

# THE GATEWAY SERVICE DELIVERY MODEL ADVISORY PAPER

March 2013

This paper presents ideas and views from the National Aged Care Alliance (NACA) on the service delivery model of the Gateway. The paper represents formal advice at this point in time, and will evolve as the design, planning and implementation of the Gateway continues to advance.

Whilst the current outline of the Gateway within the *Living Longer. Living Better* (LLL) reform package does not reflect the full extent of the Alliance's recommendations, this paper takes the opportunity to provide feedback on the implementation of the Gateway system as it is outlined in the LLL reform package. The Alliance's reform recommendations on the Gateway can be found in:

- The *Alliance Blueprint for Aged Care Reform* - [http://www.naca.asn.au/Age\\_Well/Blueprint.pdf](http://www.naca.asn.au/Age_Well/Blueprint.pdf)
- The *Aged Care Reform Series – Assessment and Entitlement (including the Gateway)* - [http://www.naca.asn.au/Age\\_Well/Assessment.pdf](http://www.naca.asn.au/Age_Well/Assessment.pdf)

## Background

The establishment of the Gateway is a key part of the *Living Longer. Living Better* (LLL) Aged Care Reform Package and will become the new public face of the aged care system. The LLL reform package creates a fundamental system shift towards consumer direction. It will be critical that the Gateway, (including the *My Aged Care* Website, the National Contact Centre, and Gateway staff) reflect best-practice and operates under principles that support the changed environment.

The Gateway will assist older people in accessing aged care services, address current issues in assessment processes, and have a role in creating a unified approach to monitoring ongoing care co-ordination and management.

Given the scale and variety of the aged care system, the scope, role and size of the Gateway project cannot be under-estimated. The Gateway should be implemented with a learning approach that allows ongoing evaluation and improvement.

## Purpose of This Paper

The Department of Health and Ageing (DoHA) considers the core functions of the Gateway to be information, assessment, matching and referral. This paper examines these functions as well as the overall operational model.

The first section of this paper outlines the objectives and principles that should guide the design and operation of the Gateway.

The second section examines the operation of the Gateway, including:

- The national contact centre;
- Gateway staff skill sets;
- Assessment services including the proposed assessment framework and tools, the Alliance feedback on the proposed framework, assessment process, initial contact, additional assessments required by service providers, reassessments, and financial assessments;

- Referral services;
- Matching services and the creation of a service catalogue; and
- Creation and maintenance of consumer records including privacy concerns.

The third section of the paper focuses on some areas requiring particular attention in the design and implementation process, including:

- Maximising Industry linkages and a team approach;
- Support for special needs groups;
- Assistance for service providers to transfer to the new system;
- Adequate investment in technology in order to avoid bottlenecks at the Gateway;
- Resourcing the Gateway;
- Marketing the Gateway; and
- Gateway implementation including priorities for 2013 and post-2013.

The fourth section of this paper summarises the recommendations included throughout the discussion paper. These recommendations are relatively general reflecting that, at this point in time, parts of the Gateway design is still at a conceptual level. The Alliance reserves the right to make more substantial comment and specific recommendations as the Gateway design develops and the service becomes operational.

This paper also provides advice on specific questions posed by the DoHA as part of the consultation process (shown in blue italics throughout the paper).

## Section I – Guiding the Gateway Design

### 1. Objectives of the Gateway

The Gateway should be designed to provide better outcomes for older people and more effective management of aged care system resources by:

- Providing a consumer directed engagement process enabling the older person and their carer or nominated family member/representative to express their needs, aspirations and preferences through the assessment approach;
- Focusing on reablement, wellness and strength based assessment;
- Providing a thorough, accessible, accurate and real-time information source, including information on quality of services;
- Providing support to make sense of the available information and to navigate the aged care system;
- Providing guidance and advice to assist people in making the right choices to meet their needs and preferences;
- Working with other agencies that also provide information, advice and support to consumers and carers; and
- Committing to a standardised, consistent, consumer focused, and transparent national process.

## 2. Principles of the Gateway

The following principles should be adopted to guide the design and operation of the Gateway. These principles, combined with the draft Service Charter (Appendix 1), outline the consumer journey through the Gateway process as well as their rights and what they can expect.

### Equal Access to Care Based on Need

Consumers' access to care, support and services should be based on their assessed need.

Information and support should be provided to assist older people and their families to envisage 'what could be' rather than what is, establish aspirations and preferences, and coordinate support services to enable goals to be reached.

The services and information provided by the Gateway must be accessible to all older people (and their carers) equally. This includes relevant referrals for those with special needs (CALD, LGBTI, Indigenous, Homeless older people, and people living with dementia, other cognitive impairments or mental illnesses), those with hearing or vision impairment, as well as those in regional and remote locations.

### Wellness Approach

The system should be built upon a reablement/wellness approach that focuses on, and enhances, the individual's capabilities to maintain independence and achieve personal goals.

In some cases, this is likely to result in a more cost effective use of limited resources by deferring, or removing, the need for higher-cost services such as residential or acute care when neither of these are an assessed need.

### Consumer Directed Services and Consumer Choice

The Gateway's operations must cover the full range of available services, and providers across the spectrum of aged care, to afford the consumer genuine choice.

The Gateway must allow older people and their carers to articulate their needs, preferences and aspirations, and operate in a way that enables them to access services that best fit with these.

The Gateway must provide national service quality indicators, which assist consumers in matching their needs and preferences to services, should be established, monitored and available to consumers via the Gateway.

The Gateway must empower the consumer to make choices about the care and services they are to receive, as well as providing assistance when required.

### Coordinated Approach and Strong Linkages Across Sectors

All relevant parties should be actively engaged and work together to improve the integration of information-sharing (including information from assessments performed in the health sector), advice, support and care to maximise the use of existing resources and increase access to information and support.

The Gateway must be flexible and receptive in relation to design, functionality, information sharing, and referral procedures, to respond to the fact that consumers will enter the Gateway at various stages, with varying degrees of previous data collection from community, existing ACAT, and health assessments.

It should be adaptable to people entering the aged care system for the first time as well as those who have existing services, and those who may approach the system through a specific provider directly.

#### Quality Assurance

The development of the Gateway must include a review system to ensure compliance with regulatory requirements and performance standards. This process should be independent and ensure that consumer experience matches the reasonable expectations of older people, their family and carers.

Performance standards (including maximum wait time for assessments, incidents of inappropriate referrals, the provision of accurate information, and relationships between the Gateway and the service providers within their region) should also be established and monitored.

#### Transparency

The progress of the Gateway in meeting quality standards should be publicly available to ensure commitment to providing an effective service.

The referral process should be individually responsive in order to produce outcomes that are consistent and transparent in order to ensure older people and their carers have access to the most appropriate care and services and providers are treated fairly.

## Section II – Gateway Operations

### 1. National Contact Centre

#### Consumer Access

The information kept by the Gateway on providers, types of care and services offered, fees and charges, quality indicators, and vacancies should assist consumers to find and engage with an appropriate service more efficiently than is currently the case.

Ideally, after a transition period, the Gateway should be the main point of access for all who need aged care services. However, during the introduction of, and transition to, the full Gateway system, there will be people who will be reluctant to, or will not, access the Gateway.

There will also be consumers, (for example, those that belong to special needs groups) who may have additional difficulties accessing the Gateway. Consumers will come to the Gateway at different points in their journey. Many will access the Gateway at a time of crisis or whilst experiencing other challenges (such as fear, grief associated with a recent loss of a family member, changes to their medical status, recent falls or other injuries, etc.). Some consumers will come to the Gateway after contact with other agencies (including possibly receiving services). Protocols will be needed to ensure there is clarity about the relationships of different organisations in working with the Gateway.

Strategies to ensure that every person that calls the contact centre is treated sensitively and assisted or referred appropriately, and that no call is lost need to be developed and put in place. Therefore in the development of the national contact centre it will be necessary to develop a system that will:

- Identify actual and potential barriers to easy access;
- Monitor and respond to these difficulties by removing barriers and/or providing additional assistance to access the Gateway; and
- Ensure quality communication between the Gateway and other organisations involved in information provision, support and services.

Further consideration, including a recommendation for action, is given to the design and operation of the Gateway for people with special needs at pages 20 to 22.

After contact with the Gateway it would be helpful for the consumer and the referrer (if they are different) to be provided with a written summary of the outcomes. This could be linked with the consumer records (discussed in further detail at pages 17 to 18).

### Hours of Operation

*Do these hours of access (8am – 8pm 5 days a week except on public holidays) seem appropriate?*

Contact hours outside of standard business hours will be helpful for carers and families, particularly for those in crisis or emergency situations. Whether 8am–8pm is the most appropriate time frame should be tested against similar call centre operations. For example, one Commonwealth Carer Respite Centre (CCRC) indicates that its busiest period is 9am–11am, while experience from the WA Home and Community Care (HACC) screening system indicates that the majority of calls occur between 7am–7pm.

Given the number of people who need to be able to access the contact centre and work during normal business hours, there should be some limited capacity for service on the weekends. The hours may be more limited (for example from mid-morning to mid-afternoon; 10am–2pm) than on weekdays. This should be relatively easy to provide given the ability for staff to work remotely.

National public holidays, such as Good Friday and Christmas Day should be observed, but the contact centre should remain open on individual state public holidays (e.g. Melbourne Cup Day).

Consideration will also need to be given to State and Territory time differences, particularly during daylight savings. Callers in Western Australia would not be able to access the call centre past 5pm if the contact hours of 8am–8pm were based on AEDT.

All times would need to be tested and then adjusted based on the call volume and demand pattern.

***Recommendation 1: The national contact centre should have availability outside standard business hours, including availability on weekends.***

***Recommendation 2: The exact hours of availability should be based on both previous experience in existing similar call-centres and demand patterns displayed during trials and initial operation stages.***

### Emergency Capacity

*What, if any, provision may be needed for urgent services?*

The Gateway should have an emergency capacity.

Emergency provision could occur remotely as for weekend operating hours. If a person rings the Gateway out of operating hours they should be automatically transferred to a person they can talk with if they need urgent assistance. No one should have to ring another number for assistance.

Boundaries need to be set around what constitutes an emergency. Hospitals should not be able to discharge on the assumption that the Gateway will refer and find services for patients being sent home as part of a hospital bed management strategy. The Gateway, however, should have the capacity to assist people needing urgent access to services, if needed by a consumer regardless of what 'should' have occurred through other parts of the health/aged care system.

The WA HACC assessment framework defines and provides access for urgent and emergency enquiries. It should be reviewed to see if the way it operates would be appropriate and transferable to the Gateway.

The Gateway should have a strategy for referring emergency calls and crisis situations (e.g. immediate threats to physical safety or suicidal thoughts) to more appropriate services, such as '000' or other crisis centres. Guidelines for how to deal with calls of this nature should be clearly documented and included in the contact centre staff training.

***Recommendation 3: The Gateway should have an emergency capability.***

## 2. Gateway Staff Skill Sets

The Gateway will provide information to older people and their carers as well as to the general public. In addition, the Gateway will eventually undertake assessment of needs and refer people to relevant services. These important functions will require employment of suitably trained staff and necessitate significant and ongoing investment in their training, as well as professional development to help retain staff and ensure consistency of process and outcomes for consumers. The traditionally high turnover rate of staff in the sector may lead to ongoing training costs and this should be reflected in funding considerations.

*What particular skill sets and characteristics would the community/sector highly value within Gateway staff?*

Gateway staff will require a range of different skills, such as the ability to engage effectively with older people, content knowledge and access to information, assessment skills, and technical capacity.

### Consumer Engagement

There is also agreement that Gateway staff must be highly skilled at engaging with consumers, requiring them to possess:

- Emotional intelligence;
- Good communication skills, excellent listeners, ability to converse easily with (and be understood by) older people, families and carers, ability to clearly provide factual information as well as support;
- Understanding of, and empathy for, people's situations and circumstances;
- An open non-discriminatory manner; and
- Cross cultural competency/literacy.

Gateway staff will need to receive training and support to identify and provide appropriate assistance to all consumers, including those with special needs as well as cognitive and/or mental health concerns. Gateway staff should be aware of the stigma associated with these conditions and should not rely on individuals to self-identify. There will need to be a clear protocol of how to provide access to appropriate services (including specialist) and assessment.

### Information and Knowledge

Gateway Staff must have knowledge of and access to a range of information, such as:

- The aged care sector more broadly;
- The specific requirements of special needs groups;
- Particular conditions (dementia, vision impairment, stroke etc.);
- Available aged care services and organisations, including specific and targeted services to treat certain conditions or support special needs;
- Non-aged care services and alternative information sources or services; and
- Health literacy, i.e. the ability to gain access to, understand and use information in ways that promote good health.

### Assessment Skills

Where Gateway staff are undertaking assessments additional skills will be necessary. The assessment framework (for further details see page 8) will require staff to assess for basic needs as well as undertake complex and holistic assessment.

However, the Department has indicated that Gateway staff conducting telephone assessments will not require any specific assessment qualifications. Alliance members are concerned that without qualifications staff will not be adequately skilled to perform telephone assessments or to recognise triggers for face-to-face assessments, such as special needs and/or cognitive impairments.

The Alliance strongly recommends that this decision be reviewed and that staff conducting assessments should have a set level of formal training and/or qualifications. There are however, mixed views among Alliance members regarding what level of qualifications should be required with some advocating for a minimum qualification (or equivalent experience) such as a Certificate III or IV in aged care.

### Technical Capacity

Staff will also need to possess IT literacy and computer skills to allow them to use the relevant databases and effectively guide consumers through the My Aged Care website where this is required.

The mix of required skills outlined above highlights the need for a multi-disciplinary staff team with a combination of aged care, customer service, and clinical experience (including health practitioners, social workers and other allied health professionals).

***Recommendation 4: Gateway staff should have appropriate qualifications, including being highly skilled at engaging with people and other organisations.***

***Recommendation 5: There should be a recruitment process in place that recognises the need for a multi-disciplinary team.***



### 3. Assessment Service

The core requirements of an assessment service will need to be considered in substantial detail. However, general recommendations and points for consideration are outlined below.

#### Proposed Assessment Framework and Tools

The full details of the proposed assessment framework are outlined in the University of Wollongong Centre of Health Service Development's (CHSD) June 2012 paper: A Model and Proposed Items for the New Assessment System for Aged Care.

Under this framework, information gathered during the initial contact will be used to ascertain what level of assessment may be required. There is an assumption in this assessment system that assessments are a continuous process in which a consumer may move through the hierarchy of assessed levels as needs are identified. Four categories of assessment are proposed as part of the assessment framework the Government is planning to implement:

- No Assessment needed – consumer has no need and requires no services;
- Level 1 – consumer has minimal needs, but does not require a comprehensive assessment;
- Level 2 – consumer has minimal to moderate needs and may require multiple services; and
- Level 3 – consumer has moderate to high, or complex, needs, or belongs to a special needs group, and may require comprehensive services.

Based on this framework level 1 assessments could be undertaken via telephone. However, the majority of level 2 assessments and all level 3 assessments will need to be done face-to-face.

#### The Alliance Response and Recommendations Regarding Proposed Assessment Framework

Assessments should have a restorative or wellness approach focusing on the person's health, physical and cognitive strengths not just their deficits. An independent assessment process will allow assessors to work towards, and advocate for, the best possible outcomes for the consumer and their carers, family, and representatives.

There is a risk that telephone assessments will lead to treatment of the presenting problem (rather than engagement with a reablement and wellness based approach) and this needs to be managed and monitored within the Gateway.

As much information as possible needs to be collected at the initial point of contact. However, it needs to be acknowledged that older people and their families will often reveal more over time than can be gained through an initial formal assessment process.

The information provided should be from the person (and the carer where relevant) who will be receiving the services as far as possible, rather than relying only on information from carers, or other involved parties, such as service providers or health professionals.

Any tools to be used in the assessment process must be sensitive to special needs groups, cognitive and behavioural needs related to dementia or mental health conditions, as well as continence and mobility issues. Cognitive deficits and behavioural issues have a major impact on the way services and support are provided and designed.

Care planning must also take into account issues around social isolation, particularly for individuals living alone.



The tools must also be culturally relevant and appropriate for people with cognitive impairments and behavioural issues. The Alliance is concerned that the proposed assessment framework and tools do not take adequate account of these issues, nor are they designed from a wellness/reablement approach or consumer directed care approach. This needs to be addressed prior to trialling the framework, which is currently scheduled to commence in March 2013.

***Recommendation 6: Assessments should be culturally and linguistically appropriate, inclusive of LGBTI people, suitable for people with cognitive impairments, sensory issues, and/or behavioural issue, and be sensitive to physical and mental wellbeing and ability.***

***Recommendation 7: The assessments should have a wellness/reablement focus in respect of both physical, sensory and cognitive capacities and be consumer directed and the proposed assessment tool should be further developed to reflect this prior to undertaking any trials.***

#### Assessment Process

There will a number of different assessment stages and processes, including:

- Initial contact and assessment conducted primarily through the Gateway;
- Additional assessments needed by service providers to tailor services/ supports to each consumer's (and carer's) specific needs preferences and aspirations;
- Ongoing reassessments; and
- A separate financial assessment process.

Wellness/reablement and the consumer directed care philosophy should be emphasised throughout these stages. To give full effect to this, the system's capacity to provide short-term reablement services should be enhanced.

Considerations and recommendations for each are outlined below.

#### Initial Contact and Assessment by the Gateway

A consumer contacting the Gateway may not require an assessment and may just be seeking information. Such individuals may need to be referred to a more appropriate information source, or non-aged care related provider/organisation. The Gateway should be available and prepared to assist with such requests.

The initial contact and assessment will determine whether the person is eligible for Government subsidies and services.

It may be pertinent to access information the person has already received, assessments previously undertaken, and any services the individual is current receiving at the initial point of contact. The Gateway may therefore, need to consider how to link with other services, such as health services, DVA or NDIS.

The proposed design of the Gateway introduces telephone assessment, which has not been widely used in aged care (with the exception of the Department of Veterans Affairs).

Telephone assessments will not work well for all consumers. Some people will have difficulty articulating their needs verbally to a stranger over the phone. Much will depend on the person's cognitive capacity language skills and/or cultural background. The ability for assessors to accurately ascertain needs may also be difficult without the assistance of visual clues.

There are also concerns that some consumers may not be able to make any phone contact (such as those with limited verbal communication skills, stroke survivors etc.) and alternate contact methods (letter, chat function on website, requests for assistance or representatives etc.) need to be developed.

The challenges associated with the use of telephone assessments must be acknowledged and a system, which recognises and overcomes them, should be put into place.

#### Face-to-Face Assessments

##### *In what circumstances would face-to-face assessment be required?*

There needs to be a process that identifies circumstances that would trigger a face-to-face assessment, including:

- Whether the person has a regular GP or other health professional;
- Whether there is an evident (existing) carer or contact person for the consumer;
- If the consumer has a hearing or speaking problem and can't communicate effectively over the phone;
- If the consumer has cognitive deficits that make it difficult to communicate;
- Where there are communication difficulties as a result of language barriers and the phone-based interpreter service does not assist; or
- If the consumer is in one of the special needs groups within the Aged Care Act.

There are a number of other scenarios in which, and consumers for whom, face-to-face assessment will be required:

- People with any level of cognitive impairment, to fully assess the cognitive symptoms, functional impact of impairment and behavioural symptoms, carer state, and determine whether dementia screening is needed (remembering that 50% of people with dementia are not diagnosed) and to see how the carer is coping;
- People with complex needs;
- People in remote areas or Indigenous communities where there is limited, or no, access to phones or the Internet;
- Situations where there are indicators of hoarding;
- Situations where there are indicators of sensory issues or mental health concerns; and
- Situations where there are indicators of elder abuse.

There also needs to be clarification around where, and how, face-to-face assessments will be conducted in the new system. The Alliance recommends that such assessments (undertaken by a relevant professional) should take place, where possible, in the consumer's own home.

***Recommendation 8: Limitations of telephone assessments must be understood and clear triggers for face-to-face assessments established.***

***Recommendation 9: Face-to-face assessment should occur in the consumer's own home wherever possible.***

## Additional Assessments Required by Service Providers

*Once referred, what level/type of assessment would service providers anticipate needing to undertake?*

Following an assessment the Gateway will provide the individual with information about relevant services, and support the consumer in making decisions about what services they will access to ensure the most effective support is provided. Service providers will need to continue to undertake some specific types of assessments<sup>1</sup>, including:

- Service delivery assessment, clinical, special needs (dementia, mental health/behavioural, severe sensory or vision impairment, OT/equipment requirements); and
- Home safety/workplace health and safety.

## Reassessment (ongoing assessments)

*What triggers reassessment?*

Consumers should always be able to request a reassessment if they deem it necessary. However, clear guidelines should be in place for both service providers and the Gateway to prevent numbers of reassessments becoming too onerous.

At a minimum, reassessments should be conducted annually. However, reassessment could also be triggered by changes in consumer needs (including achievement of reablement goals or a crisis/emergency situation) or circumstances (moving homes, health decline of carer etc). Additionally, a time trigger for reassessment may be used in cases where the person is relatively stable but has needs that could escalate quickly. Providers may request a reassessment and can also determine to include a set reassessment in the client agreement.

*Who undertakes the reassessment?*

Reassessment could be undertaken by direct service providers (as is currently the case) or by the Gateway assessment service. A consumer must be able to choose which body undertakes their assessment. Whoever conducts the reassessments should be appropriately skilled and have access to all the required information, including the client record (refer to page 17 to 18 for greater detail).

Clear guidelines for reassessments are needed, including transition guidelines that clarify the current role of ACFI assessments in residential care, as well as the merging of community care and residential care assessments over time.

It is critical that information from reassessments is shared between provider/s and the Gateway regardless of which body undertakes the reassessment.

Many consumers will have progressive and chronic conditions (such as dementia, macular degeneration, cardiovascular disease or Parkinson's disease) and there should be a commitment to ensure regular monitoring and/or reassessments for such clients by the Gateway or other relevant organisations to ensure the individual has access to an appropriate level of support.

There needs to be adequate resourcing to allow the Gateway to conduct both assessments and reassessments where appropriate and when requested by a consumer, in order to prevent the possibility of bottlenecks or time-delays at the Gateway.

<sup>1</sup>Ongoing service reviews are not part of the assessment process and are addressed in relevant program guidelines.

Monitoring, review and reassessment could be done by the service provider, acknowledging that direct care staff play an important role in day-to-day monitoring and will see changes that may require an assessment. If the service provider completes the reassessment, the Gateway could conduct desktop audits using a risk-based approach (as outlined by the Productivity Commission) to monitor integrity.

Referral back to the Gateway could be triggered (by the provider or consumer) if there has been a significant change in the older person's circumstances (e.g. a major health event or loss of carer), which requires a broader reassessment of the person's needs.

At any time a consumer must be able to request a referral back to the Gateway or to have an independent assessment.

***Recommendation 10: Reassessments may be conducted by the Gateway or service providers, but the consumers must be able to choose which body conducts reassessments.***

***Recommendation 11: Consumers must be able to request a reassessment at any time if they feel it is needed.***

#### Financial Assessment

Clarification around the financial assessment and approval process will be needed early in the design stages. Questions that must be addressed as a priority in the initial design stages include:

- Who will undertake assessment of an individual's capacity to pay;
- How these assessments will work;
- How prices for services will be set (and included in the *My Aged Care* website); and
- How consumers will be advised of the prices and fees they will have to pay.

The financial assessment process must be completed in a timely manner to prevent the creation of bottlenecks in the system and to allow the consumer to start receiving services as quickly as possible.

The financial assessment process must also be simple for older people and their carers to undertake. At the same time it will be important that consumers have a clear understanding of their financial obligations when facing decisions about which services and supports to access through the Gateway.

The Alliance recommends that the assessment of capacity-to-pay should be separate from assessment of need and entitlement and be undertaken by Centrelink/DVA.

However, research has shown that older people can be uncomfortable when dealing directly with Centrelink. Therefore, this function should be very much 'back of house' with the Gateway advising consumers about the process, information required and support available. In this way consumers can be better prepared for their interaction with Centrelink/DVA.

Research also shows that the majority of older people would prefer communication from Centrelink/DVA to be in written letters posted to their residence, not via phone or email. It is advisable that both the Gateway and Centrelink/DVA tailor communication for each consumer based on individual preferences.

### Financial Appeals Process

In the current system, consumers are able to appeal the Centrelink decision by requesting it be reviewed. If the outcome is still not satisfactory to the consumer or their representatives it is then possible to escalate the appeal to the Administrative Appeals Tribunal. Consideration should also be given to the use of alternate, more consumer friendly, avenues of appeal (such as the Social Security Tribunal) in the future system.

Information about advocacy services that could assist consumers through the review/appeals process should be provided by the Gateway.

***Recommendation 12: Financial assessments should be distinctly separate from needs assessment.***

***Recommendation 13: Financial assessments should be conducted by Centrelink/DVA.***

### Areas Needing Clarification and Development

Four assessment-related areas need further consideration and clarification as the Gateway is developed.

- Access to a Single Basic Service

There needs to be clarification regarding whether assessment through the Gateway is required in every case or if there will be some situations where an assessment through the Gateway system is not appropriate and would be considered excessive assessment in relation to the level of service required (such as gaining access to a low level of a single basic service). There may need to be a system in place that allows people to access a single service directly from the service provider in order to prevent long waiting times and 'bottlenecks' at the Gateway.

If single services are to be accessible without Gateway assessment, consideration should be given to a method by which such service provision is still linked to, and included in, the Gateway record keeping systems should be developed.

- Ineligible Consumers and Service Unavailability

Clarification regarding what processes/support will be offered to consumers that are deemed ineligible for services through the assessment process is required.

The role of the Gateway in managing waiting lists, as well as supporting people who have been assessed as needing a service but are unable to access one due to availability issues and how this will be communicated to the consumer, also need to be determined. Processes for reassessment should be considered as consumers' needs can escalate while they are on a waiting list.

The role of the Gateway in providing information and referrals (including their inclusion or exclusion on service waiting lists) to consumers who are ineligible for financial support but are willing to pay for services, also needs clarification.

- Use of Assessment Data for Planning and Monitoring

Additionally, information from the overall body of assessments could be used to determine the effectiveness of the assessment and referral systems, as well as form the base for future refinements. However, strict protocols regarding the security and privacy of consumer records must be in place and consumers must be provided with a clear opportunity to 'opt out' of their records being used for data planning/monitoring purposes.

- Ongoing Financial Monitoring

Consumers' progress through annual and lifetime contribution caps will be recorded, monitored and included in client records. However the role of providers and Centrelink in this area requires further clarification.

- Transition Arrangements

There are significant system transitions required to establish the Gateway. Assessment funding is currently provided to the jurisdictions to assist in carrying out ACAT assessments for Commonwealth Government subsidised aged care services. HACC and NRCP service providers also carry out assessments as part of their intake processes. The contracts for these services continue until 1 July 2014 and 1 July 2015 for some HACC services.

There will need to be extensive consultation with the jurisdictions and services on the funding, the staffing issues and the contractual arrangements so that there is a seamless transition to the new processes for consumers, assessors and service providers. This consultation will also ensure that assessment services are even more effective at providing the right expertise to the right people in the right way at the right time.

#### 4. Referral Service

Referrals must be made based on the best interests and preferences of the consumer. That is, consumers should be able to choose, and be referred to, services and providers that best reflect the consumer's individual needs.

Timely access to services is critical as it can prevent further deterioration of consumers' wellbeing and capacity for reablement. A marker system, representing urgency of consumer need, in order for priority for services to be given to those consumers whose need is most urgent should be a feature of the assessment and referral process. Urgency in this context is not only related to the complexity or severity of need, or the amount of services required. Rather, urgency relates to the importance of immediate service provision in achieving consumer goals and outcomes.

The referral service would enable people to either approach services directly or authorise the Gateway to do so on their behalf.

A feedback loop will operate so that the Gateway is aware of the service provision outcomes in order to update the consumer record, allowing Gateway staff to keep availability up-to-date.

Clear guidelines, policies and protocols will need to be in place about the referral process, including the respective roles of the Gateway, and individual providers. This will be developed in consultation with providers.

These guidelines should include a responsibility for providers who feel that referred consumers that have been inadequately assessed at the Gateway (e.g. cognitive impairment, sensory impairment or mental health issues have been missed due to a telephone assessment process) are referred back to the Gateway for another assessment.

Referral guidelines will be particularly important for people who will need case management, as well as those with progressive chronic conditions. Responsibility for case management must be identified and agreed upon between the person, the Gateway and the service provider/s. It is suggested that responsibility for case management remains with the Gateway until the service is active.

LLLB policy requires the case management of ‘vulnerable consumers’ to remain at the Gateway. A workable definition of ‘vulnerable’ in this context will have to be developed, and guidelines put in place to ensure that the Gateway is in a position to deliver effective case management of this type.

*How can we best design the service referral to ensure it supports service planning and appropriately mitigates/removes duplication in service assessment (e.g. client retelling the same story)?*

A time-stamped consumer record (possibly including a consumer record summary) will partially avoid consumers needing to repeat themselves as they move through the Gateway process. However, there will still be situations where questions may have to be repeated by different clinical specialists for valid reasons and consumer expectations will need to be managed in this area through open communication.

The Gateway systems should be effective in allowing adequate information to be kept in a process that is not overly time-consuming or burdensome. However, a balance may have to be struck between the burden of up-to-date record keeping and the need to keep consumer records as accurate and current as possible.

***Recommendation 14: Referrals should be developed in partnership with consumers, based on the best interests and expressed preferences of consumers, and priority given to those whose needs are most urgent.***

***Recommendation 15: Guidelines for consumer directed policies and protocols for referral should be developed as a priority.***

## 5. Matching Service and Service Catalogue

DoHA proposed the development of a service catalogue that would form part of the Gateway and could be used by its staff to make referrals, as well as by consumers to help them identify and approach services that could assist them. The service catalogue should also be available in hard copy, and in a number of different languages and accessible formats, so that people who can’t use it online will still have access to it.

*How can we best approach the development of the Service Catalogue in partnership with providers?*

The Gateway will operate in a system that will be increasingly consumer directed and led. At a bare minimum any service catalogue would need to be developed with both consumers and providers.

It will be vital and essential to ensure that the quality, detail and style of the catalogue are accessible and appropriate for the audience reading it. This should include a translator service and/or the availability of service catalogues in different languages.

The information in the catalogue will need to be clear, concise and consistent, as well as easy to search and navigate online. A system to allow providers that offer multiple services to clearly and easily display that information will need to be developed as part of the catalogue system design.

A robust process will need to be in place to ensure that the information is maintained and updated as required. Information on service availability and waitlists will need to be available in real time. This will be a challenge and will need to be addressed in the IT system design and quality assurance processes.



It will be important to ensure that a service catalogue does not limit the types of services and support consumers choose or providers offer. There is a tension between making the service catalogue generic enough to enable individualised and flexible responses, whilst providing specific descriptions and examples to help consumers understand what is available to them.

The service catalogue should be based on needs, rather than service types, so that consumers are able to identify what they need assistance with. For example, a title may read: “I need assistance with meals”. The following section would then detail the supports and services (such as delivered meals, shopping, assistance with meal preparation, or social options), as well as the providers that offer such services. Information on the services available will need to be populated by the service providers.

This approach enables consumers to choose particular providers to deliver the different services they need, or to select one provider to meet those needs. This approach would also work well in rural and remote areas where there may not be a wide variety of service providers.

*What type of information would consumers consider to be vital within a service catalogue?*

Information older people, their carers, and families are likely to want will include:

- A full understanding of the options that will help them meet their needs and goals;
- Clear description of services and supports available, as well as the hours of operation;
- Information on all providers that can assist them;
- Whether the service meets relevant standards (this needs to link into the development of quality indicators);
- Availability and waitlists;
- Cultural and religious affiliation/s of organisation (if any);
- Service speciality areas such as ethno-specific or LGBTI-inclusive services;
- Costs;
- Locality; and
- Staff diversity (language, gender etc.).

Consumers should be consulted at each stage of development of the service catalogue.

Future consideration could be given to enabling a process by which consumers may comment on their experiences of services and have these reflections included in the *My Aged Care* website, as part of a peer education/information service to assist consumer choice.

***Recommendation 16: The service catalogue must be developed based on consumer needs rather than service types.***

***Recommendation 17: The service catalogue should be developed with service providers and consumers, to be clear, accurate, accessible, and should not apply limits to the types of services available.***

## 6. Client Records

Records must be password protected with very clear guidelines about:

- What is to be included;
- Who can access and/or update consumer records; and
- The process for informing, and gaining permission from, consumers and carers about record creation and maintenance.

The record and associated process must be built around consumer control and empowerment. Thus, the Alliance recommends the use of the term 'Consumer Record' rather than 'Client Record'. This would reflect that the record belongs to the consumer as well as prevent any confusion between the existing ACAT system terminology and the new Gateway system.

The consumer owns their own records and should also have control over who else (service providers etc.) has access to them. For this to occur there needs to be a stage in the assessment or initial contact when consumers have a chance to give or deny permission, as well as a process for those who do not give permission for their information to be recorded or shared. Consumers should also be given a reference number at their initial point of contact that they can use to track their record.

It may be necessary for the system to have the flexibility for consumers to choose to share only some aspects of their records with particular parties. Some consumers may not wish to release information they consider to be sensitive to parties with which they have no prior relationship.

The consequences of not providing access to client records or not providing information must be made clear to consumers, as this may mean they will have to continue to answer the same questions, and make it more difficult for them to gain access to the most appropriate services in the timeliest manner.

During the assessment stage consumers need to be informed of:

- What the consumer record will be used for (planning, funding, vacancy/waiting list management etc.); and
- Who may, with their permission, have access to it, including Gateway staff, service providers, health professionals, etc.

Consumers also need to be informed verbally that they have the choice to decline to answer sensitive questions over the phone and can request a face-to-face assessment to discuss sensitive personal information. In addition, consumers have the right to have an independent advocate present to assist them in the presentation of their needs and should be informed of this before an assessment commences.

The possibility and practicality of linking consumer records to Personal Controlled Electronic Health Records should also be considered.

*What should be included in assessment/client record?*

Information that should be incorporated in the consumer record would include:

- Consumer's personal (including preferred name) and demographic information (including sexual orientation and/or gender identity);
- Consumer identification verification;
- Carer and representative details, including emergency contact;
- Consent and authority to share info;
- Assessment history;
- Approvals and eligibility for services;
- Referral record;
- Current and previous services provided;
- Relevant wellbeing, health and functional information;
- Consumer's, needs, choices, aspiration and goals;
- Consumer's self-rating of wellbeing; and
- Financial contributions, including progress through lifetime caps.

Noting any challenging behaviour (as well as the person that reported the challenging behaviour and any recommended actions to deal with the challenging behaviour, i.e. two staff members may need to attend etc.) would be useful within a consumer record. Given that the record belongs to the consumer this information would need to be sensitively recorded. There should also be carer records that would be separate from consumer records, but linked in the system.

***Recommendation 18: The name "Consumer Records" should be used to reflect an emphasis on consumer control.***

***Recommendation 19: Consumers own their own records and should have control over who else has access to them.***

***Recommendation 20: Clear guidelines governing creation and management of the records need to be developed.***

## Section III – Design and Implementation Considerations

### 1. Maximising Industry Linkages and A Coordinated Approach

A serious commitment to coordinating services, team-work and linkages between service providers, professionals working in aged care, health, disability, advocacy and other related areas; consumers and consumer advocates; and the Gateway, will be absolutely essential to maximise resource use and avoid overlaps and repetition of assessment and service provision.

- With Service Providers

Strong networks and relationships will need to be built with service providers to ensure that Gateway staff have a thorough understanding of what is available to inform and support consumer choice as well as the matching and referral process. These networks will create a culture of trust and acceptance regarding the accuracy of the referral and assessment information provided.

Care must be taken to ensure that no conflicts of interest arise in the referral process as a result of the development of strong linkages with services.

- With the Health Sector

The wellness and reablement model also requires linkages with the health sector (including medical professionals and Medicare Locals) to:

- Optimise health and wellbeing;
- Ensure major health issues are assessed accurately;
- Avoid provision of services targeting deteriorating function (when symptoms are potentially reversible); and
- Avoid duplication of services and information.

Health professionals may also link or refer consumers to the Gateway and potentially give information that would complement and/or enhance Gateway assessments.

Additionally, information held by the Gateway may need to be shared with others (such as GPs and health care professionals) to ensure the full support network is up-to-date and working towards the persons stated goals. This would include a system that allows an opportunity to diagnose and treat potentially treatable or ameliorable conditions by triggering specialist medical, nursing or allied health involvement.

There may also need to be linkages and operational protocols developed between discharge planning in hospitals and the Gateway to ensure that consumers do not sit in hospital unnecessarily for days awaiting referrals or assessments. This is particularly important as a significant number of older people enter residential facilities directly from hospitals. To address this there may need to be some form of direct access or streamlined process to allow older people to leave hospital and enter more appropriate care as quickly as possible. Protocols to protect and respect the needs and aspirations of older people (for example, to ensure they do not have to accept options just so they leave hospital quickly) may also need to be put into place. Cross sectoral communication will enable a more coordinated transfer of care to ensure these older people do not get 'lost' in the system. Medicare Locals may be well placed to assist in the coordination of this care.

The Gateway also needs to have good linkages and working relationships with agencies involved in supporting people with cognitive impairment and/or mental health issues. There should be clear protocols on when individuals should be referred to outside agencies and what types of supports and services will be provided through the Gateway and through external agencies.

- With Department of Veterans Affairs (DVA)

The Gateway needs to have links with DVA, to ensure that veterans receive the most appropriate care/packages, whether this is part of DVA programs or the wider aged care system. Referral systems between the Gateway and DVA will need to be developed.

- With the National Disability Insurance Scheme (NDIS)

There should be clear assessment processes and protocols for the interface between the NDIS and the aged care system. Interaction between Gateway and NDIS assessment staff should be established to improve access to knowledge.

- With Social, Care Support, Advocacy and Information Services

There will also need to be linkages with broader social services, such as counselling and mental health services, financial assistance and welfare rights services, housing services for homeless

older people, carer support services, and social inclusion services and opportunities. Additionally, linkages to advocacy services (including a limited follow up service for people assessed as not being able to advocate for their own needs) are required.

There will also need to be linkages to disease specific organisations and carer support organisations which can provide specialised information, support and counselling.

***Recommendation 21: The Gateway should make a serious commitment to utilising and working cooperatively with existing networks, as well as building new networks in order to maximise industry networks and resources.***

## 2. Special Needs Groups

The focus on consumer directed systems will mean that everyone, including all special needs groups, will be treated on an equitable and appropriate basis. A number of consumers seeking aged care services may fall into one or more special needs categories.

However, during the development and transition period, consideration must be given to the needs of special groups in designing the Gateway system. Such groups include those in rural and remote locations, the homeless, Aboriginal and Torres Strait Islander people (ATSI), Lesbian Gay Bisexual Transgender and Intersex (LGBTI) individuals, those from Culturally and Linguistically Diverse (CALD) backgrounds, veterans, including spouses, widows and widowers of veterans, people with disabilities, as well as individuals with mental illness or cognitive impairments, and people who are blind or vision impaired.

The issue of consumers 'opting-out' of the system was experienced during the roll out of the WA HACC assessment framework. This highlighted that some vulnerable consumers (such as those listed above) may need to have simplified pathways and direct face-to-face access.

It is important that identification of such individuals happens as early, and as sensitively, as possible. For some, this can happen almost immediately by including an initial set of questions or a self-identification 'tick box' system. This early identification should allow these consumers to be matched with assessors with adequate skills in the initial contact stage.

Consideration will also need to be given to consumers who do not wish to self identify but require specific assistance.

In some locations, and for some groups, the Gateway may seek to contract assessment to people who have particular expertise or pre-existing relationships with the older person and their carers.

Industry linkages will have particularly importance for the experience of special needs groups, as referrals and team approaches with various services (such as housing services for homeless individuals) will be necessary for successful interaction with the Gateway.

### Rural and Remote

Specific consideration needs to be given to how the Gateway model operates in rural and remote areas. Issues will include:

- Access to IT (Internet and phones);
- Distance from services;

- Resourcing for face-to-face assessments; and
- Being particularly alert regarding privacy issues, Gateway staff need to have in mind that in very small communities sharing certain information may expose the identity of certain consumers.

The WA Assessment Framework has had to grapple with these issues and the system operates differently in metropolitan areas than it does in the South West and the Kimberley regions. This model should be examined for applicability to the national Gateway system.

Existing Telehealth centres in some rural and remote areas could possibly be utilised to provide video contact for face-to-face assessment. Additionally, linkages to a range of existing services may need to be engaged to ensure rural and remote consumers have access to timely assessments and service provision.

### LGBTI

Consideration needs to be given to the access and experience of the Gateway by LGBTI consumers. The DoHA has released a *National Lesbian, Gay, Bisexual, Transgender and Intersex Ageing and Aged Care Strategy*, and this should form the basis of the approach to the active inclusion of LGBTI individuals in the Gateway system.

There are complexities and sensitivities regarding the collection and use of demographic information (particularly regarding sexual orientation and gender identity), and effort must be made to ensure that this is done in a way that is inclusive of LGBTI people.

LGBTI awareness, acceptance, and sensitivity should form part of training for Gateway and assessment staff. Such training will include the appropriate use of pronouns and awareness of life experiences, health disparities and care needs of LGBTI people. Additionally, the language in all Gateway communications and documentation should be inclusive of LGBTI people.

Strategies should be developed in consultation with LGBTI communities to ensure that the Gateway uses clear, visible indicators to identify aged care, respite and carer support services with specific expertise/interest in meeting the needs of LGBTI people. Additionally, linkages to support and advocacy services should also be made available for LGBTI consumers. This will enable consumers to readily identify LGBTI inclusive aged care providers; and for aged care assessors or case managers to refer prospective clients efficiently and appropriately.

### CALD

Ethno-specific and multi-cultural strategies that enable CALD older people to have the confidence to access and use the full range of ageing and aged care services need to be developed:

- The Gateway should employ multi lingual staff and people who are culturally competent and familiar with particular cultural norms;
- The use of various communication mediums;
- Training of, and connections with, the a telephone interpreting service (to be tendered as part of National Contract Centre design);
- Connection to messages in a variety of languages that enable appointments to be set with staff that can speak the required language; and
- Linkages to CALD services including advocacy services.

The DoHA has released the *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse Backgrounds*, and this should form the basis of the approach to the active inclusion of CALD individuals in the Gateway system.

Additionally, the Federation of Ethnic Communities' Council of Australia has recently completed the *Cultural Competency in Australian Government Departments: A Snapshot*. When this document is made available to the Department for use in their work on developing Gateway protocols and processes, it should be of great use in the planning, development and implementation of the Gateway.

#### ATSI

Some of the issues raised in the CALD and Rural and Remote discussion are also relevant to ATSI access. However, there are specific issues that must be addressed in the development, design and implementation stages that will have significant implications for the successful utilisation of the Gateway by Indigenous Australians.

The Alliance will make additional comments when further details of the Gateway design are finalised.

#### Vision Impairment and Blindness

All print and online information provided should be provided in large print, audio and/or Braille and follow the protocols for accessibility, including providing forms in a format that can be used by specialist reading software.

#### Cognitive Impairment and Mental Health

Based on the current ageing population, it is probable that a majority of aged care consumers will have some form of cognitive impairment or a mental health issue. The issues of appropriate staff training, appropriate assessment, and adequate linkages with relevant outside agencies all need to be addressed to ensure that the Gateway can provide appropriate support to people with cognitive and mental health concerns, including non-dementia related impairments such as stroke survivors.

The Gateway must also ensure that individuals with dementia (and their carers) are supported to express their needs, preferences and goals. This should include advocacy as well as support for carers/family members/delegated independent person to take on this role.

There is significant expertise in the aged care and disability sectors in recognising expectations and preferences of people with impaired communication and cognitive capabilities. This expertise could be used to support the extension of consumer led decision-making in the aged care system.

***Recommendation 22: The Gateway must provide equity of access and appropriate services to individuals with special needs by ensuring adequately trained staff, appropriate assessment and referral, access to supported-decision making, and strategies to monitor their ongoing needs.***

***Recommendation 23: The development and operation of the Gateway must have strategies to identify and engage groups and individuals with special needs.***



### 3. Assistance for Providers

The assistance needed by providers will not be able to be fully identified until the Gateway model and interrelationships with services are fully identified. However, the Alliance can make some general comments based on change management principles and previous experience in trying to implement different assessment processes in various states and/or funding programs.

*What support would service providers need to embed the assessment tool and update to client records into their standard operating practice?*

Additional financial resources (potentially a one-off or time-limited grant) for providers will be required to support system change and staff training (training is further discussed below)

*What are the critical factors for rolling out assessment tools to service providers?*

There are a number of factors to take into account in rolling out new assessment tools, but the three critical issues are lead-time, training, and resourcing.

#### Lead-time

Adequate lead-time is needed to ensure that support for effective implementation can be put in place. Support will need to include:

- A training program for all relevant staff;
- Design and development of reliable integrated technology (specifications, systems and software) for interface between providers, the Gateway and assessment agencies (if contracted by the Gateway), as well as other relevant systems e.g. Veterans' services, Health Sector, Disability Services, Advocacy services, etc.;
- Development of procedures and guidelines that are simple and that align with the other relevant provider guidelines (e.g. data collection);
- Referral protocols; and
- Quality and legal issues (e.g. duty of care, privacy, etc.) related to providers accepting assessments undertaken by a third party.

#### Provider Training

Training for all relevant staff is critical. Different methods of training should be available, including self-paced, on-line options and linkages with training institutions.

Service provider staff may also need to have some training on how to use the assessment information from the Gateway in a way that adds value. Provider staff will need to use the assessment as a prompt to get further information that allows the consumer record to be built on for service delivery purposes.

#### Resourcing for Providers

There is no escaping the fact that system change costs money and an appropriate financial and resourcing package will be required to support implementation. There have been a number of attempts to introduce nationally consistent assessment and referral systems, most of which have failed due to insufficient resourcing combined with a lack of real will to achieve change. There will be costs associated with:

- Training and education of staff (within the Gateway and/or individual providers);
- New sophisticated and/or revamped IT systems (including realignment of existing systems to interface with the Gateway), infrastructure and software, which are integrated and universal to avoid uploading, overlap and duplication of data entry;
- Implementation/operationalisation of new guidelines, procedures and protocols; and
- Participation in trials (including specialised services in which two systems may need to operate at the same time).

Some of these may be one-off or time-limited costs. This would need to be determined as part of the trial and implementation plan.

Decisions about the operation of the Gateway will dictate costs, as well as which parties will have costs to bear. Examples include:

- Assessment - if all assessments are to be undertaken by the Gateway the Government will bear the full cost of training for all relevant staff. In such a system costs to providers are likely to be in changing technology (and related staff training) to interface with the Gateway and implementing new procedures related to that interface.
- IT – options include a fully Government designed, implemented and funded system or an integrated system where Government specifies requirements and enables the market to meet those requirements. In an integrated system, software developers and individual providers will bear the costs.

***Recommendation 24: Service providers must be given adequate lead-time, thorough training, and sufficient resources to manage the transition to the Gateway system.***

## 4. Adequate Investment in Technology

The importance of adequate investment in the technology of the Gateway system cannot be underestimated. Insufficient investment in technology was a key obstacle in the WA Assessment Framework roll out, as well as the implementation of e-records in GP networks. Lessons need to be learned from these experiences so that the same mistakes are not repeated.

In addition bringing the IT requirements and policy framework together must be done as early in the process as possible to ensure they inform each other and reflect what will actually be possible to achieve.

There are concerns that the Gateway could become a ‘bottleneck’ causing long waiting-times for assessment, re-assessment and referrals. Substantial investment in the creation of quality and efficient IT systems and e-health should assist in streamlining this process.

It will be crucial that the IT systems can enable effective information transfer between the Gateway and all providers. This will need to be automated as manual uploading of data from providers will be unsustainable. It will be important to ensure that the new system is more efficient and places less administrative burden on providers over time. The ability for providers’ IT systems to integrate with the Gateway, eliminating the need for manual data uploading or duplication of data for different funding programs, should see longer term savings in the system.

Thus, DoHA should study similar systems, such as the access point projects, the Veteran Home Care program, and the Primary Care Partnerships in Victoria, to understand the issues that need to be addressed. The WA assessment framework is also instructive, as it has gathered information from both the consumer and provider perspectives. Consumers have increasingly complained about the complexity of the process, information duplication, length of time taken and feeling disconnected from the process as a result. Providers have also identified notable ongoing issues, such as extensive time frames for the process creating bottlenecks, inadequate resourcing of assessment and referral, lack of quality and consistency of the assessment documentation, as well as lack of in/formal collaboration between assessment and provider organisations.

## 5. Resourcing the Gateway

The Gateway (as outlined in DoHA papers) is more comprehensive than initially described in the LLLB package. The Alliance welcomes this as it fits with what many consumers have indicated that they want and what the Alliance has argued for in its Blueprint. However, there must be adequate resourcing to fulfil all of the outlined functions and improve people's experience of the system.

It will be crucial to utilise existing linkages between services, such as those with Carers Australia and Alzheimers Australia, to ensure that carers and people living with dementia are well supported. This will maximise resources and avoid building new linkages where there are functional networks already in place.

***Recommendation 26: Resourcing will have to be substantial to ensure the successful implementation of a project of such a large scale.***

## 6. Marketing the Gateway

Resources also need to be made available for a strong, multi-faceted, on-going, and high profile marketing campaign. This will be important to ensure people are aware of, and access, the Gateway website and call-centre. Without such promotion people will continue to access the system as they do now, as was indicated by an evaluation of the WA HACC Assessment Framework, which showed that after 10 months of operation 54% of people continued to access the system through a local provider.

Effectively marketing the Gateway to special needs groups, such as CALD and LGBTI communities may pose some specific challenges, and particular marketing strategies (such as the use of ethnic or LGBTI print and radio media) may need to be considered.

***Recommendation 27: Extensive promotion and marketing (including a strategy to identify a range of marketing media for both the general population and special needs groups) will be needed to ensure adequate consumer uptake of the Gateway.***

## 7. Performance Monitoring

The Gateway will perform a pivotal role in the operation of the future aged care system. It is essential that it performs this role effectively and efficiently. In order to support the ongoing evaluation of the Gateway's performance and to inform the ongoing development and improvement of its operations, appropriate performance indicators and standards need to be developed, monitored and published.

***Recommendation 28: Appropriate performance indicators and standards for the operation of the Gateway will need to be developed, monitored and published.***

## 8. Gateway Implementation

The Gateway represents a major structural change that has the capacity to reduce the current duplication of roles and systems. It is being implemented in stages and the Alliance has considered what is critical in 2013 for successful implementation from day one of the Gateway operations and then what is required beyond the first year of operation.

The areas the Alliance sees as clear priorities for 2013 are:

- Clearly defining the scope of the Gateway;
- Develop a clear transition process;
- Developing the consumer record keeping systems;
- Having the service catalogue ready and available from the commencement of the Gateway;
- Clarification around the service providers' assessment role, the tools they will use, and the proposed roll out method;
- Ensuring the skill set of Gateway and Gateway staff is adequate for the intake, initial and subsequent assessment stages;
- Ensuring communication materials are clear and in plain and accessible language;
- Ensuring the *My Aged Care* website is comprehensive, relevant, and easy to navigate;
- Promoting and marketing to ensure consumer uptake of the Gateway system;
- Establishing extended hours of access to accommodate urgent cases;
- Developing a 'red flag' system of marker cases to ensure timely referrals in special cases (i.e. mental health) quickly;
- Creating national consistency by addressing the WA/VIC situation and clarifying how the system will operate in these states; and
- Acknowledging and addressing the emotional and psychological aspects of ageing and accessing aged care services.

Priorities for post-2013 include:

- Method for updating information on the Gateway systems;
- Good collection/use of data;
- The establishment of quality indicators;
- Establishment of co-assessments/self-assessments that are empowering for consumers;
- Evaluation of consumer directed care, including examining whether the goals of the consumer have been met;
- Plan, and take seriously, a review and adjustment of the Gateway system;
- Quality Monitoring and ongoing oversight of the Gateway. Including an avenue for feedback regarding the Gateway's operations to date; and
- Adapting the assessment tool in line with feedback and experience.

## Section IV – Recommendations

This paper presents the Alliances interim advice on the operation of the Gateway based on current available information, and will be updated as required. The ideas and views on the service delivery model of the Gateway will continue to develop as further details of the system design are discussed and finalised.

***Recommendation 1: The national contact centre should have availability outside standard business hours, including availability on weekends.***

***Recommendation 2: The exact hours of availability should be based on both previous experience in existing similar call-centres and demand patterns displayed during trials and initial operation stages.***

***Recommendation 3: The Gateway should have an emergency capability.***

***Recommendation 4: Gateway staff should have appropriate qualifications, including being highly skilled at engaging with people and other organisations.***

***Recommendation 5: There should be a recruitment process in place that recognises the need for a multi-disciplinary team.***

***Recommendation 6: Assessments should be culturally and linguistically appropriate, inclusive of LGBTI people, suitable for people with cognitive impairments, sensory issues, and/or behavioural issues, and be sensitive to physical and mental wellbeing and ability.***

***Recommendation 7: The assessments should have a wellness/reablement focus in respect of physical, sensory and cognitive capacities and be consumer directed and the proposed assessment tool should be further developed to reflect this prior to undertaking any trials.***

***Recommendation 8: Limitations of telephone assessments must be understood and clear triggers for face-to-face assessments established.***

***Recommendation 9: Face-to-face assessment should occur in the consumer's own home wherever possible.***

***Recommendation 10: Reassessments may be conducted by the Gateway or service providers, but the consumers must be able to choose which body conducts reassessments.***

***Recommendation 11: Consumers must be able to request a reassessment at any time if they feel it is needed.***

***Recommendation 12: Financial assessments should be distinctly separate from needs assessment.***

***Recommendation 13: Financial assessments should be conducted by Centrelink/DVA.***

***Recommendation 14: Referrals should be developed in partnership with consumers, based on the best interests and expressed preferences of consumers, and priority given to those whose needs are most urgent.***

***Recommendation 15: Guidelines for consumer directed policies and protocols for referral should be developed as a priority.***

***Recommendation 16: The service catalogue must be developed based on consumer needs rather than service types.***

***Recommendation 17: The service catalogue should be developed with service providers and consumers, to be clear, accurate, accessible, and should not apply limits to the types of services available.***

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***Recommendation 22: The Gateway must provide equity of access and appropriate services to individuals with special needs by ensuring adequately trained staff, appropriate assessment and referral, access to supported-decision making, and strategies to monitor their ongoing needs.***

***Recommendation 23: The development and operation of the Gateway must have strategies to identify and engage groups and individuals with special needs.***

***Recommendation 24: Service providers must be given adequate lead-time, thorough training, and sufficient resources to manage the transition to the Gateway system.***

***Recommendation 25: The IT system must be fully automated and sophisticated enough to eliminate manual up-loading of data, as well as efficient enough to prevent bottle-necks forming at the Gateway.***

***Recommendation 26: Resourcing will have to be substantial to ensure the successful implementation of a project of such a large scale.***

***Recommendation 27: Extensive promotion and marketing (including a strategy to identify a range of marketing media for both the general population and special needs groups) will be needed to ensure adequate consumer uptake of the Gateway.***

***Recommendation 28: Appropriate performance indicators and standards for the operation of the Gateway will need to be developed, monitored and published.***



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





## Aged Care Gateway Service Charter (Draft)

*The Gateway Service Charter will be designed to be a plain English guide for consumers to assist them in understanding the role and purpose of the Gateway and to help them navigate the Gateway process. The service charter should be translated into a range of languages to ensure equity of access for CALD consumers.*

*This is a draft of what a service charter may look like. It is reflective of the current available information about the Gateway at this point in time and will evolve as further details are developed.*

### AGED CARE GATEWAY SERVICE CHARTER

Welcome to the Aged Care Gateway.

The Gateway is here to give you information and help you find the best services for yourself or someone you care about. It may be the first time you have had to look for aged care services. You may already be getting a service and want to see what else is available. You may need additional services. Whatever your situation is the Gateway is here to assist you.

Our information is available on:

The My Aged Care website *add in web address*; or

By calling 1800 XXX XXX between *add in opening hours*.

We have information on:

- Services you can have in your own home such as:
  - Help with cleaning and other household chores
  - Home maintenance and modifications
  - Meals
  - Nursing and personal care
  - Therapies
  - Social support
  - Counselling
  - Support for carers
  - Support for people living with dementia
  - Respite (time out)
- Residential aged care services including:
  - Where they are
  - The support they provide, including respite care
  - Any specialities – such as cultural or dementia specific care

We will work with specialist organisations, including multicultural, dementia and carer support services, to make sure the best possible information and support is provided to you.

We can point you in the right direction for information on other services you might need such as:

- Healthy ageing
- Health
- Community services
- Financial and legal advisory services

We will assess your needs so you know what Government funded services you can have and which ones will suit you best. Then we will connect you to the organisations that can provide them. We will also tell you about any fees or charges you will be asked to pay and help connect you with Centrelink or DVA for a financial assessment.

The assessment will create your own personal electronic record to keep all your information together. You can give permission to Gateway staff to share your record with the services you want so that you don't have to keep repeating your story.

*What you can expect:*

- Prompt and confidential services
- Polite and helpful staff
- Clear and up to date information on the services that are available
- Information in other languages if you speak another language
- Information in other formats if you have hearing difficulties or a vision impairment
- An assessment so you know what Government funded services will be best for you
- Help to find the services that are right for you
- Your own personal electronic record to keep all your information together

*We will always:*

- Inform you about your choices, rights and responsibilities
- Respect you and the choices you make
- Respect and support your cultural background, sex, sexual orientation or gender identity
- Respect your right to have an advocate
- Protect your personal information

*We will not:*

- Ask you the same questions over and over again
- Give your personal information to any person or organisation without your permission
- Seek information about you from another person or organisation without your permission

*You can help us to help you by:*

- Giving us accurate information about yourself, your needs and situation
- Giving us feedback on how we can improve our services or how we can help to fix a specific problem

*Add Gateway contact details*

*Add interpreter information/National Relay service etc.*