Central and Eastern Sydney PHN: Response to Consultation paper 1 – Aged Care Program Redesign: Services for the Future.

CESPHN appreciates the opportunity to provide feedback to the Royal Commission into Aged Care Quality and Safety (the Commission) Consultation Paper 1. CESPHN is the largest by population of Australia's 31 Primary Health Networks, covering over 1.5 million people. The CESPHN region has 164 Residential Aged Care Facilities (RACFs) and 14% of its population (209,287) is aged 65 and over. CESPHN also has over 2000 General practitioners and approximately 10,000 Allied health professionals in its region of whom a significant number provide care to older people.

CESPHN welcomes the consultation paper which aims to provide empowerment and purpose to older Australians through improvements in aged care system and program redesign aimed at meeting the challenges of delivering aged care to an ageing Australian population now and into the future.

CESPHN strongly recommends that any changes to the aged care system must include older people and their families at the centre of any redesign and support and encourage primary care providers to deliver optimum care for older people.

With respect to the key questions set in the consultation paper CESPHN provides the following comments at **Attachment A**.

It is noted the Royal Commission will be convening workshops with authors of selected submissions from this consultation process in early 2020. CESPHN welcomes the opportunity to provide further input into the role our PHN can play to assist aged care reform for the benefit of older people within our regions.

CESPHN is ideally positioned to assist the co-design of assessment, navigation supports and supporting service infrastructure in their regions and the connecting and strengthening of new program design between the interfaces of aged care, health care, social and disability sectors.

For further information please contact Dr Brendan Goodger, General Manager Primary Care Improvement at b.goodger@cesphn.com.au

Yours sincerely,

Michael Moore
CEO CESPHN

Attachment A

1. *What are your views on the principles for a new system, set out on page 4 of this paper?*

CESPHN strongly supports the proposed design principles. In particular CESPHN acknowledge the need for a new system to be based on care anchored within a human rights framework delivered by a supported workforce that respect the rights, choices and dignity of older people. With finite resources it is important that older people and their families are consulted and are part of any redesign process.

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

In your response, you may wish to consider the following:

- **In what ways could the aged care system be made easier to access and navigate?**

A major failure of Australia's current aged care system is its high level of complexity which is a barrier to timely and equitable access to services by older people. CESPHN supports reform strategies that clarify funding responsibilities across different tiers of government to reduce the systems complexity, and thereby enable services to have clearer mandates to deliver care based on the actual needs of older people.

To assist older people to access and navigate the aged care system CESPHN supports provision of greater health information to older people through the introduction of locally engaged face to face support navigators, supported by a website and local 'My Aged Care' contact centre. These navigators and care coordinators could provide meaningful information and assist link older people, their families and carers to the right assessment and care services appropriate to their needs.

- **What information, services or structures are needed to support older people to make informed choices about aged care, and to have appropriate control over the services they receive?**

Older people and their families need clear information and explanation of:

- aged care services, including packaged funds and how the consumer directed provider market works. This includes information on how to exercise choice and control over their funds to ensure their health and care needs are optimally met.
- residential aged care to understand the financial implications of decisions related to accessing residential aged care.
- how to access and utilise navigator services to access the services they need.

Australia's aged care system and the My Aged Care interface should be designed to minimise the need for care navigators.

3. ***Information, assessment and system navigation.***

What is the best model for delivery of the services at the entry point to the aged care system—considering the importance of the first contact that older people have with the system? This includes looking at services provided by phone and website as well as face to face services.

In your response, you may wish to consider the following:

- **How could face to face services most benefit those older people at the entry point to aged care (or when changing programs)? What should those services include? Who should they be directed to? Where should they be located and who should provide them?**

System navigator models should include;

- o clear intake to understand the older persons' needs and priorities, including their context is essential to providing a personalised navigation service. This includes a focus on person centred assessment and care that is delivered consistently with the potential for personalised approaches.
- o a range of different service intensities appropriate and responsive to changing and service user needs including capacity to cater to more vulnerable older people and diverse groups at risk of poor health outcomes.
- o support to assist older people to understand the financial implications of decisions related to accessing any aged care services through the provision of information
- o a clear and consistent approach to developing user care plans, in consultation with the older person and families and carers.

- **What model of system navigation is most appropriate for aged care? How would that model change as older people's care needs increase or if they move into permanent residential aged care?**

CESPHN supports multiple flexible modes of system navigation. Both face to face and technology-based solutions such as My Aged Care should have the flexibility to support person centred navigation. Differential responses will be required that acknowledge older persons' different knowledge and skill levels. System navigator roles need to involve elements of ongoing support and education that is tailored to both the older persons level of need, and their level of knowledge. CESPHN support access to an online My Aged Care 'follow my care' portal for consumers and system navigators to assist older people and their families to follow and track provision of care services.

- **How could the role of a system navigator relate to that of a care coordinator or case manager? What are the benefits of these functions being performed by the same person independent of the service provider? Would there be any drawbacks to that model?**

The roles of service navigator and care coordination differ as they provide services at different points on the care cycle. Care coordination support;

- o is a higher level of support coordination. It is an option for people whose situations are more complex and who need specialist help to coordinate their supports and services. These roles might extend to assisting older people follow up with referrals and linking to other appropriate services.
- o would assist system navigators, help older people use their plan to achieve their goals and live more independently.

It would be important to ensure that each of these roles delivers value to the older person and does not result in unnecessary confusion or role demarcation conflicts. These roles would need to support older people as they transition to higher complexity of care needs from service navigation to requiring circumstances requiring care coordination.

4. ***Entry level support stream.***

People maintain their homes and gardens, do laundry, cook meals, get themselves to appointments and attend social engagements across their whole adult lives—some people may choose to pay others to do these things—but mostly they handle them with little assistance. As people age and need support with everyday living activities, how should Government support people to meet these domestic and social needs?

In your response, you may wish to consider the following:

- **Should these supports be made available to everyone (or just those that cannot purchase assistance)?**

CESPHN supports expedited access to simple services such as transport, home maintenance and meals and assistance to help older people maintain their independence and social connections in the community. CESPHN supports a funding model where those that can afford to purchase these services do so to assist sustainability and help maximise long term impacts.

- **What are the most important early supports for people in their homes and communities? What evidence is available on how these supports prevent or delay a move to permanent residential aged care (or support older people's wellbeing, health and functioning)?**

There is good evidence that early interventions in the form of access to home assistance, transport, socialisation and family care giver supports in the form of day care and respite improve independence, quality of life, and delay transition to permanent residential aged care.

- **Are there some supports that need increased funding? Are there new or innovative approaches that should be recommended for inclusion in this stream?**

CESPHN supports subsidised access to community based physical activity programs for older people through a fitness passport scheme enabling older people to access their local gyms and fitness centres to assist older people maintain their strength, fitness and independence. There is strong evidence that older people who maintain their physical strength and social connection stay healthy for longer, and that interventions that maximise strength and social connection make a substantive difference.

Additionally, learnings could be adopted from NDIS strategies focusing on building and maximising existing strengths of the older person and their family. For example, this may involve greater investment in enablers such as home modifications, assistive technology and telehealth to better support older people maintain their independence and social connections.

- **What are the advantages and disadvantages of block funding, providing cash or a 'debit' card with a fixed annual budget to eligible people or a mixed funding model (combining block funding with other approaches) for this stream?**

Block funding and cash or debit card expenditure programs provide greater freedom and personal choice and make it easier for consumers to access services in a timely manner. They can simplify and reduce delays in accessing supports i.e. less red tape, less confusion. The risks of block funding and cash or debit card expenditure programs are that they assume that older people and their families have the willingness and skills to manage their funds to ensure that services are being provided to the

optimum level of quality. If these funding approaches were adopted, then appropriate controls may be required to ensure benefits to older people are being realised.

5. ***Investment stream.***

The benefits from regular and planned respite, reablement and restorative care are well documented, but the services are in short supply. What incentives, including additional funding, could be introduced to encourage providers to offer greater and more flexible options, including major home modifications and assistive technologies, which meet the needs of the older person, carer and caring relationship?

In your response, you may wish to consider the following:

- **How could existing restorative and respite care, as well as home modifications and assistive technologies, be reoriented so that they are proactive and preventative?**

A stronger focus on earlier identification of functional decline in primary care is recommended to identify those older people who may be best suited to benefit from restorative and respite care supports, home modifications and assistive technology.

- **What are the most important aged care interventions for people experiencing a crisis or sudden change in their circumstances? What evidence is available on how these interventions prevent or delay a move to higher level packaged care or permanent residential aged care (or support older peoples' wellbeing, health and functioning)?**

Rapid geriatric review and rapid medical assessment models demonstrate good outcomes for older people experiencing a crisis or sudden change in their circumstances. The development of geriatric flying squad models has now taken these services to residents in the community and residential aged care facilities improving outcomes for older people. Important to medical assessment is the linking of necessary supports including reablement and restorative care approaches to delay onset to higher care needs or permanent residential aged care.

- **Are there specific interventions that need increased funding? Are there new or innovative approaches that should be recommended for inclusion in this stream?**

Currently short-term restorative care is well funded, though in some cases a period of time longer than 12 weeks, may be required to support the longer-term goal of restoring or maximising independence. Lack of access to higher level Home care packages is also preventing some older people accessing the same care supports. The investment stream may benefit from new workforce approaches matching skills with required care needs to ensure the overall funding pool remains sustainable.

6. *Care stream.*

As people's needs increase and go beyond what can be managed with entry level support or with their carer, they may need care services—personal care, as well as nursing and allied health. What are the advantages and disadvantages of developing a care stream, independent of setting?

In your response, you may wish to consider the following:

- **How could existing provision of personal care, as well as nursing and allied health, be reoriented so that they are focused on individual needs, and not on whether the older person is at home or in a residential facility?**

A Care stream may improve access to nursing and allied health services for older people. Under current arrangements community nursing and allied health services are only available to a limited number of older people with an assessed need through the Commonwealth Home Support Programme, and access can often be dependent on availability of providers.

In residential aged care older people are often charged additional fees for nursing and allied health services above that which is provided by the facility. The one disadvantage of developing a separate Care stream is the risk of increased service provider and system fragmentation and complexity.

- **Is the concept of 'reasonable and necessary' as used in the National Disability Insurance Scheme applicable to the level of support that could be funded under this stream?**

CESPHN supports the provision of nursing and allied health services based on the concept they are deemed reasonable and necessary, that is, justified by clinical need and the likelihood they will provide benefit to the older person.

- **What should be the eligibility or threshold for accessing this stream?**

CESPHN support a sustainable aged care system underpinned by means tested funding arrangements where consumers who can afford to do so, make a financial contribution towards their care costs.

- **What are the advantages and disadvantages of block funding, providing cash or a 'debit' card with a fixed annual budget to older people or a mixed model (combining block funding with other approaches) for this stream?**

Block funding and cash or debit card expenditure programs provide greater freedom and personal choice and make it easier for consumers to access services in a timely manner. They can simplify and reduce delays in accessing supports i.e. less red tape, less confusion. The risks of block funding and cash or debit card expenditure programs are that they assume that older people and their families have the willingness and skills to manage their funds to ensure that services are being provided to the optimum level of quality. If these funding approaches were adopted, then appropriate controls may be required to ensure benefits to older people are being realised.

7. Specialist and in reach services.

How could the aged care and health systems work together to deliver care which better meets the complex health needs of older people, including dementia care as well as palliative and end of life care? What are the best models for these forms of care?

In your response, you may wish to consider the following:

- **What would be required to support in reach of multidisciplinary health teams from the health system in the care of older people with high needs? What other services could be used (24/7 on call services, embedded escalation to specialists, access to relevant ageing specialists, telehealth or other technological advances)?**

CESPHN recommends a more consolidated approach to funding rather than funding being split across Commonwealth/ State programs. The current approach promotes service fragmentation, limits opportunities for service integration and makes the provision of efficient and accessible person-centred care more difficult.

CESPHN supports a model of specialised multidisciplinary in-reach teams to care for older people with high needs in community and residential care settings and funded and provided separately from aged care. This includes funding to;

- build capacity and expand specialised multidisciplinary in-reach teams to care for older people with high needs,
- provide training to primary and residential aged care staff to promote and assist shared care.
- improve integration of clinical information systems across providers, reducing miscommunication and conflicting directions between specialist in-reach teams and other healthcare providers involved in the older persons care.
- embed escalation pathways and the role out of new to technology such as telehealth to improve operational efficiencies.

- **What is needed to ensure greater uptake of in reach health services (such as specialist palliative care) and aged care specific services (such as Severe Behaviour Response Teams and Dementia Behaviour Management Advisory Services)?**

To support specialist in-reach services appropriate activity-based funding that is flexible and robust is required to support universal access for appropriate local aged care service providers.

8. *Designing for diversity.*

Caring for people with diverse needs and in all parts of Australia has to be core business—not an afterthought. How should the design of the future aged care system take into account the needs of diverse groups and in regional and remote locations?

In your response, you may wish to consider the following:

- **What role can the following interventions play: appropriate pricing to meet the differential costs of service provision where they exist; removing communication and other barriers; enhancing the understanding of the role of intersectionality, culturally safe care and of trauma informed care; flexible service models; and increasing accountability of the system?**

CESPHN recommends that flexible programs and service offerings are mandated to meet the needs of people from diverse groups and backgrounds. This will require the development of diversity health

frameworks, promoting greater understanding and tailoring of services for the benefit of consumers of differing background and care needs.

This may include development of; appropriate guidelines, protocols, training, translation of assessment and intervention tools, and employment of bilingual and culturally competent community workers within their region.

- **What interventions are required to meet the challenges of ensuring access to aged care in regional and remote areas? Are different funding models required? What role is there for technology in improving access? What other supports or interventions would be useful?**

CESPHN support new models of care and new funding arrangements that recognise the economic disadvantage of providing aged care services in rural and remote areas.

Additional questions

9. *Financing aged care.*

What are the strengths and weaknesses of the current financing arrangements and any alternative options that exist to better prepare Australia and older Australians for the increasing cost of aged care?

It is noted currently, aged care costs are met by the Australian government from general revenue and by older people from their savings, income earned on their savings or their age pension, or by their families To support a sustainable aged care system, CESPHN support a funding models where those that can afford to purchase aged care services continue to do so to assist sustainability of the aged care system. There is an opportunity to re-align Commonwealth/ State funding in aged care to reduce

service complexity which would deliver gains in service efficiency and effectiveness and increase the ability of older people to receive the care that they need.

10. *Quality regulation.*

How would the community be assured that the services provided under this model are delivered to a high standard of quality and safety?

In your response, you may wish to consider the following:

- **Is there a case for different regulatory approaches based on the nature of the service provided rather than the location in which the service is delivered?**

CESPHN supports quality regulation models for community aged care providers to the extent and scope at which they provide appropriate consumer protection in relation to price and quality of services. CESPHN recommends that GPs be incentivised to support residential aged care and Home care providers in both the care of older people but also in the overarching clinical governance of aged care facilities and Home care medical services.

To achieve greater involvement, CESPHN recommends additional training and upskilling of the medical and allied health workforces in aged care, including training in new quality and safety standards to assist compliance with national and state standards of care where required.

- **Should some services only be provided in particular locations with appropriate support? Do some people have a complexity of need that would influence the location in which care is delivered to ensure quality and safety?**

CESPHN supports, where appropriate the provision of specialised services being provided in particular locations by those trained to do so to ensure quality and safety.

- **How could a regulator assess the quality and safety of personal and nursing care and allied health services provided in people's own homes?**

Regulation of quality and safety of personal and nursing care and allied health services provided in people's own homes needs to be supported by a clear clinical governance framework with appropriate documentation and reporting of key performance indicators. Important to this framework is a mechanism to capture consumer feedback through consumer reported outcomes and care experiences.

- **Would the allocation of funds to older people rather than providers change the need for regulation? What kinds of consumer protection would be required, and would this apply to all services, or just some?**

CESPHN believes that there is a role for regulation that supports the rights of older people and upholds the principles under a human rights framework with resources distributed according to need.