Area of identified need	Considerations and reasons for Program (block) Funding	Considerations and reasons for individualised funding
Aboriginal and Torres Strait Islander services.	Cultural imperatives to deliver and design services for the community and not the individual. Maintain capacity of specialised services, particularly in remote regions and where populations are small and dispersed.	
Barriers to access and entry for individuals who experience difficulties in finding, accessing, and interacting with the aged care system. For example, due to cultural background, language, disability, mental health, dementia.	Funding provides support/ information/navigation services to assist and enable individuals to find and access the aged care system. Incentivises the design of services that meet the needs of specific cultural groups, communities or special needs groups.	Can be tailored to the needs of the individual e.g. translation of a care plan (something that currently can only be funded from within a package)
Vulnerable consumers (includes but is not limited to special needs groups and geographically thin markets)	Would provide funding certainty to vulnerable consumers, but considerations need to be given as to how funding would provide for some level of consumer choice and incentivise improved quality into the future.	Funding (such as subsidies), that recognise the additional needs of vulnerable consumers (p.2) and would incentivise the market to provide services to specific populations. Consideration would need to be given to how individualised funding in thin markets would allow for flexible care provisions from providers operating across multiple systems/ sectors with limited resources.

Area of identified need	Considerations and reasons for Program (block) Funding	Considerations and reasons for individualised funding
Maintaining social capital (e.g. Volunteer based services)	Program funding should distinguish between management and service delivery to maintain and enrich volunteers' contribution to society.	Individualised funding would need to consider how to ensure volunteer / free services aren't seen as competition to fee-for-service services (e.g. CVS vs Social Support activities)
Infrastructure	How to support capital elements and viability of infrastructure heavy services (e.g. Day Therapy Centres, Transportation) distinct from service delivery.	How to fund individualised services between capital and service delivery.
Transport	How to provide for some level of consumer choice and incentivise improved quality and options into the future	How to minimise extra cost of transport being passed onto consumers
Sector Support	Ensuring ongoing support of the development of the sector	Ensuring ongoing support of the development of the sector
Consumer Support	Ensuring empowered and educated consumers	Ensuring empowered and educated consumers

Variations for thin and niche markets

Under a free market based system, the market will determine the nature, location and quantity of services. Government would no longer regulate the number or distribution of services; however, Government would be expected to take other action if necessary to ensure provision in circumstances where services might otherwise not be provided. This includes situations where there are market variations in areas of thin or niche markets.

Where there is insufficient market response, Government will need to take other steps to ensure the system delivers services to all people assessed as in need of support and care. This could include:

- Higher prices and incentives to encourage service provision in areas where services might not have otherwise been provided.
- Dedicated funding for support services targeted to special needs groups, where market based approaches do not achieve quality service delivery consistent with consumer preferences.
- Ensuring that prices and supplements are adequate to meet the increased cost of specialist service delivery for consumers with special needs.
- Addressing historic funding and resource allocation anomalies that have created inequitable service distribution patterns across the country.

Refocussing assessment and referral for services

The Alliance strongly supports an approach that includes an ongoing focus on short term restorative and reablement interventions.

The benefits of timely access to short term intensive restorative/reablement interventions apply to both consumers and funders. Consumers are able to receive supports that minimise their dependence on more expensive health and aged care services and enjoy improved quality of life, including being enabled to return to independent living at home.

However, the provision of effective and comprehensive assessment of ongoing needs, including investigations of the reasons people require intensive reablement and restorative care, must be seen as part of the suite of assessment options that should occur within the shortest possible timeframe. Delays in assessment can increase risks of further impairment or increase recovery time. The need for a well-functioning, knowledgeable, skilled and timely assessment system is critical to effective implementation of short term restorative interventions as well as for ongoing care and support, regardless of which part of the service system is funding the assessment or the care.

Elements to consider ensuring success in a restorative and wellness model:

- ongoing focus on consumer ability and independence throughout the consumer journey
- professional collaboration in the assessment process, for example, in specialist areas of disability, cultural competence, or clinical care
- collaborative arrangements with the health sector, for example, the initial assessment of need, allowing restorative care to be provided at home
- a review of the NSAF
- training and capacity building of assessors and initial screening staff (My Aged Care)
- a review of the assessment process with a focus on the consumer journey to remove additional steps and delays to receiving short term restorative services

A wellness and independence focus is already core to much of the Commonwealth Home Support Program and is inherently connected to consumers being central to decisions about their own care. Some providers report that My Aged Care can be a disruption in the consumer's journey in assessment for short term service type adjustments that are required to build wellness and independence. So, any solution needs to ensure that consumers are well protected while at the same time being supported by any and all parts of the aged care system.

Ensuring that services are responsive to consumer needs and maximise independence

The Government needs to investigate the expansion of the National Screening and Assessment Form to include outcome measures that assess the consumer's level of independence and function. In an integrated assessment model, the assessment team should be trained to develop and use outcomes at the point of entry into the aged care system to identify the appropriate level of funding required to maximise consumer outcomes, independence and to prevent early entry into residential aged care. Outcomes should be linked to an evidence base and measurable, individualised to a person and

their context, and be transparent to the consumer. More broadly, outcomes should contribute to a benchmarking data set and be used for system improvement.

The assessment process must be cyclical and support a re-calibration of individual outcome measures through re-assessment and to measure the success of wellness and restorative interventions in place. This process should also provide evidence for consumers to move between different funding levels. This will ensure consumers receive the funding they need and that the system is more financially responsive and flexible. Use of regular assessment and outcome measures will provide valuable data to identify programs that are achieving better consumer outcomes and raise the quality of future interventions.

The role of Case Management

Case management for consumers has a role to play in supporting an approach that is responsive to consumer needs and maximises independence. The Alliance believes that access to case management services should be available to eligible older Australians based on assessed need under the Support@Home program, and not just to a pre-determined group of clients. Case management can be particularly effective for consumers with specific needs or those who require additional support and guidance to navigate and negotiate services to achieve personal wellness, independence and reablement outcomes.

The Alliance supports the identification of case management as a service type that can be accessed by anyone within the Support@Home program where eligible. Furthermore, the Alliance believes that the costs of case management services should be funded in addition to the service budget assigned to the individual.

The Alliance believes that consumers are experts in their own lives and can best judge what they need when well informed. Case management in aged care should be a consumer led process based on a direct relationship between a care worker and the older person that allows them to select the services and provider(s) best suited to them and design the package of services they receive. This recognises that some individuals may require support and that the level of support will differ from person to person.

Support for consumers with specific needs

To improve the interface between the aged care and disability sectors, the Alliance advocates for the development of a national aids and equipment scheme for older people, aligned with the NDIS Assistive Technology Strategy, to redress the current inequitable access to aids and equipment and assistive technology. Appropriate aids, equipment and home modifications that increase the independence and capacity of the individual and their ability to live in the community can delay or avoid the need for admission into long term residential care. Aged care services need to be adequately resourced to deliver and/or support the delivery of palliative and end-of-life care, which includes access to specialised equipment and materials to manage pain and provide symptom relief.

Many CALD consumers may be at a disadvantage without appropriate interpreting and translation services. This is particularly important for those with dementia. The provision of professional interpreting services should form an essential part of the toolkit for assessment. Ongoing translating

and interpreting services should be a separately funded item that is not included as part of an individual's package so as not to further disadvantage them and to build independence.

To maximise flexibility of care and support to meet the needs of consumers, there should be an integrated and coherent program of consumer empowerment and informed choice. This is required if competition is to be effectively stimulated, leading to a more flexible system where aged care providers increase the range and scope of their services. This focus on empowerment needs to go beyond provision of printed and web-based information to include supports and learning strategies that older people use and value. This is particularly important in supporting consumers with special needs.

The My Aged Care model for consumer empowerment relies on interactions between individual consumers, acting in isolation, and components of the service system as presented on the My Aged Care service finder. In the Alliance's view, My Aged Care needs to operate in tandem with a model of consumer support that emphasises face-to-face interaction and provides a forum for consumers to generate and promulgate ideas on service types, combinations and innovations that best meet their needs.

The Alliance notes that the Minister for Aged Care has requested the development of a Diversity Framework by the Department of Health and the Aged Care Sector Committee's Diversity Sub-Group. Members have participated in consultations on the vision, imperatives and principles of the Framework, with a further round of consultations scheduled later in 2017. The Framework is being developed within the broader context of aged care reforms and will take into account the Aged Care Sector Committee's Roadmap and Statement of Principles and the Aged Care Legislated Review.

Accessing services under different programs

The current practice of consumers accessing both programs in certain circumstances is supported by the Alliance in the absence of wider program reform which addresses the need to access both programs. This is particularly relevant in rural and remote areas and for consumers accessing allied health and nursing supports to address clinical risk. However, this practice is not consistent across the country and the availability of clinical and allied health supports varies across jurisdictions and geographical locations.

The issue of access to both programs, or interim use of CHSP while waiting for a package, must be addressed as part of the longer-term reforms. However, the Alliance recognises that consumers often receive services from different programs, especially where health services are available and aged care services are not. For example, some consumers may receive allied health services from the CHSP while others receive allied health through enhanced primary care referrals from their general practitioner.

There is inherent inequity where consumers are either required to wait for one or more services, or pay more, or have to travel if they can to access appropriate care. The resolution of inequity may well require more than an integrated care at home program.

Supporting specific population groups

As noted in the Department's discussion paper, CDC models may not work well for some groups including Aboriginal and Torres Strait Islander people and people who are homeless or at risk of homelessness. People with mental illness may be equally disadvantaged by a CDC model.

In the Alliance's ***Statement of Principles, Ensuring equity of access & outcomes in the future aged care system***, January 2017, the Alliance strongly advocates that the aged care system must be designed, developed and implemented to ensure no section of the Australian population is disadvantaged. This will be achieved by:

- Actively overcoming and addressing the barriers to access that certain consumers face;
- Ensuring equity of outcomes for all consumers and their carers;
- Maintaining services and supports tailored to the individual needs of diverse consumers;
- Ensuring the viability of the necessary specialist services for diverse populations;
- Ensuring consumer choice and control is accessible for all
- Providing (and funding) workforce planning and training that is representative of the diverse needs of consumers and the diversity within the aged care workforce;
- Recognising consumers with complex needs require holistic support to access services across multiple systems; and
- Undertaking research and data collection on access and outcomes for diverse populations to inform policy, planning and practice.

The Alliance is extremely concerned about access to specialist disability services by older people. The Alliance is of the view that older people who acquire a disability unrelated to their age will not be well served by the current Commonwealth Home Support Program (CHSP), with its focus on the frail aged. The current CHSP services provide inconsistent amounts of services across the country and only limited funding towards assistive technology, care coordination, disability-specific information, specialist disability assessment and specialist disability services. Essentially, it is currently not equipped to handle the specialised disability needs of older Australians.

The Alliance recognises that older people with disability who face additional barriers must receive additional support to ensure equitable access and outcomes. Those needing additional support also encompass individuals who have specific cultural, spiritual, ethical and privacy requirements that need to be recognised and supported to ensure quality care provision.

For consumers from CALD backgrounds there is a need to have access to appropriate and accessible consumer information and access to interpreters with appropriate health training. Consideration should also be given to specific education and information provision about consumer directed care (CDC) and changes to the aged care system. Support should be provided to navigate and access the program not only for CALD consumers, but for all special needs groups under the Act who may have specific barriers in navigating or accessing the Program. The Alliance's Integrated Consumer Supports, June 2017, discussion paper addresses a number of these concerns.

Supporting informed choice for consumers who may require additional support

The Alliance's Statement of Principles, ***Ensuring equity of access & outcomes in the future aged care system***, January 2017, outlines the barriers and actions required to support equitable outcomes in the aged care sector.

The Alliance's ***Integrated Consumer Supports***, June 2017, discussion paper also proposes a model to support informed choice for consumers.

The Alliance supports the development of an overarching support model that brings together existing consumer support services, establishes linkages with supports and services outside the aged care sector and offers new supports so that all aged care consumers are empowered to engage actively with the aged care system. Addressing the needs of and supporting vulnerable consumers is essential within an overarching support model. The Alliance supports this being addressed as part of a co-design process with consumers and the sector reflective of the diversity of the sector.

Other suggestions for reform

Ongoing reform complexity and uncertainty

Care at Home reforms are the next step in a series of ongoing reforms being rolled out through a staged approach over 10 years as part of the changes to aged care announced in 2012. The Alliance emphasises the importance of early planning and working with the sector in a co-design process to accelerate the pace of reforms and achieve the next steps and welcomes and embraces the opportunity to work collaboratively with Government on policy, parameters, design, and timeframes.

Major structural reform

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

In implementing such major reforms and to achieve streamlining of services, particular attention must be paid to the interfaces with other sectors, i.e. the interface of the aged care system with the health, disability and primary health (including health care homes) systems.

Interface between aged care and disability sectors

The Alliance's discussion paper, ***Improving the interface between the aged care and disability sectors***, August 2016, notes the Productivity Commission's vision in its 2011 reports on reforming disability support and aged care, where critical concern was that people should be able to use the support system that best meets their needs, without artificial barriers and regardless of the funding source. The paper makes recommendations on how the aged care system and the NDIS could be better aligned to eliminate service gaps, minimise the need for separate systems and processes, reduce red tape and develop a stronger market.

The Alliance urges the government to consider the needs of older Australians with a disability and ensure equitable support across the NDIS and the aged care system for people with a disability regardless of age as outlined in the Alliance's discussion paper.

IT infrastructure considerations – Payments System

The development of a new payments system for aged care and Medicare has commenced. While it is encouraging that the Government has committed to build a new payments system, service providers continue to express frustration around the ongoing delays and problems they are experiencing with the existing DHS Online Medicare Payment system and the income and asset testing. The Alliance supports additional attention to the Government's business interfaces to address these concerns.

Fees and Charges

The Alliance supports the development and implementation of an equitable fees, charges and means testing framework across aged care that is based on the level of service being received. Fees and charges should be calculated based on the individual consumer's capacity to pay, with a streamlined and clearly articulated process for ensuring access for those who do not have the capacity to pay.

The development of any new fees, charges, or means testing frameworks should be undertaken through a co-design process with the aged care sector.

A comprehensive cost of care study must be undertaken so that funding provided meets the cost of service provision, including for services where the location or consumer characteristics increase the overall cost. This should inform the development of a national fees policy, consistent with the means testing approach for Home Care Packages and residential care.

Individualised funding

As noted on p.8, the Alliance continues to support individualised funding for services that are individual in nature and based on assessed needs and goals of the consumer.

It is important to recognise that the success of individualised funding in a market based system is dependent on consumers having a reasonable level of system literacy that allows them to understand, access and navigate the aged care system.

To this end, it will be essential to fund services that assist consumers to better access the aged system separate to individualised funding. The Alliance's ***Integrated Consumer Supports***, June 2017, discussion paper explores these issues and support options in more detail.

Fiscal impacts

The Alliance recognises that in an entitlement based uncapped supply model, Government and the industry need to be fiscally responsible and carefully consider the opportunities for controlling expenditure. Responses could include:

- Eligibility controls.
- Time limited program funded services.
- Caps on package funding levels.
- Tiered co-payment system.
- A Government set pricing structure for all services.
- A Government set subsidy structure based on individual assessment.
- Bringing forward HCP allocations to reduce reliance on more expensive residential care.
- Increased productivity as a result of increased competition in service provision.
- Changes to ratio ages.

The Alliance also supports further discussion on the relevance of ratios and the consideration of alternative options for the allocation of funding.

Co-design process and change management

Roles and responsibilities

The roles and responsibilities of Government, consumers, carers, service providers and health professionals will change under a market based aged care system and will need to be carefully identified and clearly articulated. The Alliance emphasises the importance of a focus on sector development and building capacity for change to support better outcomes for consumers.

Payments System

As noted above, the development of a new payments system for aged care and Medicare has commenced. While it is encouraging that the Government has committed to build a new payment system, service providers continue to express frustration around the ongoing delays and problems they are experiencing with the existing DHS Online Medicare Payment system and the income and asset testing. The new system must be reliable and robust to build confidence in the sector.

My Aged Care

My Aged Care has experienced ongoing system and process issues since implementation. This

continues to have significant impact on resources for providers and confusion for consumers along with delays in assessment and service provision.

The effectiveness of the My Aged Care model has been impacted by additional issues and barriers to access in rural and remote Australia, for Aboriginal and Torres Strait Islander peoples, LGBTI elders, clients with cultural and diverse backgrounds, and people living with a cognitive impairment.

There are ongoing privacy and consent issues for family members or nominated carers in communication with My Aged Care. These privacy issues also impact health professionals and their ability to share and receive relevant client information during the screening and assessment process, although recent changes to assist in both areas have been welcomed.

The Government needs to invest even more resources into My Aged Care to ensure a more effective, efficient and transparent system is in place prior to the integration of CHSP and HCP.

Workforce

The Alliance supports a national approach to workforce planning in which the reforms in aged care achieve the quality that providers want to deliver and that older Australians deserve. The Alliance has developed a paper which addresses the challenges of attracting and retaining a future aged care workforce in an environment where competition for workers between aged care, the NDIS and community sector will intensify. These challenges must be addressed to ensure the long-term viability and sustainability of the sector and to support policy development.

Consumer directed care necessitates a business and work redesign. This needs to be supported by a workforce that has

- secure, stable and satisfying jobs
- fair remuneration and ability to earn a liveable income
- manageable workloads
- opportunities for career progression

Whilst many of these drivers for satisfying work are the responsibilities of aged care providers, the Commonwealth has a role to play using policy levers and incentives which can control provider capacity to deliver on these conditions. The Alliance desires a coordinated and systematic approach with a positive view and mindset for the aged care workforce of the future.

The Alliance supports the workforce announcements in the 2017 Federal Budget and reaffirms its position that to be effective the workforce strategy needs to be co-designed. Growing the capability and capacity of the workforce to meet future challenges and the changing physical, emotional, psychological and cultural needs of consumers may require different funding approaches to ensure effective consumer outcomes. The Alliance's ***Aged Care Workforce***, June 2017 discussion paper addresses the challenges and opportunities the reforms bring for the aged care workforce.

Broader aged care reform

Informal carers

The Alliance understands and supports the vital contribution of the informal carers in the aged care sector. Any future reform needs to recognise the role of informal carer and require that the carer is being supported in their caring role. This will require complementary approaches across the aged care and disability sectors, including the identification of informal carer support needs, alongside the needs of those requiring care, with acknowledgement that carers have their own needs within and beyond the caring role. The funding of carer support needs should be available to carers directly and not just as a by-product of the package received and controlled by the person they care for. As recommended by the Productivity Commission, the means of achieving this will be through providing improved access to carer supports in education and training, counselling, advice, peer group support, flexible respite and advocacy.

Clarification is required on the planned implementation of the Integrated Plan for Carer Support Services and the Carer Gateway. The Plan needs to be fully funded to realise the aspiration for carers. However, if the Plan does not proceed or is not fully funded, the needs of carers must be considered within the aged care system, for example, through provision of information and counselling services.

Emergency Respite

Access to respite services for carers is challenging and is compounded by lack of available services and the complexity of navigating the system. Carers should have access to timely, easily accessible, flexible, and adequately funded emergency respite. The information currently available on the Carer Gateway in relation to carer supports, including emergency respite, should also be made available on My Aged Care. Comprehensive assessment, preventative respite services provision, other carer support services, contingency funding and planning for emergency respite should be encouraged to avoid the necessity of emergency respite wherever possible.

Carers who need or want to continue working, or return to paid work, should be supported through flexible and extended hours of respite.

Additional support for carers can be provided through training and education, especially in relation to embedding a wellness and reablement approach.

The role of the carer in the assessment process must be recognised and valued. The involvement of the carer, where necessary, in the assessment process is essential to recognise and support the role of informal carers.

Technology and innovation

The Alliance considers the Aged Care Industry Information Technology Council (ACIITC) Roadmap as a pathway forward to deliver innovation and technology within the sector. The Alliance acknowledges that innovation and development of technology will be an outcome of a consumer driven market, where competition is effectively stimulated. Any use of technology should enable a positive consumer experience and improved business operating conditions for providers.

The Productivity Commission should be asked to investigate and increase the evidence base for better health, social and economic benefits that are achievable through increased use of aids, equipment

and smart technologies (including those installed in the home). These technologies would reduce unnecessary dependence on alternative and more expensive interventions.

Any use of technology in the aged care sector needs to recognise the diversity of older Australians. An effective integrated consumer support model can provide support for navigating the aged care system including the use of enabling technology.

Currently, funding and program responsibility for aids and equipment and assistive technology is divided between the Commonwealth and States and Territories, primarily along program lines. State and Territory aids and equipment and assistive technology schemes have different budgets, scope, eligibility requirements and levels of subsidy. Due to capped budgets, people may face considerable waiting periods for all but life-saving equipment, such as oxygen tanks. Some schemes require no consumer co-payments but limit eligibility and scope, while others have broader eligibility and scope but require user co-payments.

The different roles and responsibility for medical, ageing and disability related aids and equipment continue to confuse consumers, whose eligibility, access and out-of-pocket costs differ depending on where they live, their age and which service systems they can access.

The establishment of a funded national aids, equipment and assistive technology program aligned with the NDIS Assistive Technology Strategy to redress the current inequitable access to aids and equipment and assistive technology should be a priority for Council of Australian Governments (COAG). The COAG agreement should include process and timeframes for developing a national program. As an interim solution for the urgent needs of older people with disability (who are therefore ineligible for the NDIS), the Commonwealth Government should specifically fund aids and equipment for this group. There is an urgent need to standardise the eligibility, access and co-payment requirements of State and Territory schemes, and for State and Territory and Commonwealth aged care schemes to be better aligned as a part of the agreement.

The best opportunity for improvement in access and affordability of aids and equipment for all Australians is the establishment of a new, federally funded national aids and equipment/assistive technology scheme with harmonised eligibility, access and co-payment requirements for across all jurisdictions. This new national aids and equipment scheme could enter into agreements with the NDIS Assistive Technology Scheme, which would allow greater economies of scale for procurement and development of innovation, particularly in technological solutions that may be higher in capital cost, but which may have a longer life, provide better consumer outcomes and/or reduce future costs in other care settings, such as acute hospital services or residential aged care.

Rural and Remote areas

Aged care service provision in rural and remote areas is encumbered by additional costs to service providers for basic items such as food, travel and staff remuneration and training costs. Whilst the viability supplement goes some way to address these costs in HCP, providers report that they are not adequately compensated, resulting in inequitable service delivery to consumers living in rural and remote communities as opposed to those living in metropolitan areas

Currently, there is some inequity in the amount of services available to, or being accessed by, individuals. Some individuals may receive large amounts of service and others may receive very little. In the long term, the allocation of funds to individuals would address this inequity as it would ensure

that consumers receive funding for services according to, and adequate for, their assessed needs. A resource equity formula taking into consideration local demographic data could be used to ensure geographic equity in service/funding allocation.

In a free market system, there may be insufficient response in rural and remote areas because of the higher cost of service provision due to remoteness and limited demand for services which precludes economies of scale. Government will need to take other steps to ensure the system delivers services to all people assessed as in need of support and care. For example, the use of supplements and grants, block funding and sub-contracting to informal carers should continue where it is required to meet consumer needs, specifically in the case of respite, allied health and nursing services delivered by specialist providers in Aboriginal communities.

A capacity building and community strengthening approach can support rural and remote communities in responding to the service delivery needs of their elders. Such an approach not only delivers benefits to the consumer in building independence in a wellness and reablement model, but also builds the capacity of the community surrounding the consumer in a sustainable way.

Potential models of service in rural and remote areas

The Alliance advocates for innovative and flexible funding models that take into account funding from various pools to address consumer needs in rural and remote communities. A model that combines aged care and health funding as part of a multipurpose service is explored further below.

Alternate models for low density areas must be considered and a safety-net system must be in place in areas where a fully competitive, market-based and individualised funding model will not operate effectively.

In the Caring for Older Australians Report, the Productivity Commission recognised that a competitive model would not work for specialised services or in rural and remote areas. The Commission concluded that a funding structure would need to include supplements and/or block funding to ensure that consumers in rural areas would continue to have access to the care they need.[1]

An alternative approach has involved partnering aged care with public health services to ensure the provision of aged care in communities where other market providers opt not to operate because of financial concerns (like those outlined above).

By pooling funding for core services and applying a more flexible funding model (including block funding and/or mixed models) than traditional activity-based or individualised models, rural communities can retain financially sustainable public sector organisations, capable of delivering services where there is limited or fluctuating demand.

The benefits of this approach are considerable and include:

- ensuring access to aged care services in rural communities;
- a more integrated and holistic service offering for consumers;
- a restorative and wellness based approach to care;

1 Productivity Commission 2011

- higher levels of qualified staff and higher quality of clinical care provision; and
- services acting as a driver of financial sustainability for their towns, often acting as a key, if not the main, employer.

As geographic planning restrictions are reduced, as the Home Care Packages program moves towards a competitive model based on individualised funding, and as the future of a single home care system is developed, the impracticality of a demand-driven individualised funding structure in areas of lower demand must be addressed, and alternate funding models (including block funding and grant funding) should be considered.

Multi-purpose services

Multi-Purpose Services (MPS) are integrated health, aged and community care services. They provide flexible and sustainable service options for small rural and remote communities that, due to likely market failure, would not otherwise receive these crucial services. For example, Victoria has seven MPS collectively operating campuses in 11 different communities and acting as the sole provider of residential aged care in 10 of these.[2]

Commonwealth and state funds for health and aged care services are pooled to allow MPS to coordinate and tailor their services and staffing models in a flexible manner. The aged care funding component for MPS is treated differently to funding through the ACFI and Commonwealth supplements for other mainstream aged care providers.

The MPS model is an excellent mechanism to provide access to aged care services in rural areas. MPS are able to gain some scale by amalgamating health, disability and aged care services and their service flexibility means they are able to be highly responsive to community need.[3]

It should also be noted that in the ACFA review of Financial Issues Affecting Rural and Remote Aged Care Providers, the only services that did not consider accessing skilled workforce a key challenge indicated that this was because of their proximity to a larger state funded health facility such as a hospital or MPS.

Members have raised concerns that the Commonwealth aged care funding contribution for MPS has failed to keep pace with need and with equivalent mainstream aged care funding arrangements. However, if these funding difficulties were addressed then MPS could act as a solution to keeping much needed home care, residential care, disability care and health care in rural, remote and isolated communities.

Alliance members view the Department of Health's current Residential and Flexible Care Program a valuable tool to deliver the National Aboriginal and Torres Strait Islander Flexible Aged Care Program which is an excellent model and addresses the cultural and service viability needs in Aboriginal communities. The Program is also a vehicle to deliver Multi-Purpose Services programs.

Regulation

The Government, sector and consumers are all at differing levels of readiness to move to an integrated CHSP and HCP program. The impacts of legislative, regulatory, system design and service

[2] DHHS 2015, *Victorian Multipurpose Services, Aged Care Funding: Preliminary Financial Modelling*, Department of Health & Human Services, Ageing & Aged Care Branch, State Government of Victoria.
[3] Anderson & Malone 2014, *Suitability of the Multi-Purpose Service Model for Rural and Remote Communities of Australia*, Asia Pacific Journal of Health Management, 9:3

changes will affect each group in a separate way. For example, the impact of regulatory burden will continue to hinder small providers with the move to the new Support@Home program. This could reduce the number of small and niche providers in the market and impact availability of specialised services for some consumer groups.

A comprehensive change management process will be required to ensure providers and consumers are prepared for any new regulatory, legislative or policy and procedural requirements ahead of 2020. Sufficient time must be provided for stakeholder engagement, consultation and feedback processes as part of co-design and change management. This should include a process for monitoring and evaluating the impacts of these changes. The Alliance supports this work to be undertaken through the establishment of an Advisory Group.

Further consideration will need to be given regarding the potential duplication for providers and confusion for consumers in relation to accreditation across the aged care and disability sectors. The Department of Social Services is currently undertaking work to establish a national Commission that oversees providers in the NDIS market including registering providers using a Quality Standard Scheme that is proportionate to the services they are delivering. The Department of Health should consider steps that need to be taken to reduce the red tape burden for providers delivering services across both markets and confusion for consumers who may have exposure to both systems.

Aged care and health systems

Addressing and improving the interface between the aged care and health systems will require a comprehensive and holistic approach to meeting the needs of older people based on an acknowledgement that the majority of consumers of aged care also require health services and that many consumers also require disability, palliative care and community services; that consumers frequently engage multiple service systems at one time; and that the consumer journey often includes multiple transitions between service settings.

Policy changes in one sector should not lead to unintended consequences in another and a holistic approach to the design of the aged care system should consider both the needs of older people for health, disability, palliative care and community services as well as ease of access to other relevant programs and services. Better use should be made of existing workforces and infrastructure in both public and private sectors to ensure the points of service interface are as streamlined and efficient as possible. The Alliance recommends formalised mechanisms to resolve issues as they occur. A specific co-design strategy should be developed for health and aged care.

Policies, payment arrangements and service delivery models must promote service flexibility and innovation and be designed to ensure that people receive care and support in the most appropriate settings, are supported to transition between service settings, and are able to receive services from multiple systems at one time in an integrated way that minimises duplication. Doing so can both better meet consumer preferences, and save governments and individuals money.

Delivery of successful services and care at the interface of the disability, aged care, community services and health sectors involves consideration of the full spectrum of physical, mental and social wellbeing rather than just specific issues related to aged care, disability services or health care. The Health Care Homes program, the phased implementation of which commences in October 2017, could be an opportunity to utilise complementary services and clinical interventions that deliver

better outcomes to consumers. Consideration will need to be given to greater coordination between the Health Care Homes and Care at Home program.

With a focus on improving the quality of life for people with a life limiting illness, palliative care has become increasingly important in the delivery of customer centric aged care services. The Alliance recognises the value of specialist palliative care services and advocates for an extension of at home palliative care services. The roles of all those involved in palliative care to consumers should be recognised, respected and supported, including specialist palliative care, general practitioners, allied health, pharmacists, nurses, care staff, support and services staff, informal carers, volunteers and those providing social and spiritual support.

Mutual recognition case study

A successful pilot of joint health and aged care accreditation was undertaken in Victoria in 2015-16. The pilot aimed to reduce regulatory burden and overlap of evidence collection for providers that deliver both aged care and health care services.

This approach utilised a mapped set of both aged care standards and national health standards into a single accreditation site survey. The trial also involved the education across standards for accreditors from the Australian Council on Healthcare Standards (ACHS) and the Australian Aged Care Quality Agency (AACQA). The key stakeholders in the trial included:

- Hesse Rural Health – who in the previous 14 months had to undertake 7 major external quality reviews;
- West Wimmera Health Service – who in the previous 18 months had to undertake 14 reviews;
- the ACHS; and
- the AACQA.

The pilot has been heralded by all partners as a success and is currently awaiting the outcome of a formal evaluation undertaken by the University of Tasmania. The pilot suggests that:

- this process enables a holistic assessment of an integrated health service in one visit;
- this process reduces unnecessary duplication and promotes efficient use of resources and staff time;
- a single assessment can reflect an organisation's identity, and bring community relevance and context to the accreditation process;
- a suitable workbook utilising a mapped set of standards can effectively guide a self-assessment and survey process; and
- resources usually required for separate surveys can be reallocated into direct client care activities, thereby creating quality outcomes that are more meaningful for organisations and consumers.

It is recommended that this model be considered and expanded to reduce accreditation burden for health services that also provide aged care.

Any further comments?

The Alliance notes that quality, quality of care, quality of life and quality systems and safeguards have been referred to throughout this submission without explicit reference to the current environment of review and change in aspects of quality in aged care.

The Single Quality Framework and a new, much more consumer driven set of standards to apply across all parts of the aged care service system are in final stages of development following public consultation. There are also a number of reviews underway, with the Review of National Aged Care Quality Regulatory Processes, led by Ms Kate Carnell AO in conjunction with Professor Ron Paterson ONZM, extending its consultation period to ensure all who wish can contribute.

The Alliance recognises that members have responded to multiple reviews and consultations and has not repeated or duplicated either agreed Alliance positions or those held by members. The case study of mutual recognition of quality systems in the aged care and health systems section of this response has been provided as an example of member experience of how quality reviews could be delivered across systems with regulatory compliance and reduced red tape, but this is an example only and not an agreed Alliance position. However, we continue to support the introduction of a single framework and set of quality standards across all aged care services, and will continue to advocate for the implementation of a marketplace for accreditation as part of the introduction of the new standards.

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Association of
Gerontology


AASW
Australian Association
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College of
Nursing


ACTA
Australian Community Transport Association


ahha
australian healthcare &
hospitals association


Australian & New Zealand Society for
Geriatric
Medicine


Australian
Nursing &
Midwifery
Federation


AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION


the power of humanity
AUSTRALIAN
RED CROSS


baptist care
australia
we have a dream


Carers
Australia


CATHOLIC HEALTH
Australia


COTA
For older Australians


DHAA
The Dental
Hygienists'
Association of
Australia Ltd.


DAA
Dietitians
Association
of Australia


Diversional
Therapy
AUSTRALIA


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EXERCISE & SPORTS SCIENCE AUSTRALIA


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OPAN
Older Persons Advocacy Network


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Partners in Culturally Appropriate Care


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