NATIONAL AGED CARE ALLIANCE

Submission in response to the

Streamlined Consumer Assessment for Aged Care Discussion Paper – Department of Health, December 2018

About the National Aged Care Alliance

The National Aged Care Alliance (the Alliance) comprises 52 peak national organisations in aged care, representing consumer groups, providers, unions and health professionals, working together to determine a more positive future for aged care in Australia. As a leading voice for improvements to aged care for the past decade, the Alliance strives to implement its vision for ageing in Australia, that:

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

Further information about the Alliance is available at http://www.naca.asn.au/.

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National Aged Care Alliance reports, discussion papers and position papers referred to throughout this submission can be found on the Alliance website at: http://www.naca.asn.au/

In order of reference in this submission, these are:

Increasing Choice Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program, May 2017

Submission to the Department's consultation 'Future reform – an integrated care at home program to support older Australians'*, August 2017*

NACA Position Paper: Assistive Technology for Older Australians, June 2018

Care at Home Reform Advisory Group Paper of May 2018 *(not endorsed or published)*

Ensuring Equity of Access & Outcome in the Future Aged Care System / A Statement of Principles, January 2017

Integrated Consumer Supports Discussion Paper*, June 2017*

Improving the interface between the aged care and disability sectors August 2016

Background and context

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 (the Department) discussion paper "Streamlined Consumer Assessment for Aged Care".

The streamlining of assessment and the creation of a single assessment workforce are steps in the right direction in delivering on the Alliance's vision that "every older Australian is able to live well, with dignity and independence, as part of their community and in a place of their choosing, with a choice of appropriate and affordable support and care services when they need them".

The Alliance understands that the "Streamlined Consumer Assessment for Aged Care" (Streamlined Assessment) discussion paper is not intended to address other reforms needed to achieve this vision. The Alliance notes however that a single streamlined assessment process and workforce strongly align with our previously identified positions in Alliance discussion papers and submissions, as well as our support for the Productivity Commission Report *Caring for Older Australians* (2011), the Aged Care Sector Committee's Aged Care Roadmap (2016) and the *Legislated Review of Aged Care 2017* (Tune Review). Single and streamlined assessment is identified as one of the eight features of the system envisaged by the Aged Care Roadmap.

While the 'purpose' section of the Department's discussion paper refers to the finding of the *Legislated Review of Aged Care 2017* (Tune Review) that there is duplication and inefficiency within the current assessment process, we believe it is important to highlight our previously published view that any single streamlined assessment process or model will best sit within an integrated care at home program – or even a single program covering the full care continuum as proposed in the Roadmap. We see the real purpose for the creation of a single assessment process as an integral component in the delivery of a single aged care system that is agnostic as to where care for older Australians is received.

In our feedback to the Aged Care Legislated Review in 2017, the Alliance supported an integrated multidisciplinary assessment workforce and reiterates this support. We stated that a single assessment process must be a prerequisite to a single, integrated aged care system and further, that a single assessment process that incorporates input from a range of disciplines can be accommodated under a single assessment model. Such a process independent of government and, where practicable, service providers would improve the timeliness, consistency and quality of assessments, as well as allow

the assembly and analysis of key data on unmet need. We believe some of these features are lacking in the current assessment arrangements.

This Alliance response to the Streamlined Assessment discussion paper should be read in light of our position that the outcomes of this process must reflect the higher-level purpose of creating a single assessment process to support the Roadmap objective of creating an integrated aged care system that is sustainable, consumer-led and delivers choice and decision-making for consumers in relation to the care and support they receive.

The Streamlined Assessment discussion paper also refers to future residential care funding reform, and the Tune Review's recommendation that funding assessment be part of the single assessment process. We note that the formation of a national assessment workforce could provide a potential delivery mechanism for assessment of eligibility, aged care needs and residential funding. Our proposed single assessment workforce will meet the requirements recommended as part of the University of Wollongong Resource Utilisation Classification Study, and their proposed 'Australian National Aged Care Classification' model presented to the Alliance in 2018.

This National Aged Care Alliance response to the Department's Streamlined Assessment discussion paper follows the structure of the paper and addresses each question in the context of the relevant headings. We recognise that many of the key principles and proposals from earlier Alliance papers, particularly the *'Increasing Choice Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program'* discussion paper published in May 2017, and our *Submission to the Department's consultation 'Future reform – an integrated care at home program to support older Australians'* (August 2017), have now been included in the Department considerations. Throughout this response, we highlight some of our agreed and endorsed positions as well as positions and proposals that are yet to be incorporated, or that draw specific attention to the elements of assessment and system reform for which we continue to advocate.

1.   Purpose of the discussion paper

The Alliance supports the purpose outlined in the discussion paper. However, as noted above, we reiterate our view that a single streamlined assessment model, process and workforce would be consistent with the Aged Care Roadmap and recommendations of the Tune Review and would certainly be required to achieve the single integrated care at home program proposed and described in the Alliance's May 2017 discussion paper.

Our responses to the key design issues raised in the Department's paper are provided in the following sections.

2.   Context

In relation to the reform agenda (section 2.1), the Alliance supports consideration of how streamlined assessment could play a part in residential care funding reform, and we cover this in more detail in section 6.

The description of the current assessment system (section 2.2) in three stages is straightforward and the aged care assessment pathways at Table 1 provide helpful comparisons of the distinctions between ACAT and RAS assessments. We reflect on some of these elements in later sections.

Alliance members have also raised many of the issues with the current arrangements for entry, assessment and review that have been identified at section 2.3. These issues highlight the need for change to improve the assessment and referral experience for senior Australians.

3.   Design Principles

> **Question 1**
> Are the proposed design principles appropriate for a streamlined assessment model? Are there any other principles that you believe should be included?

The Alliance's *Submission to Future Reform – An Integrated Care at Home Program to Support Care (August 2017)* highlights and outlines its own design principles for streamlined assessment, albeit in the context of an integrated home care model. We note there is some consistency with the proposed design principles in this discussion paper. We present elements of the Alliance design proposals and then offer amendments to some of those in the Streamlined Assessment discussion paper.

The Alliance believes there is an imperative to ensure that assessments are flexible and undertaken by an assessment service, independent of government and, where practicable, care providers, comprising a workforce of appropriately qualified, skilled and experienced 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 trained and competent are particularly important for consumers with special needs, for example, Aboriginal and Torres Strait Islander consumers, LGBTI consumers, and culturally and linguistically diverse (CALD) consumers. The proposed assessment regime should include the development and strengthening of workforce capacity to appropriately assess consumers' disability and health needs, understanding and appreciating:

- the impact of terminal and life limiting conditions on the care needs of consumers

- the effects intersectionality can have on consumers
- the appropriate use of language services including translating and interpreting services
- other necessary supports to enable meaningful consumer participation in the assessment process

Our position of 2017 was that 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 holistically the consumer's relative need and circumstances including their physical, emotional, psychological and care needs. The assessment should have a wellness and reablement focus (with at a minimum a focus on maintaining choice and control, independence, functionality and quality of life and a shared understanding of what this entails) regardless of the care type or duration. Criteria should be developed regarding the process and triggers for reassessment or review as care and support needs change. This would ensure that consumers do not need to retell their stories and will facilitate re-entry into the system. Also, it would help to reliably inform data collection that measures resource demands and trigger events, facilitating timely reassessment and review processes. This informs future modelling of the assessment workforce in response to projected demand.

We suggested that 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 of consumers
- Poor availability of data. Clear, transparent and published key performance indicators (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, review and reassessment service functions undertaken by the assessment service. Adequate funding is essential to support assessment services that have appropriately qualified and trained staff, are independent of government and, where practicable, care providers and have strong, robust, professionally developed administrative protocols and clinical governance.

Alliance members have suggested additional practices would be:
- The building and sustaining of multidisciplinary teams that work collaboratively to provide a single assessment experience for consumers

- Description of the competencies integral to the provision of thorough assessment and identification of need is reinforced through appropriate ongoing workforce training, recruitment and clinical support where appropriate

The National Screening and Assessment Form (NSAF) is only mentioned in the design principle of consistency yet is an integral component of the system design. The Alliance believes that several of the design principles could be expanded to improve clarity and detail. For example, we think Government should investigate the expansion of the NSAF 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. We suggest 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. This would help to address the current absence of data, especially about consumer usage of CHSP and home care package services and provide baseline data from which degrees of variation in consumer care need over time can be identified and analysed.

We also support the view that the assessment process must be cyclical, support a re-calibration of individual outcome measures through re-assessment and measure the success of wellness, reablement and other 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 Alliance believes the resetting of outcomes in response to changes in the older person's care needs should be driven by the consumer wherever possible.

As noted above, the Alliance supports the design principles outlined in section 3 of the Streamlined Assessment discussion paper, although members have suggested some changes of emphasis and rewording (**bold**) and some additional principles (***bold and italic***).

Outcome focus – the description suggests that wellness and reablement approaches are outcomes for older people. We suggest that the emphasis should be on improving outcomes rather than on the methodology or approach. For example: **Assessment is**

focused on improving outcomes for older people including utilising wellness and reablement approaches which support independence and quality of life. The Alliance's 'Ensuring Equity of Access and Outcomes in the Future Aged Care System – a statement of principles' (January 2017) is a useful reference for design principles that ensure equity of access and outcomes for older people.

Access – the wording of this principle seems to assume that free service is automatically accessible. There are many barriers to access and cost is only one of them. Where supports necessary for good access to assessment (such as interpreters, specialist workers with specific cultural competency and expertise to provide a culturally safe environment, or responses to individual disability and health needs, remote travel, and even a home) are additional to the 'free' service, availability is as essential as provision at no cost to ensure equity of access. Cultural safety and cultural appropriateness have been raised by Alliance members with suggested wording, for example, **Assessment processes are provided in an environment that is spiritually, socially, emotionally, and physically safe for the consumer (and their support person(s)/carers and families), and aligns with the diverse characteristics *and life experiences*, cultural values and norms *and location* of the person *engaging* in assessment and are undertaken by assessors who demonstrate relevant cultural competency. *Furthermore, design principles should specifically address how access is supported at each stage for consumers with specific needs such as cognitive or communication difficulties.*** The assessment design principles detailed in the Alliance discussion paper of May 2017 add the element of **timely** access to both assessment and services, and this remains the Alliance's endorsed position, helping to ensure that consumers do not experience detrimental delays.

The Alliance's *Integrated Consumer Supports discussion paper*, published July 2017, is an excellent resource, showcasing the Alliance's endorsed views on strategies for improving access for consumers through provision of tailored and appropriate supports. The current trial of Aged Care System Navigators builds on this work.

Efficiency and effectiveness – members have raised evaluation and the need for measurable performance outcomes to be co-created with the sector. As described in our May 2017 discussion paper, process and efficiency indicators, as well as impact indicators would need to measure the elements of intake and triage as well as consumer experience and assessment outcomes. These measures or indicators would need to reflect the diverse characteristics of consumers and accommodate those with special needs including cognitive and communication challenges.

Co-design – the Alliance's earlier papers consistently highlight the need for co-design as a genuinely inclusive and timely process in aged care reform. We suggest that this

be added as a design principle for streamlined assessment. It is our contention that the participation of consumers, providers and the assessment workforce in system design should be inherent in all remaining phases of streamlined assessment system development.

Consumer direction – single streamlined assessment was originally encompassed as part of Increasing Choice Stage 2 reforms which were built on the consumer directed care models of Increasing Choice Stage 1. There is no emphasis in the Department's paper (December 2018) on the need for consumer choice and decision-making. Alliance members propose that this be added as a design principle so that consumer direction is included, and the consumer voice permeates all elements of assessment system design.

4.   Assessment Model

The Proposed Assessment Model at Figure 1 clearly shows the streamlined process as being simpler with duplication and complexity of the current model removed. However, we refer to the Alliance's assessment model shown at 3.1.1 of our *Increasing Choice Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program (CHSP) (May 2017)*, which shows similar steps but allows for approval and referral for single, or time limited or one-off services at the screening stage. While this is not inconsistent with the Department's proposed model, it is not shown as a possibility and we firmly believe its inclusion would enhance the proposed model.

Alliance members have queried the assumption underpinning the proposed process (An assessment provider manages triage to determine the most suitable aged care assessor based on the person's needs and the assessor's qualifications and skills), suggesting that it pre-empts a process of determining the individual's needs. While acknowledging the critical importance of triage, a suggestion to address this is the inclusion of an alternative or additional 'case management' model that could identify short, medium and long-term needs.

We also note that our focus on a single assessment, where consumers are only assessed once, has not carried over to, or is not emphasised in the Department's model. The Alliance model was built around negative consumer feedback relating to experiences of telling their stories multiple times to different people. The only exceptions were made when a future clinical assessment was required. We believe the streamlined assessment process, with our recommended approach of tertiary qualified assessors, would be able to provide this single assessment experience for consumers, including clinical assessment.

See our responses to Questions 2 and 4 below relating to section 5, as the response format does not ask a question specific to section 4.

5.   Entry Processes

Step one of the entry process, intake and triage (5.1), challenges the need for the Contact Centre to undertake any screening in the streamlined assessment model and explores expanded roles for assessment providers. See our response to question 2.

Section 5.2 considers streamlined assessment in the context of health professional referrals and we make specific responses to question 3 based on previous positions and the ongoing input of health professionals to the Alliance and its work.

Section 5.3 explores expedited access to single time-limited CHSP services and we provide responses to question 4 below.

The discussion points at 5.4 are consistent with the Alliance's views on reassessment and review, with specific input provided to question 5.

We note that these questions are asked as a block in the response template, but we have separated them out as necessary to allow more targeted and effective responses.

The Alliance has established positions on many of the matters raised in section 5 and refers the Department to our discussion paper *Increasing Choice Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program (CHSP) (May 2017)* and our *Submission to the consultation Future reform – an integrated care at home program to support older Australians (August 2017)* for full details of the Alliance's endorsed positions.

Question 2
What issues need to be considered for assessment providers to manage intake and triage under a streamlined assessment model? (e.g. staff skills required of a triage function; consistency of operational processes; and resource implications)

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

As flagged at section 4 above, the first consideration we raise is the role of My Aged Care and the Contact Centre in the screening part of the entry process. Our concern is how this can be used most effectively to streamline the consumer journey and provide timely access to urgent or one-off or time-limited services (see also question 4). Alliance members are firm in their view that eligibility, registration, intake, triage and

assessment should not be influenced by the current capped system, by the number of places available overall or in particular regions.

The description of Contact Centre roles in section 5 does not include the provision of information and sector knowledge, which will still need to be taken into account, along with responding to enquiries for people who cannot access the internet and/or do not have access to landline or mobile phone services. The Alliance maintains its view that My Aged Care Contact Centre staff continue to have an important role in registration, undertaking means testing and screening, that is, in determining eligibility if urgent service is required (for up to 12 weeks). Further it is suggested that these staff be supported in this role through further training and the provision of guidelines that have been co-designed with the sector.

Contact Centre staff are not recruited with qualifications that allow them to undertake any kind of clinical screening and this has been a significant issue for the sector – and for consumers. Under the proposed streamlined assessment process this would be addressed by having the clinical skill base of health professionals who would be part of the integrated assessment workforce that would undertake intake and triage within the streamlined model. We note here (and more fully at questions 5 and 6) that the professional workforce would also have the skills and qualifications necessary to undertake assessment to determine each older person's classification under a proposed new model for residential care funding using a specific suite of tools (University of Wollongong AN-ACC – not yet adopted by Government).

The Alliance recognises that there may still be a need for older people, their families, the Contact Centre, or service providers (where they have been directly approached by consumers) to implement a rapid emergency response to get a consumer placed into a time-limited CHSP level service while a comprehensive assessment is scheduled as a priority.

The Department's discussion paper states that self-registration and self-screening processes are expected to be available in future. The Alliance notes that this functionality aligns with the intent to give greater choice and decision-making to consumers and could support ease of timely access to aged care services. We suggest that the Alliance advisory group processes be used to co-design ongoing development of the implementation strategies for this functionality ensuring consumers and carers are part of the co-designed process.

Alliance members have also raised the lack of information about 'assessment providers' who have responsibilities outlined in the green box of the proposed model even though there is a statement on page 2 of the Department's paper stating no

decisions have been made about implementation and the paper makes no assumptions about who the providers of assessment services will be in the future. Particularly given the variability in the practice models utilised by current providers, this omission means any responses to question 2 must be general in nature as organisational status will have an impact on the issues facing assessment providers, especially regarding consistent operational processes. The Alliance's position in its May 2017 discussion paper supported 'a Government operated assessment process that is agnostic, free for consumers, and where practicable operates independent of service providers' (p.8). As this is beyond the scope of the current consultation we note that further consultation is required – and that some later comments may be limited by lack of clarity about the roles and the designation of assessment providers.

Definitions of intake and triage vary depending on context. In health and community settings, intake follows the registration process which includes eligibility, and in many cases requires a level of triage to determine the appropriate referral pathway for a specific service before intake. Intake could also be used to define entry into the aged care service system rather than a specific service within the system. Intake workers require skills and competencies in working with older people and understanding their life experiences and diverse characteristics, as well as training in the aged care system and knowledge of the service system within a specific area.

Triage can be carried out locally by appropriately trained staff who have the time to gather the relevant information from consumers and their carers to make a decision on the assessment process. This could include the most appropriate assessor to allocate to the client; for example, one who speaks a CALD community language or an Aboriginal assessor. Urgent services can be organised at this time, if required. Some ACATs are already employing a triage person to carry out this process as the incorrect priority is often assigned by the Contact Centre and ACATs are also receiving inappropriate referrals. Follow up at the triage stage could also be used when consumers decline an assessment.

Streamlined assessment would reduce duplication that currently exists between RAS and ACAT. It would also improve collaboration, clinical supervision, mentoring and provide a more holistic approach to assessment. If a single service is required, then the triage process will be able to identify the appropriate assessment process and for some consumers may recommend a number of private services that can meet their needs, for example, lawn mowing services.

Identification of vulnerable consumers and the provision of case management to these consumers is a critical part of the assessment and referral process. If this were acknowledged and funded there would be a marked reduction in support plan reviews.

The introduction of the wellness and reablement approach will assist in moving clients into and out of services as their needs change. The Alliance notes that the Commonwealth is currently setting up trial sites to test this new model of assessment and service provision for RAS.

Case management has been found to 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.

Case management is a key theme of the Alliance's previous discussion papers and we maintain our view that case management has a role to play in aspects of intake and triage as well as throughout the assessment and review elements of a streamlined assessment model. We believe access to case management services should be available to eligible older Australians at all steps of the process from registration using well developed and consistently applied eligibility criteria for consumers.

Question 3

How can a streamlined assessment model enhance referrals and collaboration between health professionals, My Aged Care and a national assessment workforce?

The Alliance supports the work being undertaken to enable registration and referrals to be received in My Aged Care directly from clinical software used by GPs and expanding this to include software used by other health professionals.

In the context of a single streamlined assessment process and workforce we believe it is possible for the Contact Centre/My Aged Care to have minimal involvement in the consumer's journey beyond registration, determination of eligibility and means testing. The data entered through health professional referrals to My Aged Care should be recorded, but referrals could go straight to the assessment workforce for scheduling. Effective referral mechanisms can remove most of the need for triage as this can be replaced by a health professional assessment prior to referral in the streamlined model.

Health professionals should have ease of referral as they frequently have pertinent information about consumers that could be more readily collected and used as part of the assessment process. Ensuring that the appropriate information technology is in place to enable this to occur is critical. This would mean that health professionals could have the option of providing as much information as they consider necessary and this should continue to be received and utilised by the assessment workforce to

reduce duplication and the need for consumers to repeat their stories. Health professionals should also be able to indicate need for fast-tracked time limited services and link directly with My Aged Care.

Alliance members, including the Australian and New Zealand Society of Geriatric Medicine, have identified the need for the multidisciplinary and interdisciplinary assessment workforce to continue to enable the participation of specialists in geriatric medicine and geriatricians and nurse practitioners experienced in aged care. The Alliance believes any new and streamlined model should address the breadth of specialisation required in the assessment workforce and ensure mechanisms are in place to expedite access to other health professionals and medical specialists, regardless of geographical location. Collaboration between health services and aged care assessment, especially in regional and remote areas, should underpin streamlined assessment. Such collaboration would also allow a timely and consistent response at triage to ensure appropriate screening identifies consumer needs, such as where and when a bilingual assessor or translator is required, or where communication assistance or physical accessibility must be addressed for effective assessment.

The Alliance supports the need for a defined process to acknowledge health professional referrals and to provide feedback on referral outcomes as part of the streamlined assessment model. This would help to address the current issue where consumers who do not respond to My Aged Care phone calls are deemed to no longer require assessment or service.

> **Question 4**
> How do you think the triage process should operate to expedite access to a single time-limited CHSP service? What are the risks and how could these be managed?

The Alliance believes that entry processes should be efficient and effective so that the benefits of timely access to short term intensive restorative/reablement interventions that apply to both consumers and funders can be realised. Consumers should be 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. We acknowledge and support the need for entry processes, especially triage, to engage consumers in assessment that is proportionate to their needs.

However, we believe 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.

Barriers to accessing services should be minimised, for example, to expedite access to a single time-limited CHSP service. The Alliance believes there is no need, particularly in an 'emergency' context, for this to be limited to a single service, where someone may require a small amount of and/or a small number of services to ensure they are safe at home. In these situations, there should be a time-triggered face-to-face assessment in the consumer's home or location of choice, starting with a short assessment to determine if in fact a holistic or comprehensive assessment is required and if so, it can be undertaken at that time. If comprehensive assessment is not required, then a reassessment date could be set for a repeat of the same process. Also, where consumers have had a qualified assessment of care needs from a recognised provider external to the aged care system (for example, hospital and health service) access to a time limited CHSP service may be implemented until further assessment is activated through the aged care system.

A wellness and reablement 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. For consumers who present with terminal conditions, assessment should also draw on palliative care and end of life approaches.

As noted in section 2, the Alliance model shown at 3.1.1 of our May 2017 discussion paper shows an element of flexibility not contained within the proposed assessment model in the Department's discussion paper Figure 1. The Alliance model allows for an additional step for approval and referral for single or time limited or one-off services at the screening stage.

The process of reassessing consumers on a timeline to determine if they require a holistic assessment for the provision of more or ongoing services balances the principles of ease of access with mitigating the risk of not receiving the services older people may require due to a lack of the right level assessment. More clarity is needed on what time period is considered 'fast-tracked' in this context. Safe maximum time targets should be set in consultation with the sector and then measured for compliance and quality improvement.

Alliance members have suggested that this approach does not prevent the possibility of using the short assessment to address 'urgent' needs. We suggest looking at triage as enabling short term access to services required urgently (those with low risk and high benefit – such as access to transport or home maintenance) rather than just queuing for assessment. We refer to the Alliance's Assistive Technology paper (*NACA Position Paper: Assistive Technology for Older Australians, June 2018*) for examples of where triage could identify an equipment need which would address the consumer's requirements and reduce the need for even time limited service delivery. The paper includes economic modelling that demonstrates the cost benefits of effective prescription and supply of technology and equipment. A streamlined approach to assistive technology will be one of the benefits of a streamlined assessment process and even more so of an integrated care at home program replacing the very limited CHSP equipment provision.

Another area that would work well with a triage process is that of respite and carer support services. Alliance members have proposed that triage would readily be able to identify where consumer support would enable urgent and time limited relief for carers and family members, for example during a period of ill health or other caring demands. Effective provision of respite in such circumstances can enable the resumption of informal care and therefore reduce the cost burden of paid service delivery, with a benefit to both the consumer and the service system.

The current RAS trials of expedited access to single time-limited CHSP service may well provide evidence of the effectiveness of this pathway, however, Alliance members have questioned whether a matching trial using ACAT assessors would have provided – or may provide – a comparative study that would better inform considerations of the future streamlined workforce. Evidence of any consideration of other sector triage models and practices could assist in determining optimal solutions.

Alliance members believe the best approach to risk overall is through a co-design approach with the sector, including the assessment workforce and consumers (including carers and families) to develop protocols to support the triage algorithms and ensure that risks are managed appropriately. Some ACATs may already be using triage algorithms that could be trialled in different locations and tested with consumers.

We propose under the assessment workforce section that the integrated and streamlined assessment workforce will comprise a mix of appropriately qualified and highly skilled triage workers and well-supported assessors of varying levels of skill and qualification to enable a matching of level of skill to complexity of consumer need. Such an integrated, multidisciplinary, collaborative workforce will mitigate the risk of

older people's needs being underestimated or misunderstood as described in the discussion paper.

> **ENTRY PROCESSES – Question 5**
> How can support plan reviews be better managed under a streamlined assessment model?

The Department's discussion paper outlines several ways in which a streamlined assessment model could expedite support plan reviews and reassessments.

The Alliance's proposed single care at home model describes a single assessment service with all its workers members of multidisciplinary teams that have the range of skills and experience available to enable a matching of level of skill and experience to the complexity of assessment. We believe this model would streamline the review process as each assessor would have the skill to ascertain an appropriate review date while undertaking the initial assessment and developing the initial support plan.

Section 5.4 of the Department's discussion paper emphasises the role of 'assessment providers', and we have already mentioned the need for clarification on what is meant by the term and how the role is intended to work (see response to question 2).

Alliance members have identified that the model described in the Department's paper does not provide information on the intended or required pathway for service providers to refer their existing clients for support plan reviews, yet this referral pathway is key to ensuring that consumers' plans are regularly reviewed as well as enabling providers to trigger a review or reassessment when they believe that one is required. Similarly, there appears to be no provision for consumers to request a support plan review in the new system. Older people, their carers and families require a pathway to request a review when changes in their circumstances trigger a need for new or additional services. Such a mechanism is vital to facilitating consumer led engagement.

The Alliance believes a streamlined assessment model should ensure that the processes and set up of its IT platform to share, notify and request support plan reviews are monitored regularly to ensure timely and streamlined access for all.

We understand that support plans are generally standardised in format and support this approach. However, in standardising the care plans, the Alliance seeks to ensure that sufficient flexibility can be retained to meet the needs of older people with diverse needs and life characteristics in line with the Alliance principles of equity of access and outcomes.

The Alliance's assessment model described in the adopted positions of our discussion paper *Increasing Choice Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program (CHSP)* **(May 2017)** and our *Submission to the Department's Future reform – an integrated care at home program to support older Australians (August 2017),* encompasses the management of the review process.

The Alliance's Care at Home Reform Advisory Group, formed in August 2018 to progress the work on home care integration, prepared a discussion paper 'Proposed Integrated Care at Home Model' which was submitted to the Department as draft advice in December 2017, with a further refined final document provided to government as advice of the Advisory Group, noted as such by the Alliance in May 2018. This expanded model allows for effective use of assessment resources, including the use of staff (the assessment workforce) who would be appropriately qualified to undertake the assessment of classifications in the proposed University of Wollongong funding model (not accepted or committed to by government). The Care at Home Reform Advisory Group Model and the Consumer Journey diagram from the same paper can be found as **Attachment 1** and **Attachment 2** of this submission. Further work would be required to support the transition to full implementation of this model.

6.   The Assessment Workforce

Question 6
What qualification and competency requirements do you believe are needed for a national assessment workforce? What particular areas of assessment practice require clinical expertise and/or multidisciplinary team-based approaches?
Question 7
What design features will enable assessment providers to operate an integrated workforce which is capable of delivering assessment for people across the full continuum of aged care needs?

The identified Alliance positions in our May 2017 and August 2017 papers include our support for a single multidisciplinary and interdisciplinary team structure and team-based assessment, with an assessment workforce comprising health professionals – nursing, allied health and medical professionals working within a competency framework. One good example of interdisciplinary teams working well is in palliative care services, where clinical and pastoral support professionals work closely together.

While the Alliance supports the design features outlined as dot points under section 6.1, we believe strategies will need to be developed to address the current RAS

workforce members who do not meet the requirements for a single integrated assessment workforce. The Alliance suggests that this matter be addressed through the proposed independent review of development and training needs (see below).

Other key elements of published Alliance positions include the following characteristics of the assessment workforce. It should:
- Be appropriately funded and qualified and from a range of disciplines
- Have a minimum set of competency requirements for ongoing professional development
- Focus on reablement and wellness
- Use a single assessment tool with the flexibility to ensure assessments are suitable to meet specific consumer needs
- Be skilled in considering time limited, restorative and reablement services
- Be independent of government and, where practicable, providers

Additional key elements raised in consultation with members include:
- The need for approaches appropriate to palliative care and end of life care
- Maintaining registration with the Australian Health Practitioner Regulation Agency for regulated health professionals

We have also called for an independent review of the development and training needs of a single assessment workforce and My Aged Care staff, with appropriate sector consultation, although we note that our relevant papers were developed prior to the Aged Care Workforce Strategy of 2018, which may result in a broader review than was recommended in our 2017 documents.

The integrated care at home model described in the advice from the Care at Home Reform Advisory Group (May 2018) documents a proposed consumer journey through the integrated system and shows an essential role for assessment (see Attachments 1 and 2). Within our model, assessments would be flexible, impartial and undertaken by skilled assessors with the capacity and capability to identify and scope the care needs of the consumer and match these to appropriate supports.

Alliance members support the need for a multiskilled, integrated assessment workforce that comprises highly skilled tertiary qualified workers from health-related disciplines who are experienced in aged care, as well as trained assessors who meet the required competencies, for example, Aboriginal Health Workers and Aboriginal Health Practitioners.   We consider these are the minimum requirements to enable effective triage, holistic assessment and review. The assessor workforce must also be adequately resourced so that no consumer has to wait above an acceptable and

defined threshold based on the issues identified in the screening or referral process (including independence, care needs and so on).

We acknowledge that this model will require definition and delineation of the role of My Aged Care and the Contact Centre, and then the upskilling and ongoing training of the workers to undertake activities under the new model, likely to include screening, means testing and risk assessments to enable referral to or for a single, unique, time limited or one-off service, once consumer eligibility has been confirmed.

The Alliance is concerned that if this does not occur, the triaging step will simply replace current practice with those likely to only need 'CHSP level' services going to previous RAS assessors, and those with higher level needs being referred to previous 'ACAT level' assessors. This would not represent a streamlined assessment service and would not reduce duplication or increase ease of access for consumers.

In relation to question 7, we reiterate our earlier concern about the need for a definition of 'assessment providers' and we see potential operating models as part of the organisational status of these providers. We have considered design features based on the Alliance's previous work and note full details can be found in the published Alliance positions.

Some of our suggested design features have been addressed above. This section covers additional elements including and beyond those outlined in the Department's discussion paper. The statements of attainment outlined in section 6.2 will need to be reviewed and revised to match the new streamlined model.

Alliance members suggest that training and other initiatives should be considered to build the capability of the integrated national assessment workforce. These could include:
- Upskilling the current RAS workforce to a level of competency that allows them to work within multidisciplinary teams
- Ongoing continuing professional development for all assessors
- Consideration of and implementation of a 'buddy' style coaching or mentoring system where previous RAS assessors are matched with previous ACAT assessors and are trained and upskilled (this system would have longevity in terms of training new entrants to the workforce)

The Alliance supports the Department's initiatives to ensure compliance with the newly introduced Aged Care Assessment Quality Framework but notes that the components will need to be updated to match the new streamlined assessment model when finalised.

The Alliance specifically seeks assurance mechanisms to ensure the achievement of quality assessment outcomes such as:

- Quality monitoring via outcome data collection that is benchmarked and monitored for trends and changes over time
- Ongoing use of a standardised survey to measure a person's satisfaction with their assessment experience, but adding a follow-up in association with longer term outcomes
- Alignment with the new Aged Care Quality Standards to reduce duplication at service intake, including elements such as standards of communication, and best practice especially in relation to consumer directed care principles
- Principles endorsed through Aged Care rights and the Aged Care Charter

Question 8
What training and other initiatives should be considered to build the capability of the national assessment workforce?

The Alliance reaffirms its position contained in our August 2017 *Submission to the Department's Future Reform – an integrated care at home program to support older Australians* that to be effective the assessment 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
- Assessment of informal carers' support needs by aged care assessors

As noted above, we have called for an independent review of the development and training needs of a single assessment workforce and My Aged Care staff, with relevant sector consultation, although we note that our relevant papers were developed prior to the Aged Care Workforce Strategy of 2018 'A Matter of Care', which may result in a broader review than was recommended in our 2017 documents. Alliance members are involved in their own organisational contexts in various aspects of ongoing workforce reform.

The Alliance acknowledges the work done to develop the My Aged Care Learning Environment (MACLE) and the contributions of member organisations to the further development of this tool as an aid to workforce training. While the value of this tool to

cover generic competencies is acknowledged, there is much more specific information that a national assessment workforce would require.

Again, we repeat our stated view from question 7 above that the streamlined assessment workforce should work as a single multiskilled, integrated assessment workforce that comprises highly skilled tertiary qualified workers from health-related disciplines who are experienced in aged care, as well as trained assessors who meet the required competencies. Implications of this will vary for the future of the current RAS workforce who may not be tertiary qualified or have the required skill level. We suggest that opportunities for undertaking additional study and re-skilling over a transition period may be necessary.

One major issue identified in addition to the need to build capability is the need to build the numbers of appropriately qualified and or skilled and experienced staff in the streamlined assessment workforce. The Alliance proposes that, as a prerequisite, an audit of skills and qualifications of the total RAS and ACAT workforce be undertaken to inform the building of a streamlined assessment workforce. Anecdotally, we are aware that many RAS assessors have a qualification higher than the minimum VET level but have not retained registration (or equivalent) in their professional discipline. Strategies to support such people to meet new requirements may be a positive step to retain good workers.

Another area of capability raised by Alliance members is that of aptitude for working with older people. Many older people and families highlight this characteristic of the aged care workforce as a high priority. Other parameters such as proficiency in English, or relevant community languages would also fit here, however, the Alliance does not have an agreed position on these matters.

> **Question 9**
> What assurance mechanisms should be put in place for a national assessment workforce to ensure the achievement of quality assessment outcomes for senior Australians?

As noted in the Alliance's response to question 7 above, the Alliance supports the Department's initiatives to ensure compliance with the newly introduced Aged Care Assessment Quality Framework but notes that the components will need to be updated to match the new streamlined assessment model when finalised.

The Alliance specifically seeks assurance mechanisms to ensure the achievement of quality assessment outcomes such as:

- Quality monitoring via outcome data collection that is benchmarked and monitored for trends over time
- Ongoing use of a standardised survey to measure a person's satisfaction with their assessment experience, but adding a follow-up in association with longer term outcomes
- Ongoing competency based professional development opportunities available to all assessors
- Alignment with the new Aged Care Quality Standards to reduce duplication at service intake, including elements such as standards of communication, best practice, and especially in relation to consumer directed care principles
- Principles endorsed through Aged Care rights and the Aged Care Charter.

Question 10

What should be considered in the design of a streamlined assessment model and a national assessment workforce to achieve efficiency and deliver the best value for money?

The Alliance has identified a number of elements that encompass efficiency and value for money, but these sit in the context of our proposed single care at home program and streamlined assessment is an integral part of the model.

The Alliance *Submission to the Future Reform – an integrated care at home program to support older Australians (August 2017) consultation* included the following design principles that may have implications for efficiency and value for money (noting the 2017 timeline):

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.

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 HCP program) 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.

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.

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

We also refer to efficiencies that have been identified in the same paper in relation to services in rural and remote areas. These are covered in more detail at question 12.

7. Assessment in a Hospital Setting

Question 11
How should aged care assessment work for people in a hospital setting under a streamlined assessment model? What issues need to be considered?

The National Aged Care Alliance has not previously endorsed a position on assessment in hospital settings, but Alliance members propose the following essential elements

and considerations. The Alliance believes hospital assessments are an important component of the streamlined assessment model and that further work on this part of the model should be co-designed with cross-sector participation. The issues raised at section 7 of the Department's discussion paper have also been raised within Alliance discussions, especially in relation to the design and development of the integrated Care at Home model and described in our papers from 2017.

The Alliance believes that access to assessment should be the same regardless of setting. Assessment should be readily available in the hospital setting and assessors need to be suitably qualified and skilled to assess at this level of complexity. However, we believe that hospital and home-based older Australians should receive assessments in a timely and equitable fashion such that neither is disadvantaged in comparative priority. It should not be necessary to hospitalise a consumer in order to expedite access to assessment, nor should consumers at home have their priority for assessment reduced or their appointment delayed by another person exiting hospital.

Alliance members support much of the current assessment model operating within hospitals and health care settings, observing that, in most cases, health sector assessments benefit the health and the aged care sectors. Most importantly, aged care assessors embedded within the health system demonstrate significant benefits for consumers, their continuum of care and their health outcomes.

Anecdotal evidence from members identifies that about half of all consumers referred for aged care assessment in hospital settings have complex co-morbidities and require the skillset of a highly qualified multidisciplinary team and in-depth understanding of how different sectors work. Members have also indicated that some hospital-based assessors have limited understanding of or trust in community care services and are concerned that the level and quality of home-based services may not be adequate.

The Alliance does not have an agreed position on the role of state and territory governments as providers of assessments in hospitals and other health settings. However, the following advantages of aged care assessments embedded within health have been identified as:

- Ensuring appropriateness of assessment referrals and assessment of consumers when they are medically stable and ready for discharge from hospital
- Access to health medical records to obtain a complete picture of the person's clinical history prior to assessment
- Tailored assessment through timely access to highly qualified multidisciplinary teams within hospital settings, including but not limited to nurse practitioners, geriatricians, aboriginal health workers, drug and alcohol workers, multicultural workers and mental health specialists

- Capacity to identify health issues and ensure consumers experience seamless linking and access to services delivered through both the aged care and health sectors
- Well-connected and trusted relationships in the health system

The current purpose of aged care assessments in hospitals is primarily to assess consumers for transitional care, respite or residential care. Where people in some hospitals are deemed able to manage at home with support, they are usually referred for a home-based assessment after their discharge.

We believe assessors in hospitals should be able to arrange for any required services to be put in place immediately in consultation with consumers, carers and providers to support the transition to home, with a follow up face-to-face holistic assessment scheduled for when consumers are back in their homes. The level of the services put into place should not be capped at this point as initial services may need to be significant during this period to ensure a safe transition home as well as the reablement of the consumer. While this may have an initial cost, the anticipated reduction in return to hospital or early admission to residential aged care should be cost effective over time. The use of an outcomes evaluation framework should be considered to measure and reliably trend the impacts of this approach from both a consumer outcome and health-economics framework.

Alliance members have provided examples showing that older people assessed in hospitals are often referred to residential care or residential respite against their wishes. This is consistent with the data in the Department's discussion paper which indicates that 60per cent of assessments in the hospital setting result in respite or permanent residential aged care, despite the preference of many older people to live at home for as long as possible.

Some Alliance members have noted their view that the push to residential care is often made with the intent of freeing up hospital beds rather than supporting wellness and reablement and respecting the views and preferences of the older person. Residential care and respite often offer a quick solution for freeing up hospital beds compared to community care options which may involve lengthy waiting periods. The expansion of the Transitional Care Program may alleviate these issues. Members also query whether a conflict of interest exists due to shared health service responsibility for both hospitals and ACATs.

In contrast, other members have reflected on the challenging aspects of assisting older people and their families when they are working through the realisation that returning home will not be possible. The hospital based aged care assessment workforce

exercises sensitivity and compassion and their principal motivation is supporting older people to access appropriate services in the right settings. Members also cite the use of clear and stringent key performance indicators for hospital and health service assessment providers to manage actual and perceived conflict of interest and to ensure they can demonstrate separation of assessment from service delivery.

The Alliance proposes that the skills and attributes of assessors in hospital settings should include:
- Independence from health services in providing assessment services
- Strong health literacy to negotiate with hospital treating teams and aged care and perhaps disability sector community-based providers
- Strong understanding of legal decision making, consent and capacity
- Strong links to home-based supports and wellness and reablement to facilitate transition to home care as preferred by most older people

An example that demonstrates how the integration between health services and aged care might benefit all parts of the system is that of the nursing workforce. Movement across a range of clinical settings including hospital, community, aged care and palliative is often seamless and effective.

8.   Assessment in Remote Australia

Question 12
How can a streamlined assessment model support timely, high quality assessments in remote Australia? What flexible assessment approaches would you support, and why?

The Alliance discussion paper *Increasing Choice Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program (CHSP)* **(May 2017)** and the NACA *Submission to Future reform – an integrated care at home program to support older Australians (August 2017)* identify the following adopted positions relevant to rural and remote areas, noting these positions apply to an integrated care at home program:
- Equity of access considerations for older people in rural and remote areas
- Maintain capacity of specialised services, particularly in remote regions and where populations are small and dispersed
- Innovative and flexible funding models that take into account funding from various pools to address consumer needs in rural and remote communities
- Competitive models would not work for specialised services or in rural and remote areas

- Alternative approaches 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
- By pooling funding for core services and applying a more flexible funding model (including block funding and/or mixed models) compared to 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
- Use of Multi-purpose services (MPS) and models (see next paragraph)
- 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
- Connection to local services – hospital, bush nursing services, MPS, community provider or Aboriginal Community Controlled Organisation (ACCHO) and with those services commissioned to undertake the assessment where necessary
- Flexibility for aged care providers to also undertake assessment if required to ensure there are sufficient assessment services readily available
- Use of technology to provide video assessment where appropriate.

The Alliance's *Submission to Future reform – an integrated care at home program to support older Australians (August 2017)* includes a section on pages 24 to 26 identifying Alliance views on services in rural and remote areas. This includes detail on the benefits of using MPSs. We refer the Department to the full text of this section of the August 2017 submission.

The Alliance believes that older people in rural and remote Australia deserve the same access to assessment and services as people in any other part of Australia. As we move towards the destinations of the Aged Care Roadmap, we support the need for special consideration in areas of thin markets as we continue to reform aged care.

9.   Wellness and Reablement

Question 13
How should wellness and reablement be further embedded in assessment practice under a streamlined assessment model? What strategies do you support and how should they be implemented?

Based on the Alliance's *Increasing Choice Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program (CHSP)* and NACA's *Submission to the Department's 'Future reform – an integrated care at home program to support older Australians'* adopted positions we believe that all components of the streamlined assessment model should be developed with a reablement and wellness focus that, as a minimum, supports independence, optimal function and quality of life and should be an initial intervention that is available to all consumers up front and, if a consumer chooses, an available service option throughout their engagement with aged care services. This is further elaborated in the advice of the Alliance's Care at Home Reform Advisory Group provided to government in May 2018. The model outlined in that paper shows all consumers referred to reablement services for a time limited period before ongoing services are put in place, and as their needs change and become more complex.

The Alliance believes that streamlined assessment should have a wellness and reablement focus, designed to maintain independence, optimal function, and quality of life, regardless of the care type or duration and including restorative care. We also suggest an increased emphasis on wellness and reablement assessor training using contemporary education design principles.

We have already noted that the role of My Aged Care needs to be re-defined in a streamlined assessment model. Alliance members have identified that delays and confusion about processes for access to My Aged Care can be a disruption in the consumer journey, especially where an assessment for short term service type adjustments is required to build wellness and independence. Therefore, we suggest that any streamlined assessment 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.

Some of the features from the Alliance's *Care at Home Reform Advisory Group paper of May 2018* relating to streamlined assessment are:
- Assessments should be delivered with a focus on wellness and reablement and consumer strengths
- Assessor training, informed and guided by contemporary education and training principles, should include case studies and clear messaging that challenge the assumed 'narrative of decline'
- Assessor training should include behaviour change and motivational interviewing skills
- Funding pathways should favour increased spending up front with the intent that this investment may reduce need and therefore service use and intensity over time

- Investment should be made in equipment, assistive technologies, and home modifications that enable people to remain more independent and do more things themselves for longer – and this may reduce need for services
- Investment should be increased in services across the allied-health spectrum to support people to remain well and maintain independence and optimise function and quality of life
- Health literacy style services should be improved and considered as part of integrated consumer supports
- Assessors should have flexibility to utilise more mainstream services (such as gym memberships) where deemed appropriate
- Streamlined assessment should include the formation of multidisciplinary and interdisciplinary team approaches to individual assessments and planning

The Alliance strongly supports an approach that includes an ongoing focus on short term restorative and reablement interventions. Elements to consider ensuring success in a restorative and wellness model:

- Ongoing focus on consumer ability, independence and optimal function throughout the consumer journey; noting that this could necessitate repeated bursts of reablement interventions to adjust strategies, provide alternative equipment, provide carer training etc. as a consumer's care needs become more complex
- 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.

10.   Linking Support

Question 14
How can more effective and consistent linking services to vulnerable older people be delivered under a streamlined assessment model?

The Alliance notes our 2017 paper ***Ensuring Equity of Access & Outcome in the Future Aged Care System / A Statement of Principles*** which outlines the barriers and actions

required to support equitable outcomes in the aged care sector. In particular we note that:

- Active outreach, access and support roles must continue and be expanded for vulnerable populations. Members have provided examples of successful strategies in use in some states and territories
- Risk mitigation requires additional alternate systems to be in place to ensure full service coverage and access across Australia for all consumers
- Assessment tools that successfully identify and work for special needs groups will need to be developed
- Minimum agreed data collection and statistical monitoring of vulnerable groups' access to aged care services need to be undertaken by My Aged Care to identify patterns and changes over time. This will require timely data analysis, feedback and evidence of improvement
- Service providers that specialise in provision of services to vulnerable communities and individuals should be able to undertake assessment and linking service services where required to ensure equity of access

The Alliance's *Integrated Consumer Supports*, June 2017, discussion paper also proposes a model to support informed choice for consumers. Some of the strategies from this paper are currently being tested on a national scale through the Government's Aged Care System Navigators Trial.

Consistent with the very early plans (2014/2015) for a linking service through My Aged Care, 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. We believe it is essential to address the requirements of vulnerable consumers and support this being further developed as part of a co-design process with consumers and the sector, reflective of the diversity of the sector.

The Alliance discussion paper *Increasing Choice Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program (CHSP)* and NACA *Submission to Future reform – an integrated care at home program to support older Australians* cover the following relevant endorsed positions of the Alliance. The Alliance considers the Aged Care Industry Information Technology Council (ACIITC) Roadmap as a pathway forward to deliver innovation and technology within the sector.

We also believe that addressing and improving the interface between the aged care and health systems is essential but acknowledge that effective linking services will

require better interfaces, engagement and two-way referral protocols with the disability sector, the housing sector, community services and the mental health sector. Better use should and could 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.

Linking services are particularly important for older Australians with diverse characteristics and life experiences and the Alliance supports the Aged Care Diversity Framework as part of the solution. The Alliance acknowledges there are increasing opportunities to exploit technological advances to ensure all older Australians have access to and enhanced choice in the services they are assessed as requiring.

11. Additional Comments

> **Question 15**
>
> What do you believe are the key benefits, risks and mitigation strategies of a streamlined assessment model for aged care?

The Alliance believes our existing positions from a variety of position and discussion papers provide the best understanding of the benefits of a streamlined assessment model and again state that this would fit best within the context of an integrated care at home model, or even a fully integrated aged care service continuum. The main papers we have used in this submission – ***Increasing Choice Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program (CHSP)*** and NACA's ***Submission to Future reform – an integrated care at home program to support older Australians*** from 2017 – contain the following adopted positions.

Benefits

- A single and appropriately qualified assessment service, that is independent of government and, where practicable, service providers would improve consistency
- Consistent capacity and capability to identify and scope the care needs of the consumer and match to appropriate services and levels of care
- Consistency and quality of assessments
- Capacity to streamline and allow the assembly and analysis of key data on unmet need
- Ability to set clear, transparent and published 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 (for example, timeliness, cost) as well as impact (successful service match, enabling goal responsive and

outcome delivered service plans) indicators to monitor progress and guide industry

- Consistent 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

- Reduction of the repetitive nature of assessment that sometimes leads to consumer frustration and at times refusal of service by the consumer.

- Capacity to address the lack of timely access to assessment and review, leading to over or under servicing consumers

- An assessment process that gives My Aged Care staff the ability to screen, determine eligibility and undertake means testing and then approve an individual for a single service (for a time limited period) will improve the consumer experience

- Better outcomes for consumers and reduced long term health and aged care expenditure are possible if immediate services are encouraged, and increased investment in reablement occurs up front

- Ease of access for consumers and simplification of a complex system

Risks

- Not reaching agreement on assessor qualifications and competencies
- Not appropriately funding an integrated, multidisciplinary assessment workforce
- Inconsistent approaches to reablement and wellness
- Loss of existing workforce, knowledge, partnerships, and informal referral knowledge/pathways
- Performance indicators not adequately used to inform system improvement
- Workforce issues in accessing some allied health disciplines for the assessment workforce (and subsequent allied health service provision) given the current shortage of providers and competition with other sectors including the NDIS
- Delay in progressing towards integrated care at home services and uncapping supply of home care services will be a major barrier to effective implementation of streamlined assessment

To mitigate this significant transition, co-design of implementation and transition strategies is required, along with support and effective communication to the current workforce.

> **Question 16**
> What implementation and transition issues will require consideration in the design of a streamlined consumer assessment model?

The Alliance believes that implementing such major reforms and streamlining assessment services will require particular attention to the interfaces with other sectors, notably the interface of the aged care system with the health, disability and primary health (including health care homes) systems.

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 a 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 following selected considerations for transition and implementation have been identified in the Alliance's two main papers from 2017 as those most applicable to streamlined consumer assessment.

Transition Issues

- Clarity about time limited and restorative practice and services
- Role and inclusion of carers
- The assessment process is developed to ensure that people with special or specialist needs are supported to access and actively participate in an assessment
- An assessment of ongoing needs, including investigations of the reasons people require intensive wellness and reablement and restorative care, must be part of the suite of assessment options that should occur within the shortest possible timeframe
- 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
- Effective redeployment of workforce in roles that are no longer required within aged care or other related disciplines
- Formalised processes for interfaces with the health sector, relating to assessment and access to specialists from both settings, and similar process for disability sector interfaces

- Training and capacity building of assessors and initial screening staff from My Aged Care, with a need to challenge the perception that the level of training and qualifications are currently adequate for this workforce
- Sufficient lead in time and resourcing to support transition is required
- Availability of a clear, easy to access and accountable feedback and complaints mechanism
- Communication to the sector (providers in particular) is required
- An awareness of 'change-fatigue' and competing priorities is required

Conclusion

The National Aged Care Alliance continues to consider the future of aged care reform and the need to maintain the momentum of reforms underway while not losing sight of the Alliance vision (2009), the Productivity Commission recommendations (2011), the NACA Blueprints (2012 and 2015), the Aged Care Roadmap (2016) and the recommendations of the Legislated Review of Aged Care (the Tune Review 2017).

We reiterate our previously published view that any single streamlined consumer assessment process or model will, indeed must, sit within an integrated care at home program while continuing to work towards a single program covering the full care continuum.

The Alliance works to a consensus model in which all members agree on positions, proposals and recommendations for the good of the aged care sector and for those older Australians the sector is designed to care for.

Our work in developing this position paper in response to the Department of Health's 'Streamlined Consumer Assessment for Aged Care' consultation paper has highlighted some areas where more discussion and debate is required to reach a fully united position on some elements of assessment. These include:
- Qualifications, training, role delineation and competencies for the assessment workforce
- The role of My Aged Care and the Contact Centre in streamlined assessment
- Effective information sharing by referrers including GPs and community-based health professionals
- The need for means testing and assessment of capacity to pay for services as part of a single assessment process and model
- The possibility that this (or any) single streamlined assessment might be able to apply the AN-ACC resident classification model

In conclusion, the Alliance highlights the areas of reform that are beyond the scope of the Department's consultation on streamlined assessment, yet, in our view, must be resolved before a single streamlined assessment model can effectively deliver the pathway to 'right care, right time, right place' that older Australians seek as they age.

Alliance members have identified the need for a much more robust transition pathway or proposal that not only addresses changes to the assessment model but also deals with the wider context of service provision in a market-based environment.

We also believe that further work must be done on information technology (IT) solutions for assessment, for consumer means testing, for health records across sectors, and for payment systems – all of which can be barriers to streamlining within aged care. IT requirements to enable full functionality and interoperability for health professionals in community and hospital settings, health services and disability services must be explored in conjunction with the sector(s) and the private businesses run by GPs and health professionals.

The Alliance has been restrained in its response to this consultation in providing comments about the need to ensure that the promised safety net for those experiencing disadvantage is fully designed into the system and implemented accordingly. We again refer to our 2017 paper 'Ensuring Equity of Access and Outcomes in the Future Aged Care System – a statement of principles' as a source for design principles that ensure any system changes encompass the needs of older Australians. We also note the Aged Care Sector Diversity Framework and the launch of the first tranche of Action Plans to be launched on 14 February 2019.

More broadly, the Alliance affirms the need for effective, appropriate and integrated consumer supports as described in our 'Integrated Consumer Supports' discussion paper of 2017. Current and soon to be launched trials of Aged Care System Navigators are expected to provide an evidence base that should lead to a commitment of funding for future navigation and system support for consumers.

Our final three points are system wide and consistent with recommendations of past reviews, reports and policy positions. While broad in scope, we believe they are key to the mainstreaming of a single streamlined assessment model.

Firstly, government needs to progress a unique service solution for rural and remote Australia – for communities, for individuals, for families and for people and organisations providing care, not just aged care but health care, disability support, and family care.

Secondly, streamlined assessment will not be achievable without a suitably qualified skilled and willing workforce, both in assessment and service delivery, that are paid well enough to keep them in the sector and employed in roles that are valued and well supported. The Alliance suggests that progressive implementation of the Aged Care Workforce Strategy 'A matter of care' gives particular attention to the assessment workforce within the whole of sector strategies.

Finally, the Alliance believes that any new streamlined model of assessment will be ineffective and unworkable unless the supply of care and support options for older Australians is uncapped to remove waiting lists and times and to enable consumers to receive the level of support they need, when and where they need it.

The Alliance continues to promote its vision that 'every older Australian is able to live well, with dignity and independence, as part of their community and in a place of their choosing, with a choice of appropriate and affordable support and care services when they need them'.
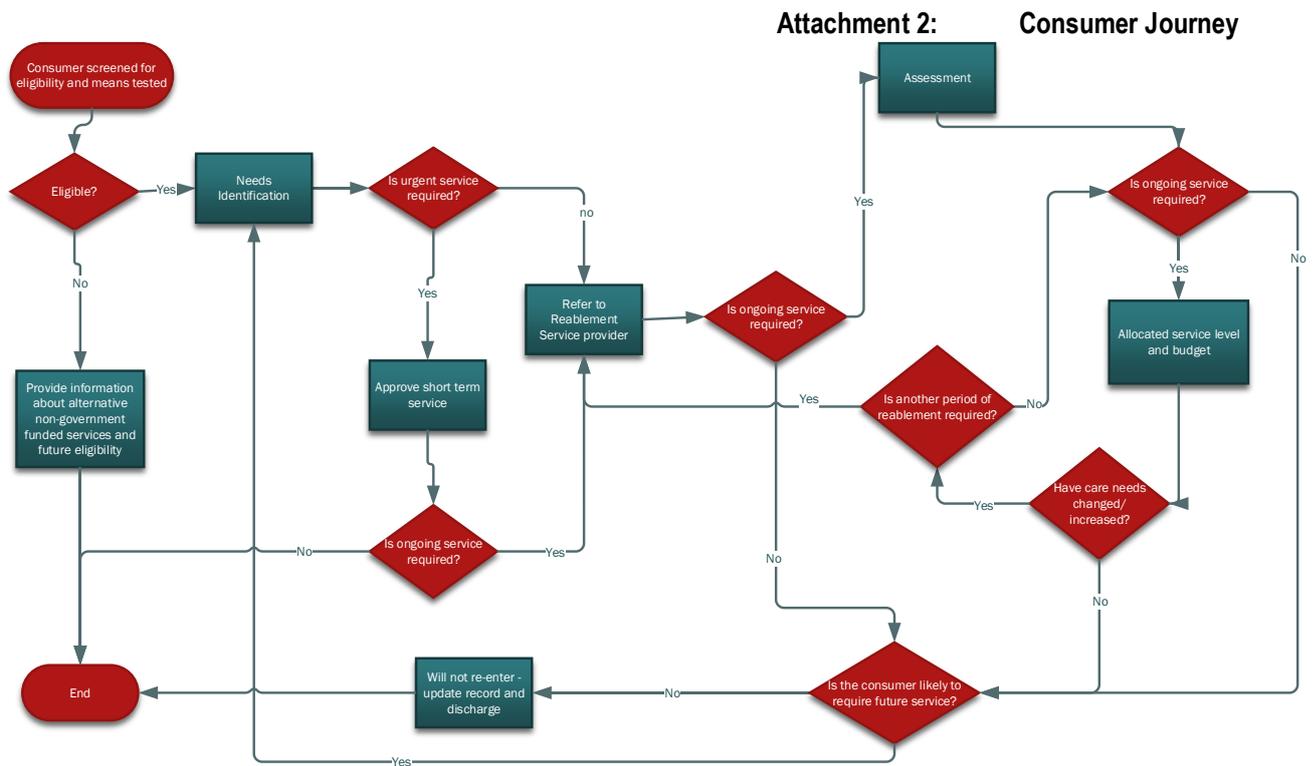
Attachment 1:

NACA Care at Home Reform Advisory Group
Proposed Integrated Care at Home Model
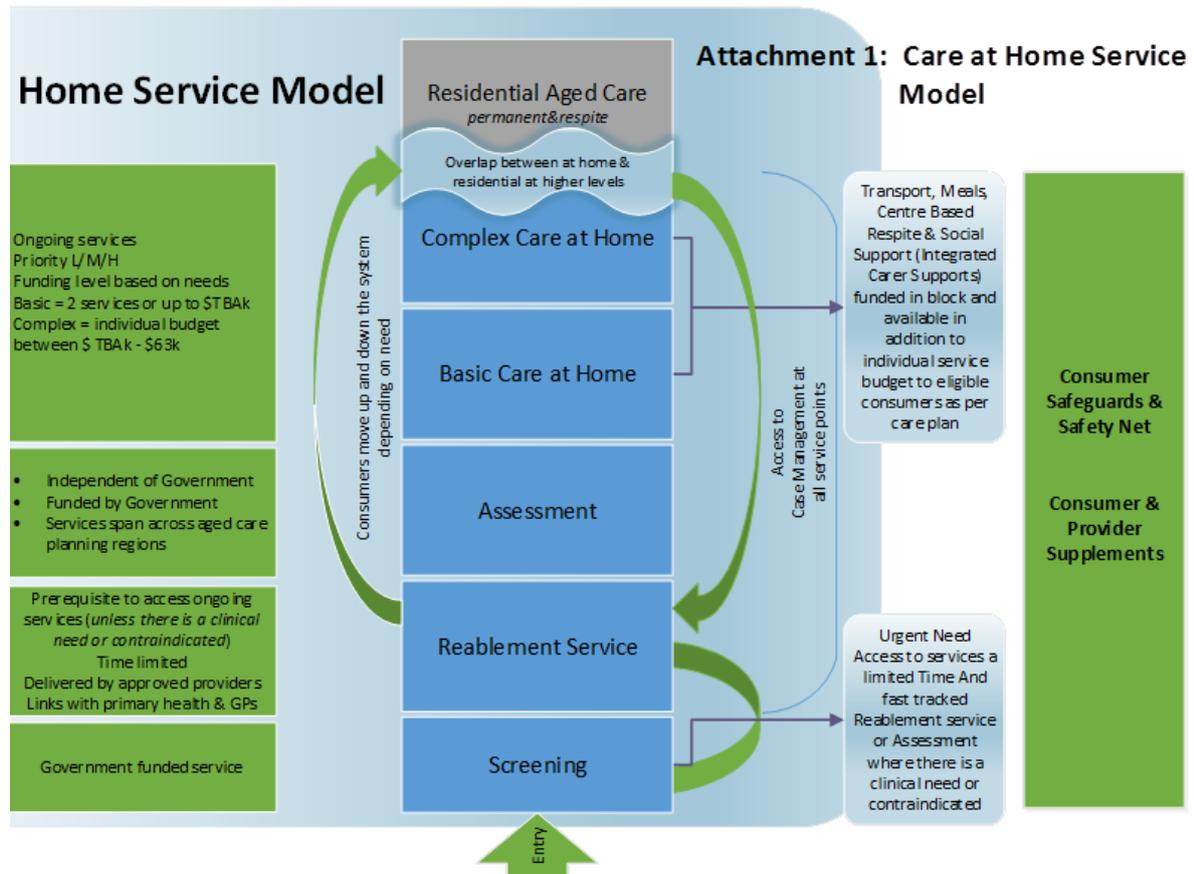
Model from the National Aged Care Alliance **Care at Home Reform Advisory Group Proposed Integrated Care at Home Model Discussion Paper** provided to Government as advice from the Advisory Group and noted as such by the Alliance in May 2018.

Attachment 2:

Consumer Journey from the NACA at Home Reform Advisory Group Proposed Integrated Care at Home Model

Attachment 2:   **Consumer Journey**

Consumer Journey diagram from the National Aged Care Alliance **Care at Home Reform Advisory Group Proposed Integrated Care at Home Model Discussion Paper** provided to Government as advice from the Advisory Group and noted as such by the Alliance in May 2018.

NACA

The National Aged Care Alliance is the representative body of peak national organisations in aged care including consumer groups, providers, unions and professionals.