Commonwealth Home Support Programme
Webcast

Welcome to this morning’s webinar on the Commonwealth Home Support Programme. My name is Rajan Martin. I’m the Director of the Home Support Policy Section within the Department of Social Services.

Because this is a webinar, let me just take a few moments to help you navigate through some of the tabs that you can see on your live page. In the middle of the screen you should see a video player which you can make bigger to full screen using the button at the bottom right of the image and you can make it smaller again by pressing the 'escape' button. You’ll also see a ‘Live Chat’ window. You can use this to send through any questions or comments that you might have and I'll try and answer as many of these as I can after the conclusion of the presentation.

You’ll also see a tab called 'slides' at the right of your screen and you can select this to view the PowerPoint slides as we go through them. If you need any technical assistance throughout the presentation there is a user guide which you’ll find at the top right hand side of the screen which will have some extra information to help you navigate the site.

So, before I start, let me acknowledge the traditional owners of the land where we meet today and let me pay my respects to elders both past and present.

So thank you for the opportunity today to speak about the Commonwealth Home Support Programme. We have an hour allocated for this session, so we look to finish it around 11:00 o’clock and this presentation should take around 30 minutes or so, so that should leave us with around half an hour or so to go through questions.

The presentation supports the release of a Discussion paper on the Home Support Programme that was released on the 20th of May and that’s currently open for a six week consultation period. So that closes next week on the 30th of June. Just on that, I guess given we are at that consultation stage and at the level of the Discussion paper, it is good to note that that does have some both pros and cons. I guess the benefit is that we are in that consultation phase and we’re able to take on board the comments and the feedback that we’ve been receiving both through the written submissions, but also through the comments and questions we’ve been getting through presentations that we’ve undertaken over the last couple of weeks.

What it also does mean though is that some of the finer grain detail particularly around some of the operational content has not yet been finalised. Having said that, I’ll answer as much as I can in terms of the questions that we receive today. And indeed, that the public consultation process and the feedback that we receive including through forums like today will help us to shape and refine the programme as we move forward.

I’d like to acknowledge the work of the National Aged Care Alliance and its Home Support Advisory Group. They’ve been very important in helping to shape and guide our thinking and the policy work that’s occurred so far, and a lot of that work is now reflected in the Discussion paper that is available for open consultation.

So through these processes organisations, peak bodies including carers and providers have been working in partnership with the Department to do things like undertake service reviews of the
HACC Program and also on the broader development work for the Commonwealth Home Support Programme. We’ll continue to work closely with the National Aged Care Alliance and its advisory groups around both the development and the implementation of the programme and there’s also a really strong commitment from the Department to work in partnership with the National Aged Care Alliance, particularly on those transition arrangements as we move forward.

In terms of some of the policy context, a lot of this people will be familiar with. In 2010 there were around 400,000 people aged over 85 and by 2050 that’s projected to increase to around 1.8 million people. Similarly, by 2050 we can expect to see around 3.5 million older people who would be requiring aged care services, with around 80% of those to be delivered within the community, and some of those demographic changes prompted the report which the Productivity Commission completed in 2011, Caring for Older Australians, and also the aged care reforms that were announced in April 2012, and the development of the Commonwealth Home Support Programme is part of those aged care reforms.

It will be an important part of the end-to-end aged care system that will be implemented through those aged care reforms.

So, from July 2015 the Home Support Programme will bring together three and potentially four support existing programmes to form a basic single home support programme. So this will include the Commonwealth HACC Program which operates in six jurisdictions, the National Respite for Carers Program, the Day Therapy Centres Program and also potentially the Assistance with Care and Housing for the Aged Program. In terms of the last one ACHA, the Discussion paper explicitly seeks feedback on whether or not that should form part of the programme, or given its specialised nature, if it should be maintained as a specialised and separate programme.

In respect of Western Australia and Victoria, initially there will be different arrangements for HACC that applies in those two jurisdictions. With respect to Victoria, in the context of negotiations around the National Disability Insurance Scheme, it’s been agreed that older clients – older HACC clients will transition to the Commonwealth from July 2015 and similar to the other jurisdictions that joined the Commonwealth HACC Program back in 2012, there will be an initial period of stability for those providers.

In Western Australia there’s also discussions with the state government there around a possible transition of older HACC clients to the Commonwealth, however they’re still in an early stage. So while those negotiations are underway, the jointly funded program will continue in Western Australia. And finally, to give you a bit of a sense of the size and the scope of the programme, in 2015 it’s estimated that the programme will comprise around $2 billion worth of annual funding. It will provide care and support to around 800,000 older clients and be delivered through around 2,000 providers.

So, within the continuum of the whole aged care system, the Commonwealth Home Support Programme will be positioned to provide basic home support services to those older people and their carers who are able to remain living in the community with a small amount of assistance. So the premise there is that the Home Support Programme will provide a very large number of older people with a small amount of support and assistance, and that can be contrasted with other parts of the aged care system including Home Care Packages and residential care where they can provide much higher levels of care but to a smaller number of clients.

So some of the key points in terms of the vision for the programme are set out on that slide. I'll go through some of the elements now.

So, the Home Support Programme will provide help to older people living in the community to assist them and maximise their independence. It will do this through the delivery of timely, high quality basic support services, centred around each person’s goals, preferences and choices. The programme and service delivery will be underpinned by a strong emphasis on wellness and
reablement and in recognition of the vital role that carers play, where the older person has a carer, the programme will support that care relationship.

So I'll talk in more detail shortly about the key features of the programme, but this slide provides a bit of an overview. The most obvious change is that from July 2015 there will be one consolidated programme providing basic support services. As a result, more older people will be able to receive the care and support that they require. There'll be greater contestability introduced to both maximise client outcomes, but also to ensure that we're achieving value for money and having one programme will reduce the administrative burden or red tape for service providers.

Secondly, the programme will have a much stronger focus on wellness and reablement. This will be supported through a standardised national assessment framework and tool, through My Aged Care and also through the establishment of a network of restorative care services, and this could build on things like the current investment in things like allied health under the HACC Programme and also Day Therapy Centres.

Support will also be provided to build the skills and capacity of the sector to implement a wellness approach across all of service delivery.

The programme will have a more targeted approach to sector support and development and there will be a clear identification of which activities will be supported under this and how these activities are linked through to other funding streams. There'll also be a nationally consistent fees policy. For clients this will mean a fairer system where clients of similar means will pay consistent fees with appropriate safeguards for those who are least able to contribute towards the cost of their care. For service providers the fee structure will also acknowledge the different costs associated with delivering the different service types, so for example the home modifications may have a different fee structure to domestic assistance.

The national fee policy will also seek to remove some of the disincentives that may be there for clients to move between different parts of the aged care system, so particularly through from home support to Home Care Packages. And finally, the implementation of the Home Support Programme will be supported by an identifiable entry point to the aged care system, so that's My Aged Care. My Aged Care will make it easier for older people, carers and their families to access information on ageing and aged care. It will assess client needs and it will support clients to locate and access services available to them.

In addition to the elements I've already talked about the Commonwealth Home Support Programme will allow the introduction of common arrangements across Australia in respect of a number of things.

These include things like a clear target group and eligibility criteria, a standard national approach to assessment, common accountability and reporting requirements and a consistent approach to things like quality, information and data collection and planning and allocation of funds.

Reporting is a good example of where there'll be significant streamlining, so currently if a provider receives funds through HACC and Respite for Carers and maybe Day Therapy Centres, there's a range of different reporting requirements, often at different times and for different purposes, and that could include things like financial accountability reports, minimum data set reporting, service activity reports, quality reports and other activity - ad-hoc reporting on request. So under the Home Support Programme there will be a single set of reporting requirements, and more work will be done over the coming months with the Aged Care Financing Authority to look at how we might be able to further streamline financial reporting arrangements.

In addition there's also a lot of work going on in the new Department of Social Services to standardise the way the grants are administered across the portfolio and that will provide benefits to providers who deliver services across a range of sectors including aged care, disability
and family services, and the aim is to have a more consistent approach in providers' dealings with the Department.

In the next series of slides I'll talk through in more detail the key design elements and that will go into things like eligibility, entry into the programme, wellness and reablement, service groups or outcome groups and service types, funding, sector support and transition arrangements,

and again, these issues are dealt with in much more detail in the Discussion paper that's available on the Department's website.

So I've already talked a bit around the vision for the programme. In terms of the eligibility and target group, it's proposed that this is people aged 65 years and over, or 50 years and over for Aboriginal and Torres Strait Islander people, and their carers. The client must also have difficulty in performing activities of daily living due to a functional limitation, live in the community and also have needs that don't exceed a basic support programme. We know that this last point raises a number of questions - "What's meant by basic support?", "Will there be a limit on funding per person, in terms of dollars or number of services that a person can receive under the programme?" The short answer is no, but there is some guidance around the kinds of things that we think would exceed a basic support programme. So, for example the programme is not intended to provide ongoing case management. Clients who require these services or a high volume of services are more likely to be eligible for things like Home Care Packages.

We know that already under the existing programs clients already only receive a reasonably basic level of support, so in 2012-13 the average HACC client received around $2,300 worth of funding. Having said that, we recognise that there are a small number of clients who receive significantly higher levels of service and there'll need to be appropriate transition arrangements to ensure that existing clients are not disadvantaged. As I said earlier, the Department is committed to work closely with the National Aged Care Alliance on those transition arrangements. And how we define basic support again, is an area where we'd be very interested in receiving feedback.

A related issue is the interface between the Commonwealth Home Support Programme and the Homecare Packages Programme, particularly Homecare Packages Level 1. So under the National Aged Care Alliance there is a Home Support Advisory Group. There's also a Homecare Packages Advisory Group and we'll be working closely with both of those groups to better define that interface and we acknowledge that's going to be really important for a range of stakeholders including Aged Care Assessment teams, My Aged Care and service providers.

In terms of entry to the programme this is a fairly dense slide.

It's covered in more detail I think on Page 33 of the Discussion paper, but I will talk through some of the different pathways that an older person could go down. So in future My Aged Care will be the single, identifiable entry point to the aged care system. From July 2015 people will call the My Aged Care contact centre where there will be a phone-based screening process to identify things like their reason for contact, their function and current health status, and also to identify any carer support. In recognition that some older people may need additional support to access services, My Aged Care will also provide a linking service capability to ensure vulnerable older people are identified and referred to the appropriate pathway for service.

If we come back to the diagram, the My Aged Care contact centre will determine whether the client should be directed to one of several different pathways. The first one which is on the left is where a client may be referred directly to a service provider to commence receiving services, and the examples that are often used there are things like meals or transport, or for example where a carer might have to go into hospital for a short period.
Alternatively where – where those needs can't easily be identified over the phone or where there's communication difficulties, particularly for culturally and linguistically diverse clients, the person may be referred to a face-to-face assessment and this will identify what types of basic support services are needed, and potential suitability for a short term reablement programme.

Alternatively - and this is sort of towards the right, the second right sort of pathway on that diagram – the person may be referred for a comprehensive assessment conducted by an Aged Care Assessment team. So that would be if the client has high care needs and would be more likely to be eligible for things like a Home Care Package or residential care. Then the final pathway off to the right is where the person may be directed to other non-aged care programmes or alternatively provided with information about other support and services.

So in terms of face-to-face assessment, it's proposed that this function will be delivered through My Aged Care Regional Assessment Services. They'll be conducted in an older person's home using a standardised national assessment tool, and this was explained in more detail in the recent briefings that were undertaken over the last few weeks around the proof of concept briefings on My Aged Care.

The face-to-face assessment won't be a service specific assessment. It won't be say, a meals or transport assessment, but rather a conversation between the client, carer and the assessor to determine the needs and goals of the client, and the best way of addressing these. They'll work together to develop an individual support plan for the client that emphasises identifying and achieving goals.

So as I mentioned, there'll be a much greater focus on wellness and reablement and that these will be a key feature of the Home Support Programme, and these approaches were strongly recommended by the National Aged Care Alliance. So what are these terms, 'wellness' and 'reablement'? They're often used interchangeably with things like rehabilitation or independent living. The way in which we're trying to use these terms for the purposes of the Home Support Programme is that wellness is a philosophy that goes across all of service provision and it's that cultural change about moving from ‘doing for’ the client to ‘doing with’. Short term reablement and restorative services sit within that philosophy, but reablement is the use of assessment and targeted interventions to assist people to maximise their independence, choice and quality of life, and to reduce or in some cases remove their reliance on support. And so that's often after things like a, a fall or a, a setback, so it's getting older people back on their feet.

And we know from a range of programmes including the Home Independence Programme in Western Australia that these programmes are really effective in getting people back within the community, and often with a much reduced need for ongoing service.

So I'd like now to move on to discuss the service delivery framework. Over the last 12 months or so there's been a lot of work that's been undertaken to review a number of service groups under the HACC Program. So these reviews have informed the proposed service groupings for the new programme. There's six outcomes that we're proposing to group the service types under, and then a seventh one around sector support and development. So the proposed changes will significantly streamline the number of service types from over 30 at the moment, across those programmes to around 15 service types in the Home Support Programme. And the proposed group of services reflect the outcome that each of those service types relates to and contributes towards, and this approach of an outcome based grouping was recommended by the National Aged Care Alliance.

So now just very briefly running through each of those outcome groups and the service types. Again, this is covered in more detail in the Discussion paper and there's also an attachment in
the Discussion paper which maps all the different service types in the existing programs and how they're proposed to form these 15 service types under those outcome groups.

So the first outcome group is 'increased independence'. This group contains services that are intended to either improve or maintain an older person's health and functioning, and includes the service types of nursing, allied health, home modifications, goods and equipment and Other Food Services.

The next one is 'nutrition'. That includes the single service type of meals. Importantly through the review of meals that was undertaken over the last 12 months or so, there are also elements around nutrition risk screening which will be incorporated in the National Assessment Framework and tool.

The next outcome group is 'social participation'. That includes things like the service type of social support and also centre based day care. One of the changes as a result of the review of respite services is a fairly significant streamlining of respite which I'll get to under care relationships, but also that some of the things that are currently being delivered under the National Respite for Carers Programme will also now form part of the services under social participation.

The next outcome group is 'assistance at home' and that includes things like domestic assistance, home maintenance and personal care, and it's good to note that we do have a healthy number of people online viewing the webinar. I think it's around 850 or so, and again, if there are questions it would be great if you could feed those through in the live chat facility so that when we do conclude the presentation, we can then move onto those questions.

The next outcome group is 'access to the community'. That includes the service type of transport and these services support older people's access to things like appointments, shopping and social engagements. It also includes the transport that's currently undertaken through Day Therapy Centres.

The last one around service delivery is 'care relationships'. So this has seen a fairly significant streamlining of service types. There's currently 11 forms of respite under the National Respite for Carers Programme and one service type of respite under HACC. We're proposing to streamline those into three service types under the 'care relationships' outcome group. So that's flexible respite, cottage respite and also emergency respite. I should say that the Discussion paper really only deals with carer support issues insofar as respite. There is other work that's currently underway looking at the broader suite of carer support services and that includes things like counselling and peer education and so on. They'll be subject to separate consultation and processes.

There are also some service types that will no longer be part of the Home Support Programme and I'll talk about these in a bit more detail under the transition arrangements.

[Presentation screen text: Sector Support and Development, and bullet points]

So, sector support and development – so the areas that will be pursued under the programme will be considered primarily in the context of whole of aged care supports. So this acknowledges that some activities through other funding streams, things like the Workforce Development Fund and the Aged Care Service Improvement and Healthy Ageing grants already reflect that there are many common elements such as workforce development that should be approached at a system or sector level rather than at a programme level.

In addition to those sector wide activities there are some that we are proposing are specific to the Home Support Programme and these are initially targeted in four areas. They're activities to support and improve service delivery. So that might include things like providing independent advice and support to older people and choosing assistive technology or dissemination of good practice in particular service types or client groups.

The next one's the role of development officers and their equivalents and this could include assisting service providers and clients to move to the new arrangements, things like enabling consumer choice and promoting innovation and networking at the regional level and also helping to improve access for special needs groups.
The next category is the implementation of a wellness approach including provision of capacity building, education, training and support, and the last one, support for volunteers. So we know that volunteers are currently used extensively in different service types including things like meals and transport and centre based care and also they’re of critical importance in meeting the needs of many clients from culturally and linguistically diverse backgrounds.

So as the Discussion paper notes it’s proposed that the bulk of these sector support and development funds will be allocated through a competitive process.

[Presentation screen text: Programme Arrangements, and bullet points]

In terms of programme arrangements, the funding and contracting arrangements for the new programme are still to be settled, but a number of elements are proposed in the Discussion paper. Overall, it’s not proposed to move away from the traditional block funding arrangements in the short term. So organisations funded under the new programme are likely to be offered a three year funding agreement with the Commonwealth. The National Aged Care Alliance has recommended in the longer term moving towards a mixed model which includes both some services funded through block funding, but a greater proportion delivered through individualised funding arrangements. The Department’s not proposing to move to a mixed model of funding in the next contract period, but this is something that will be considered in the context of the five year review of aged care reforms which will be undertaken in 2016-17.

Given the size of the programme, so around $2 billion in 2015-16, it’s important to consider the ways in which contestability or competitive processes can be used to maximise client outcomes and also ensure value for money. At this stage it’s proposed that contestable or competitive approaches will apply in three parts of the programme, so that’s the establishment of regional assessment services, the bulk of sector support and development activities and also new growth funding. It’s possible that other parts of the programme may also be subject to competitive processes, but no decisions have yet been made on how widely contestability will be applied.

In part this will be informed by the consultation feedback that we receive on the Discussion paper and through briefings such as today’s. We’ll provide further advice on the approach to contracting and selection in the coming months, and we certainly acknowledge that this is an area that particularly service providers and also clients are very keen to get early advice on.

As mentioned earlier there will be more streamlined contractual and reporting arrangements consistent with the government’s commitments around reducing red tape. Funding for the expansion of services will be underpinned by an Aged Care Planning Framework. This will include consideration of things like a population-based funds allocation model and we’ll continue to consult with stakeholders on the new planning framework to make sure that they influence the kind of services that are grown within their local regions. A National Fees Policy will also be introduced from July 2015 which is fairer for clients and has different cost structures for different service types.

[Presentation screen text: Transition Arrangements, and bullet points]

There are some changes which will require specific transition arrangements, including for some of the client groups that are highlighted on that slide. The first group is clients with high levels of need. As I mentioned earlier, most clients in the existing programmes already receive a basic support – level of support. There are however a relatively small number of clients who might receive large amounts of assistance and that these might be comparable to that under our Home Care Package or in some instances might exceed what can be provided under a Level 4 Home Care Package. So specific transition arrangements will need to be developed for these clients.

The second group is people aged under 65. So already through, and consistent with the National Health Reform Agreement between the Commonwealth and the states, things like the Commonwealth HACC Program already target people aged 65 and over, and their carers. That also means that those under 65 who require basic community support services and their carers, often remain the responsibility of state and territory governments. In parallel to the implementation of the Home Support Programme people would also know that the National Disability Insurance Scheme will commence. So some of the clients will be picked up through the
NDIS, particularly those of the more severe and profound levels of disability, but there will remain within the state-funded community care services system or the state-based health system some clients under 65.

We do know under the National Respite for Carers Program there is a small cohort of carers of younger clients and again, the Discussion paper acknowledges that specific transition arrangements will be established to ensure continuity of services for these clients.

Service Group 2 is also one of the key service groups under HACC at the moment where quite significant change is proposed, so I’ll just very quickly run through the proposed changes to some of the service types under Service Group 2.

So, in terms of the assessment service type, existing service providers that are currently funded for assessment under the HACC Program including access points will have the opportunity to apply to become part of the My Aged Care Regional Face-to-Face Assessment Workforce. Selection will be through a competitive process and this is likely to commence over the coming months. Case management and standalone client care coordination will no longer be funded under the programme. There is opportunities through things like the linkage service capability for short term case management, or alternatively if clients require ongoing case management they may be better suited or eligible for a Home Care Package.

In terms of counselling support information and advocacy, that has two components – one for the client, one for the carer. It's proposed that formal counselling is retained within the programme and that would sit within the allied health service type under the Increased Independence Outcome Group and it's also proposed that independent advocacy is transferred to the National Aged Care Advocacy Program, and within that it's acknowledge that it’s timely to look at the NACAP program more broadly, partly because of the incorporation of the Home Support Programme, but also because that's been established for some time and the aged care system has changed during that time.

As I mentioned earlier there are separate arrangements and consultation processes around things like counselling and so on for carers which are dealt with in the Discussion paper.

[Presentation screen text: Next Steps, and bullet points]

So, as I mentioned at the outset of the session, the Discussion paper is currently available for public comment through a written submission process and they can be provided up until 30 June. It's available on the Department's website, so that’s dss.gov.au/chsp. On the website there's other resources including things like frequently asked questions and fact sheets, and also a template for written submissions, and we are updating those frequently asked questions as we do get comment and feedback through these presentations. Further details around the operational arrangements for the programme will be available over the coming months and that will include things like programme guidelines and a programme manual. As I mentioned, more information will also be provided in the coming months around future contracting arrangements, including timeframes and processes, and we’ll communicate those widely too, once decisions have been made.

So that's the end of the presentation today. It's come in roughly at about 30 minutes. Hopefully that's been somewhat helpful to you and we'll now move to answer some of the questions that we've received through the Live Chat facility.

[Presentation screen question]

So the first one's from Leesa and the question is "Can organisations currently providing assessment services and service delivery retain the service delivery if they become regional assessment organisations or must these functions be exclusive?"

It's a good question. It will only be that assessment function and some of the other things which we'll move to regional assessment services including things like case management and short term case management that we’ll – my understanding is that we'll be selecting through the upcoming competitive process. I do know in other jurisdictions that have gone down this path with a separation of assessment that they have looked quite carefully at things like ensuring that there is appropriate separation between service delivery and assessment, to make sure things
like the assessment organisation doesn't refer all clients to their own service delivery arm, but broadly it is the assessment and other things that will be delivered through the linkage service capability that will be tendered separately in the coming months.

[Presentation screen question]
The next one's from a guest. So, "Is there any confirmation at this stage of what basic needs look like i.e. how many hours or service instances per week?"

So again, a good question. That's something that we are seeking feedback on about how we can better define that basic support tier. There are things which we can clearly say exceed that. So, as I mentioned earlier, things like ongoing case management. If there's an ongoing need for a substantial number or high volume of services, they're clearly things that we think through the initial contact with the contact centre, clients would be streamed through for a comprehensive assessment to access things like Home Care Packages or residential care. The development of My Aged Care is also looking at what are the, the triggers for reassessment, including what's the role of service providers and regional assessment services in that process, but as I said, that is an area where we're specifically seeking feedback on how we can best articulate what exceeds that basic tier of support.

[Pause]

[Presentation screen question]
The next question is from Leesa. "How will service providers be required to demonstrate 'outputs'?" There is a lot of work that we're undertaking at the moment looking at things like reporting and so on that will apply across the Home Support Programme. As people might know, currently there's a range of different reporting things across the different programs. There's a fairly well-established — or it's been around for a long time, HACC minimum dataset and so we'll need to look at whether or not the extent to which that might need to be amended to make sure that the different service types that were set out in one of those slides are able to be either mapped or new fields included to reflect the different service types under Home Support.

We are still looking or envisaging that we will fund on the basis of service types, so a number of outputs per service type which is currently the case for a number of the programs, or the programs that are currently in existence. What we've done in terms of outcome groups is group the service types into the outcome that they contribute towards but I think we're still a little way off being able to actually fund on the basis of outcomes, given that it's not that direct call for link-off in between the services provided and then the, the longer term outcome. So at this stage we're still looking to contract on the basis of defined outputs within a, a funding agreement.

[Presentation screen question]
The next question is from a guest, so "Who will provide the regional assessment service?" So, that – that will be – those providers will be selected through the upcoming competitive process to establish regional assessment services. From some of the presentations I've been giving over the last few weeks I know that existing providers, a lot of them have put their hands up and said that they're quite keen to – to participate in those arrangements into the future. Yeah, so I guess my advice would just be to keep an eye out and there'll be further information provided once that process around selecting regional assessment services commences in the coming months.

[Pause]

[Presentation screen question]
The next question is from a guest, so "There is a lot of talk about 'reablement' in the document but in our area at least, there is a real lack of accessible allied health services. Is there an intention to fund things like physio, OT, social work, etc?"

It's a good question. I think what we'll be able to do into the future is have a single planning process and aged care planning regions being the basis of that, that cuts across the entire aged care system. What we've had historically over the last 20/30 years over those three or four programs is different funding rounds at different times with different priorities and not having that sort of, either whole of basic support view, or that whole of aged care view. So, we certainly
know at the moment we have – we have patchy distribution of some services nationally. So things like Day Therapy Centres might be concentrated in particular jurisdictions and in other jurisdictions it might only be in the metro area and not much in regional. What we do have is through future growth funding that might be available the opportunity to look now both across home support and across the aged care system more broadly to see “where are those gaps?”, “what’s the feedback that we’re receiving from stakeholders including service providers?” to see which parts of the system are missing in their region, and then we can feed that in to look at how we can prioritise growth funding towards those gaps or areas of need.

Next question’s from a guest. “What is going to happen to clients with complex needs who are greater than basic needs through home support programme if they are on a waitlist for package of care for 1-2 years when the Regional Assessment Service only provides short term case management for 6-12 week period?”

So, other parts – so Home Support – the Home Support Programme is part of the aged care reforms. There are a number of other elements which people might be familiar with, so a set of changes including new supplements that were introduced August last year, the creation of the My Aged Care website and contact centre, and the creation of two new levels of Home Care Packages. They came in mid last year. From 1 July this year there’s also changes to things like accommodation payments in residential care and income tested and means tested fees across both Home Care Packages and residential care. So as part of those broader suite of aged care reforms there’s also been a significant increase in Home Care Packages. So I think last year there were around 60,000 or so Home Care Packages available nationally. From memory they’re projected to grow to around 100,000 packages over the first five years of the reforms, and then through to about 140,000 packages over the 10 years from the announcement of those reforms.

So, in addition to the changes that we’re proposing through the Home Support Programme, there’s also going to be over a doubling of Home Care Packages over the coming years. We are certainly aware of some of the challenges that are faced in terms of lining up the supply of Home Support with Home Care Packages and things like the – the availability of the linkage service to help manage clients into service provision will be a key component of that.

The next question is “When will the Commonwealth be commencing the contracting of services under the Home Support Programme?” So, as I mentioned earlier, over the coming months and as soon as we can once decisions are made, we’ll be looking to provide advice and communicate that broadly to the sector around the – the selection process that will be used across all of the programme. So at the moment we’ve provided – or it’s proposed that contestable arrangements will be in place for those three areas – so regional assessment, the bulk of sector support and development and growth funds. In the coming months we’ll be providing advice on what will happen for the remaining service types, so meals, respite and so on, under the programme, and that advice will also include very clear information around the timeframes that will apply - so when process is open, when we expect them to conclude and when we can then provide advice to providers on a final outcome.

The next term is “What about short term episodic case management where clients have complex needs?” So, I think the answer to that is partly around the function of the linking service capability. So that will include, particularly for vulnerable clients or clients who have more complex needs, making sure that there is that support to assist them to access services. So I think that broadly fits within that kind of category of people who have those short term or complex needs and there will be that defined support through the linkage capability to then take that person from the initial point of contact, through to service delivery.
So, "For a client who needs transport and no other services the process is time consuming and costly. One telephone to a local provider and all would be arranged." So, people might recall that quite busy slide around entry to the programme. So, we are seeking advice on where it is appropriate for people to move straight from that initial call to the contact centre through to service providers and certainly things like transport and meals have been used as examples of where that might well be appropriate. So again, in terms of feedback on the Discussion paper, we would be seeking your views on are there things apart from that? I think you used the example of transport. Are there other things where it's appropriate to go straight from the contact centre through to service provision? Or indeed, are there some circumstances where it's really important to have that more detailed face-to-face assessment to make sure that we are picking up all the needs of the client.

The next question is from Dee, "Will there be an increased number of Home Care packages offered?" So yep, that got picked up in a, a question not long ago. So, the reforms do include a substantial expansion of the Home Care Packages programme over the next 10 years.

So Claudia asks, "At what point does a client transition from CHSP to a package?" So that I guess, touches on some of the earlier questions around how do we define basic. There are those two advisory groups with expertise under the National Aged Care Alliance, so the Home Support Advisory Group and the Home Care Package Advisory Group and we'll be working very closely with those two groups to better articulate, particularly around that Level 1 package which is around $7,500 from memory, annually. How do we make sure we get clear advice around what spectrum of needs and support is appropriate in the Home Support Programme and at what point is it – is it more appropriate for that client to move to the Home Care Package programme?

We also have a couple of questions which have been raised a number of times in some of the presentations we've been giving over the last few weeks, so we might just run through some of those.

So they include things like – there has been a fair few question - and this is a critical area, so it's certainly understandable – around things like how will contestability be applied throughout the Home Support Programme? As I said, decisions haven't yet been taken on the bulk of the programme. There are those three areas where we've signalled that we're intending that they be pursued through a contestable approach. But the Discussion paper does include some information about some of the considerations that we'll be taking into account when we're looking at that. So that might include things like "Are there certain service types where it's not appropriate to go through a competitive process?", "What's the impact of things like services that have a high proportion of volunteers?", and also things like "Where there are small service providers or providers that only get a, a reasonably modest amount of funding, what can we do to make sure that they're not disadvantaged in going through any application process?"

The next question from a guest is "Will the development officers sit within a government department or non-government organisation?" So we see development officers as playing a critical role within the Home Support Programme. We currently have quite different models across the different jurisdictions. So for example, there's a significant number of development officers in New South Wales and then some jurisdictions, I think the Northern Territory, don't have any. So we'll be looking quite carefully at the role of development officers, making sure that it is a doable role. So the Discussion paper sets out quite an ambitious list of things that we're looking for development officers to undertake including assisting access for special needs
groups, supporting the implementation of a wellness approach across all of service delivery, helping support volunteers and so on. We need to do more work and we're starting that now, to look at making sure that that is a doable role for a Development Officer, or indeed if we do need to look at things that other jurisdictions have pursued around having separate from that Development Officer role, things like an Access and Equity role or a Multicultural or Indigenous Support Officer role.

We haven't yet made decisions around where those positions would lie, like if – currently a number of them are through state governments and some through service providers and so on. We don't have a, a fixed view on that and certainly we are proposing that the bulk of sector support and development activities would be allocated through a competitive process. So I guess it would really be as part of that and seeing the sort of things and the proposals that come forward, that would determine where those Development Officer positions are located.

[Pause]

[Presentation screen question]

So the next question does touch on some of that previous answer. So, "What about those service providers who provide workforce development and training services to the sector under current HACC funded? Is it realistic to think the new DO roles can take these responsibilities on as well as volunteer recruitment and management, and everything else they already do?" So again, that is quite similar to, to some of the things I touched on earlier. We have set out quite an ambitious list of things that we're keen to make sure are part of the programme, and we see development officers as playing a key role in that. What we will also be doing is looking at how much of that is a manageable role for a Development Officer and when do we need to look at other supporting roles or parallel roles, and that might be around things like access or a focus on things like workforce and so on.

[Pause]

[Presentation screen question]

So, "Will the linkage service be different to the Regional Assessment Service?" My understanding is that there's already been a fair amount of – of work that's been done on trying to scope some of those linkage service questions and I think there was a consultancy that was completed from memory, early this year that is available on the Department's website. I don't think a final decision has been made – and again, this isn't my direct area of expertise, but my understanding is that regional assessment services will include some linkage service capability, but I don't know that a decision's yet been made about whether or not there will be separate – a separate linkage organisation in addition to regional assessment services.

The other thing that's part of that answer is around where things like the Assistance with Care and Housing for the Aged Program fits within the Home Support Programme into the future. There was a, a national meeting a couple of weeks ago in Melbourne and subsequent teleconferences with a bit of broader membership that looked specifically at that ACHA question and that included a range of views around perhaps you should include ACHA within Home Support but have it as a separate outcome. Others thought it should remain as a standalone programme and still others thought that it should be positioned within that linkage service capability part of the system.

So, again, these are things that we're seeking advice on through the Discussion paper, particularly at that ACHA side of things, and there is developed work which is continuing around regional assessment services and the relationship with the linkage service capability.

[Pause]

[Presentation screen question]

Excuse me. The next question is "Will the NACAP agencies continue to provide the independent, individual advocacy for the system?" So we are looking at – we are looking at some of the advocacy that's currently undertaken under Service Group 2, under that counselling support, information and advocacy service type, to move across to the National Aged Care Advocacy
Program. Currently we have a mix of these kinds of services delivered through both different parts of the HACC Program, but also through other funding streams. So, there is some advocacy that’s undertaken through Service Group 2, through that service type. There’s other parts including broader based advocacy that sits within the – excuse me – the non outputs or 018 HACC service type at the moment. There’s also different parts that are delivered through the National Aged Care Assessment Advocacy Program, although traditionally that has focused much more on residential care and Home Care Packages, and then through other things including the flexible funds there are support for organisations that do have an element of advocacy.

So part of what we’ll be doing more work on is looking at the suite of advocacy services and how they relate to different parts of the system. I think ideally we’d look to try and consolidate a lot of that advocacy, so rather than bits and pieces of it being in currently Service Group 2 and non-outputs and flexible funds and NACAP and so on, that we’d look to have a much more consolidated and – and integrated set of advocacy systems across the aged care sector.

[Pause]

[Presentation screen question]

The next question is "Do existing clients need to have their original assessments put through the contact centre, or is this purely for new clients?" So it’s envisaged from July 15 it would be new clients that go through the contact centre and potentially the regional assessment services. We’re not proposing that all existing clients need to go through and be reassessed. However, over time as people’s care needs change, so for example, if they’re currently receiving HACC, they would need to – and if their – their needs, if they have a setback or something else which means that their care needs significantly increase, they would then need to go through the comprehensive assessment to gain eligibility through an aged care assessment team for things like residential care or Home Care Packages, and over time there will be benefits through things like the client record in making sure that where clients have had contact with My Aged Care, that they don't have to repeat their story multiple times.

Another question that’s been raised throughout the consultations by different audiences are things like how will assessment change from July 2015? So again, I’ve touched on some of these things. We are proposing a separation between assessment and service provision. This was recommended in things like that Caring for Older Australians Report of the Productivity Commission who – who recommended the establishment of the gateway, or My Aged Care. So we are looking to shift that function currently from Service Group 2 and the assessment service type into My Aged Care and that will commence from July 2015, and having said that, there is that opportunity for existing providers in the coming months to apply to become part of that MY Aged Care Regional Assessment Workforce.

[Pause]

[Presentation screen question]

The next question is from Jill and it's around home modifications. So, "Is Major Modifications and Minor Modifications still to be a standalone programme or will it change?" So, home modifications were one of the service types that were reviewed over the last 12 months or so. That – that review has only just concluded over the last few weeks and will be available shortly on the Department’s website, but in summary what’s that proposed is that currently home modifications are under Service Group 5 of HACC. They’re set out in the HACC manual and they include reasonably basic things like grab rails and ramps and so on, although bearing in mind some of those can be more complex. The review has recommended – and this is reflected in the Discussion paper – that we do continue home modifications within the Home Support Programme.

We are looking at making sure that we continue to keep that at the basic tier of service. So already we know around 90% of home modifications, the cost to the Commonwealth is around – is under $1,000 and then in total I think about 98% of home modifications are under $10,000. So we’re looking for similar – a similar sort of distribution in terms of making sure a lot of older people can get those minor modifications that will assist them to stay at home, and still with
some capacity for people who do need slightly more expensive modifications for that to be included within the programme.

So as is currently the case, it's a service type under HACC at the moment. It would continue to be a service type under Home Support.

[Pause]

[Presentation screen question]

The next question is from Bridget. "What's the future of centre based day care? Will it continue to be funded beyond 2015?" So I haven't got the slide in front of me but centre based day care is one of the service types that's proposed under the social participation outcome. So yeah, it is intended that centre based day care would continue into the future. Again, I don't have it off the top of my head, but from memory the review of respite services did recommend that there are some forms which – which are currently classified 'respite' which sit better either in things like social support or centre based day care. So that service type of centre based day care will continue but we are looking at are there other parts currently under the National Respite for Carers Programme which also should form part of that service type.

[Presentation screen question]

The next question is from Linda. "Will current service providers be offered the opportunity to renegotiate unit cost of funding to reflect current costs as I understand that fee increases will be transitioned?" So there's probably a couple of elements to that question. One is that there will be the National Fees Policy that will be implemented from July 2015. So that will see the introduction of a consistent set of arrangements nationally and across all the services that are delivered under Home Support. There's an Advisory Group that's been established under the National Aged Care Alliance and they met for the first time, I think a week or two ago. So, over the coming months there will be further advice and a draft fees policy that is circulated.

The other question was really around transition of providers. So I think that largely hinges on the decisions that are taken around contestability or competitive processes. So, for when that advice comes out, that might include things that we're proposing that these service types or these outcome groups are made contestable, in which case providers will need to, if they're interested in continuing, apply for those funds. Alternatively there might be some service types where it's highlighted that a competitive approach isn't appropriate and in that instance we would look to renegotiate funding agreements with service providers.

There are currently a range of unit prices across Australia. In large parts that reflects the different circumstances. So, where it costs more to deliver services in regional or remote areas, or for example, where a provider services a high number of clients from special needs groups and they're reflected in the – in the price that's contracted with the Commonwealth, but we also know that there are – there is a, a good deal of variability in unit prices even for similar services in similar locations. So we will be looking at those issues around unit pricing and as I said, the – the approach that's taken in terms of whether funding's made available on a competitive process or if contracts are renegotiated with a provider, we'll – we'll influence the approach that we take there.

[Presentation screen question]

The next question is from Sue. "Could we have a comment on how older people are involved now?" Yep. So, so there's been a, a range of different ways in which older people have been involved. I guess at the – at the overarching level the reforms – there's been a lot of co-design and development in partnership with the National Aged Care Alliance that has really strong representation from consumer groups including the Council on the Ageing and National Seniors. Indeed, the – the secretariat for that, that reform oversight in the National Aged Care Alliance I understand is undertaken by the Council on the Ageing. So they're both – COTA and National Seniors are represented in all of those, or a number of those groups including the Home Support Advisory Group. We have both COTA and National Seniors and the review groups that have been formed, they also include strong consumer representation.
There's also through things like the service group reviews we've had extensive consultation processes, so I think there was over 10,000 people who were involved in the, the four or five reviews that we've undertaken of HACC service groups. So they were including things like we did a number of consultations in both capital cities and regional areas. We did online consultations including those that were targeting peak groups for consumers and also older people and carers themselves, and also I know the presentations I've been giving over the last few weeks have included a large proportion of older people themselves who've come and asked questions and sought feedback and, and contributed to that process.

[Pause]

[Presentation screen question]

So we've got one from Guest 99. "Where does WA fit in with all this, please?" So, as I touched on towards the start of the presentation, currently there are discussion with the Western Australian Government around the transition of older clients to the Commonwealth, older HACC clients to the Commonwealth, though they're at an earlier stage. While they continue they'll be – the jointly funded HACC Program will continue in Western Australia. We are looking at the other programmes including the National Respite for Carers Program, Day Therapy Centres and also potentially Assistance with Care and Housing for the Aged to join the Commonwealth Home Support Programme in Western Australia from when it commences in July 2015.

So one arrangement for those other three – sorry, other two, possibly three programs, but then separate arrangements while negotiations continue with the Western Australian Government around a transition for older clients there.

So I think we've just hit 11:00 o'clock and we'll need to wrap up this presentation.

[Presentation screen text: Thank you]

So the last slide is really just to acknowledge that there other resources that are available. So on the website there is the Discussion paper, the template for submissions, frequently asked questions and fact sheets. We are very keen to get your feedback and views and that process is still open until 30th of June, so next week. We do have the slide up that includes an email box for any further questions or comments. That goes through to my team, and as I said, we will be updating things like frequently asked questions in light of the things that we've been asked and the feedback that we've been receiving over the last few weeks.

Thank you.

[End of Transcript]