Seamless Aged Care: How to set up
'SUPPORT AT HOME'
Right, the first time

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SEAMLESS AGED CARE:
How to Set Up 'Support at Home' Right, the First Time

Home and community care services have been the bedrock of Australia's aged care system, supporting diverse communities through the provision of personal care services, meals, transport, social and community support, amongst others. We are embedded within every local area across Australia, providing services and support to people regardless of where they live, their culture or their ability to pay.

The 'Support at Home Alliance' is a group of organisations passionate about the future of the home care system in Australia and includes:
● Aged & Community Services Australia
● Community Transport Organisation (NSW)
● Home Modifications Australia
● Meals on Wheels Australia
● NSW Neighbour Aid & Social Support Association
● Ethnic Communities' Council of NSW

Our aim is simple; to ensure the over 1 million older people we support are able to continue to live in their own home surrounded by their local community and participate in everyday activities for as long as possible. We do this by drawing on the strengths of local communities, underpinned by lean infrastructure and overheads, and maximise our impact thanks to our vast armies of local volunteers, as well as not for profit organisations who retain their margins to grow and expand and deliver diverse services.

The Royal Commission into Aged Care Quality and Safety (2018-2021) was a breakthrough moment in focusing on the many weaknesses of the Australian system of aged care, such as the issues with demand and supply of home care packages. But it also highlighted the few areas where the system was working well such as the Commonwealth Home Support Program (CHSP), delivering first level supports to those wanting to age at home.

The Australian Government has accepted or accepted in principle recommendations related to a new aged care program, including one that combines the existing Home Care and CHSP programs which they are referring to as the 'new Support at Home program'.

As a group of service providers with close ties to the clients and communities we serve, we propose a new Support at Home Program that includes a classification and funding system, similar to that which has been developed for residential aged care. This will not only provide real choice for older people, it will be designed to meet their individualised needs, improve accountability of funding and build a platform for meaningful quality improvement across the sector. Importantly, it will also support the longer-term sustainability of these vital community supports and volunteer activities that our services provide. We aspire to realise an ambitious vision for the new Support at Home Program that places the experience of the older person at the forefront of design.

We aspire to realise an ambitious vision for the new Support at Home Program that places the experience of the older person at the forefront of design. We envisage a program through which older people can access services that support them to live independently at home, in the community, for as long as they choose; where services are integrated within local communities and work collaboratively.

Our proposal builds on an existing network of local services, activities and both formal and informal supports; provides real choice for older people; minimises the burden on the older person; includes a localised planning framework and capability development and a funding model that is equitable and sustainable.

We acknowledge the challenges that government faces in meeting the needs of a growing population of older people. Yet, building on our past, we aim to be part of the solution to achieve high quality and 'seamless aged care' for the future.

GUIDING PRINCIPLES FOR A NEW
'Support at Home' Program

The new Support at Home Program should be designed to meet these guiding principles:

The experience of the older person:

● is at the centre of the aged care system;

● drives choice in care options;

● enjoys ease of access in their aged care journey;

● has confidence in accessing appropriate services for diverse needs;

● sees equity of access to aged care services in the home, whether that home is owned, rented, shared, boarding house, social or public housing, or support for those who are homeless;

● focuses on wellness and positively features reablement, maintaining independence, activity and life skills;

● enables them to readily flex in and out of levels of care as they need;

● involves consideration of diversity; and

● instils confidence that user contributions are affordable for the older person, including for pensioners.

The eco-system of the Home Care Sector:

● retains strengths and benefits of existing programs;

● accommodates the challenges and diverse needs of thin markets (with particular reference to small providers, those providing services to First Nations, culturally and linguistically diverse, LGBTQIA+ or otherwise disadvantaged clients, as well as services in regional, rural and remote settings);

● values the motivation and contribution of volunteers, and not-for-profit organisations to older people, home care services and to civil society;

● reduces complexity and administrative burden of the existing system;

● applies consistency of funding approaches across the aged care system;

● embeds ongoing sector sustainability;

● addresses workforce challenges including remuneration, attraction, retention, qualifications, training and development as well as cultural sensitivity and competence;

● avoids risk of fragmentation in the service delivery experience for the older person by ensuring a robust and seamless service system (eg. providers that can deliver assessment, service finding, case management);

● enables a range of provider types to thrive, including community and neighbourhood centres, city and shire councils, who have historically responded where markets are thin and/ or clients experience intersectional disadvantages; and

● cultivates innovation by providers as well as enabling adoption of leading practice approaches to ageing in place.

An experience centered on the older person

We aspire to an experience for the older person that:

● is consistent with a human rights-based approach;

● emphasises freely and competently exercised choice to the care they wish to receive including the manner, and source from which, it is provided; and

● where financial and other constraints exist that limit these freely exercised choices, that they be explicit and clearly detailed, so as to inform older Australians, their carers and the community.

We support the rights-based approach identified in the Royal Commission into Aged Care Quality and Safety such as the key principles identified in Recommendation 3. We also consider the following rights in particular, can be supported by a well-designed new Support at Home Program:

● the right to self-determination;

● the right to assessment of need and high-quality services being available in a timely manner, integrated with the community, to be locally available and to be in the least restrictive environment;

● the right to receive culturally safe support and care for all but particularly for Aboriginal and Torres Strait Islander people as the first nations peoples of this land;

● the right to liberty, freedom of movement, and freedom from abuse;

● the right to have diversity supported and promoted;

● the right to a quality end of life - with appropriate and timely access to palliative care supports and expertise at home; and

● for people providing informal care (such as that provided by carers), the right to access supports in accordance with needs and to enable enjoyment of the rights to social participation.

Funding Model for a New 'Support at Home' Program

The new Support at Home Program is a significant opportunity to design a seamless funding model that can achieve high quality outcomes for supporting ageing in Australia.

We aspire to a funding model that:

● accommodates the concept of place-based service delivery and is costed to recognise the variance and complexity of place, recognising that each community is different and that receiving service that is culturally and socially appropriate is critical to quality care and outcomes;

● encourages and rewards leading-edge, flexible and responsive business practices;

● instils confidence that support services are available to older Australians when they need them, even if there are few service users and/or community needs fluctuate over time;

● enables service scalability and sustainability, with sufficient certainty to enable long term strategic, workforce succession and infrastructure/resource planning and innovation at provider level;

● is aspirational, creating an incentive to achieve a social good and prioritising community service outcomes over commercial outcomes, while still achieving efficiency in use of government expenditure;

● carefully considers and balances client contributions with rights to access and equity in care; and

● achieves quality of life outcomes and encourages providers to seek accountability against a wellness model of service delivery.

The Australian Government has determined that it will be introducing the Australian National Aged Care Classification (AN-ACC) as the funding model for residential aged care from October 2022. The model was developed by Professor Kathy Eagar, University of Wollongong, with whom we have been liaising about the possible extension of such a concept to the new Support at Home Program, with a particular emphasis on the benefit of its fixed and variable funding components.

We see benefits for government, older people and providers in applying an AN-ACC-style funding model to the new Support at Home program. These are:
● a seamless and integrated consumer experience throughout the ageing journey;

● consistency of funding approaches across the aged care system;

● administrative simplicity for government and providers;

● fixed and variable funding components balance accountability and risk; and

● flexibility, responsiveness to meet needs as they change, and transparency.

The latter point is consistent with recommendations by Leading Age Services Australia such as for enacting 'transparency of care-recipient experiences and outcomes as an extension of price transparency to further strengthen care-recipient engagement in their accessing care and support'.

The AN-ACC residential funding model has three key design elements:
1. A base care tariff (for the fixed care component)
2. A variable payment (for the individual care needs of the resident as determined by the resident's AN-ACC class)
3. A one off adjustment payment for residents when a resident enters residential aged care.

The AN-ACC model is streamlined and eliminates many of the separate adjustments and supplements used in the past. It is administratively simple, yet it represents a more sophisticated approach to funding that is based on evidence of cost and cost drivers.

The AN-ACC model is similar to the activity-based funding (ABF) system that is in place across the health system nationally. This approach is best known in its application in the acute hospital sector. However, it is an eminently flexible approach that has been successfully applied in subacute and non-acute care as well as non-admitted and community-based care systems nationally and internationally. It has also been successfully implemented in the disability and education sectors.

The key characteristics of activity-based funding systems are:
● A classification system with classes that describe the characteristics of those receiving care rather than describing what they receive. In health jargon, it is a 'casemix' classification, not a 'service mix' classification.

● Classes that are both meaningful and resource homogeneous. This allows them to be used for funding purposes as well as providing a base for measuring the outcomes of care.

● A payment model in which there is an explicit relationship between cost and price informed by regular costing studies.

● National weighted activity units (NWAU) for all classes based on cost relativities between classes and a single price across all care activities regardless of care setting.

We consider this is a critical opportunity to be aspirational in our approach to funding aged care services. While ensuring accountability for government outflows and visibility of entitlements to consumers, application of the AN-ACC concept to Support at Home has the potential to encourage the best in quality and individual care that supports our ageing population to remain independent, connected and living at home.

We recognise that the funding required for home support will need to respond to a mix of ongoing and episodic service interventions. We intend to explore in more detail how funding for Support at Home may be designed in a follow-up paper.

Characteristics of a New 'Support at Home' Program

The following table describes the types of characteristics sought in a new Support at Home Program:

Type	Characteristic
Choice of the older person	Flexibility, choice and ease of use of approved funds
	Clear and easy to understand information on service types available
	An easy process for articulating client contribution and timeliness in communication to clients
	Consistency of financial information required for lodgement with, and provided by Services Australia, and also provision for hardship
	Types and volume of eligible expenditure are clear and visible
	Is accessible online, by phone and in person to groups with diverse needs and provides support for navigation to clients, carers and families to make informed decisions
System	Creates conditions for world-leading practice
	Government stewardship to prevent market failure and intervention that supports, incentivises or directly delivers services where there is a market failure risk
	Designed for evaluation and measurement of consumer outcomes (as well as outputs) and experience
	Built-in Program review mechanisms that tap into the experiences to date of the older person to ensure it is achieving leading aged care outcomes measured both in Australia and to emerging global best practice
	Any reassessment process for higher levels of care is simple and streamlined
	Allows for simple and timely entry to low levels of support
	Recognises necessary investment in infrastructure such as centre-based services and maintains these system benefits
Quality and safety	Quality indicators are proportionate, 'fit for purpose' for care at home, are standardised to measure quality of health care and allow for dignity of risk
	Consumers and providers are engaged in development of quality assurance requirements to maintain focus on consumer choice
Funding	Appropriate pricing mechanisms recognise and meet additional costs in regional, rural and remote areas or specialised services or where costs can be higher in metropolitan areas for services such as transport
	Pricing adequately accounts for cost of clinical governance as well as overall governance/compliance
	Creates incentives for innovation
	Supports longer term funding contracts
	Recognises the existing 'capital' in the system and the need for upfront investment in IT and reporting requirements
Providers	Government compliance requirements must be within the capacity of the provider to deliver
	Case management funded (including reviews as needed) and recognised as a key part of service delivery through inclusion in the classification system

Characteristics of a New 'Support at Home' Program

Type	Characteristic
Workforce	Supports ongoing training and development of staff, including mentoring for trainees (and continuation of national financial subsidies to attract right fit workers into the aged care sector)
	Nature of qualifications are commensurate to roles in home care and maximise workforce participation
	Mechanisms address remuneration, retention and casualisation of the workforce
	Pricing mechanisms recognise that stronger workforce outcomes (skills, wages, staffing mix) will also contribute to costs
Volunteers	Recognises and incentivises participation (consistent with Recommendation 44 of the Royal Commission into Aged Care Quality and Safety)
High level care	Older Australians are fully resourced for end of life at home
Primary health	Interface of primary health and Support at Home Program enables access to such care when needed including "social prescribing" to support mental and physical health
Reablement and wellbeing	All older Australians have the opportunity to improve their overall well-being (both physical and mental) through a short term reablement phase before being assessed for supports for their longer-term support needs
	Funding and service entitlement includes access to intensive reablement bundles at outset of services and periodically as assessed (noting that if the outset element had no consumer fees attached it would incentivise client uptake and motivation and may reduce longer term service requirement)
Housing	Support promulgation of accessible building standards
	Ensure access to home modifications in both private and public rental housing
	Include consideration of the avoided personal support costs when evaluating more significant home modifications
Information and Communications Technology	Design of affordable ICT systems to meet the goal of 'capture once; use many times' to support efficient reporting and evaluation
Transition to new Support at Home Program	Provides substantial lead times to enable providers to plan, review internal practices and for IT system development
	Supports transition for existing clients into new program, and to train and recruit the workforce (where required)
	Communications are regular, consistent, clear and timely throughout leadup and transition; include practical scenarios about what impact of design might look like; seek to co-design or pilots were possible; build in review and evaluation mechanisms
	Design specific engagement programs for First Nations providers including any additional supports
	Identify issues and streamline the intersection of NDIS and aged care systems as well as health and aged care systems

About this Paper

A working party including representatives of the above organisations, sector support and development projects and the Australian Health Services Research Institute at the University of Wollongong contributed to the paper's development.

This paper is based on engagement with members of our partners who provide home and community aged care services, either through the Home Care Packages program or Commonwealth Home Support Program. For example, ACSA held a workshop on the paper with representatives of its national and state home and community care advisory committees.

It is intended as a contribution to the development of a new Support at Home Program by the Australian Government, intended for commencement in July 2023.
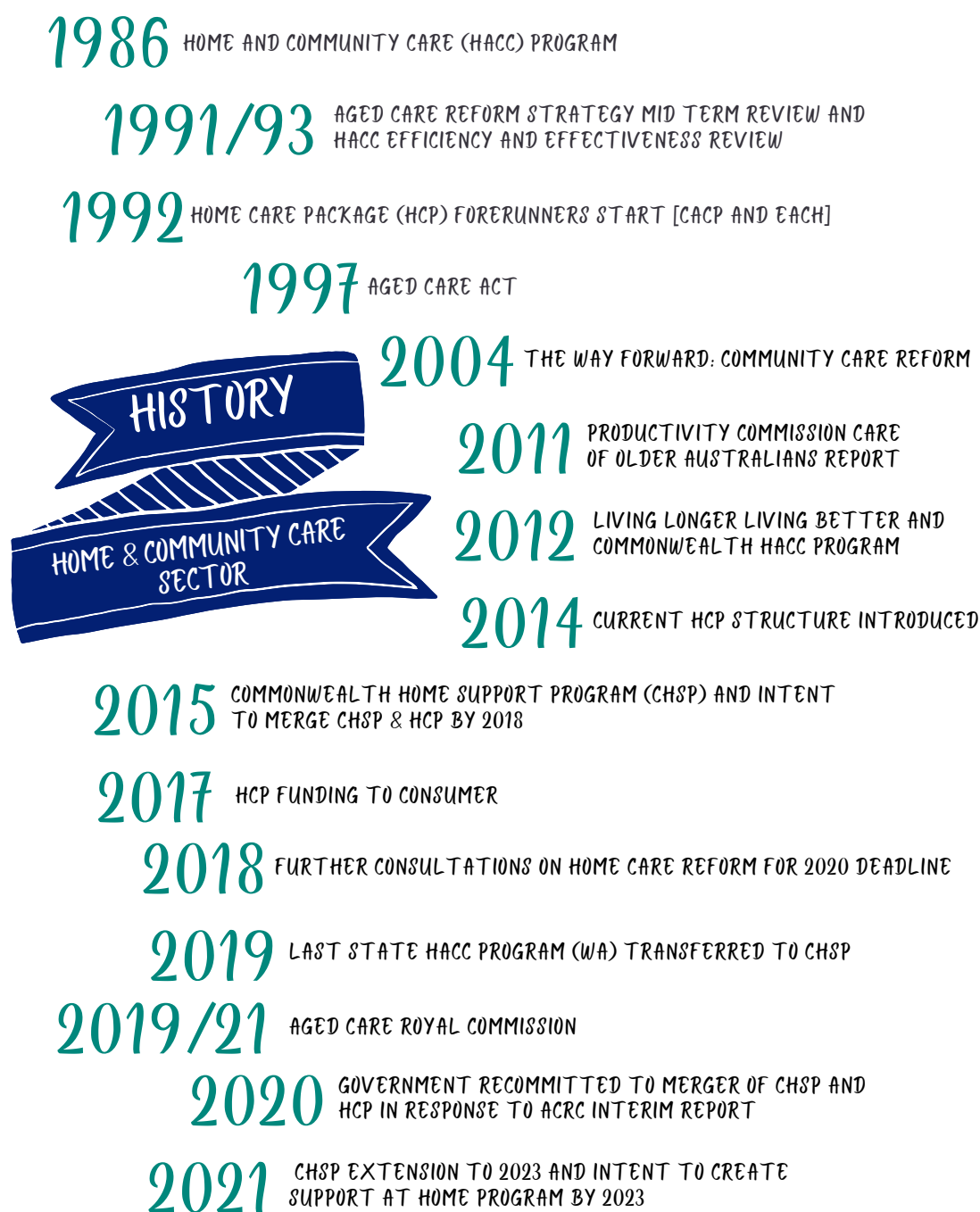
The Alliance will continue policy development for a new Support at Home Program with a second paper describing the potential design elements of a scheme.

Support at Home Alliance:

History

The following list illustrates a history of key changes and influential reports on the home and community care sector:

1986 HOME AND COMMUNITY CARE (HACC) PROGRAM

1991/93 AGED CARE REFORM STRATEGY MID TERM REVIEW AND HACC EFFICIENCY AND EFFECTIVENESS REVIEW

1992 HOME CARE PACKAGE (HCP) FORERUNNERS START [CACP AND EACH]

1997 AGED CARE ACT

2004 THE WAY FORWARD: COMMUNITY CARE REFORM

HISTORY

HOME & COMMUNITY CARE SECTOR

2011 PRODUCTIVITY COMMISSION CARE OF OLDER AUSTRALIANS REPORT

2012 LIVING LONGER LIVING BETTER AND COMMONWEALTH HACC PROGRAM

2014 CURRENT HCP STRUCTURE INTRODUCED

2015 COMMONWEALTH HOME SUPPORT PROGRAM (CHSP) AND INTENT TO MERGE CHSP & HCP BY 2018

2017 HCP FUNDING TO CONSUMER

2018 FURTHER CONSULTATIONS ON HOME CARE REFORM FOR 2020 DEADLINE

2019 LAST STATE HACC PROGRAM (WA) TRANSFERRED TO CHSP

2019/21 AGED CARE ROYAL COMMISSION

2020 GOVERNMENT RECOMMITTED TO MERGER OF CHSP AND HCP IN RESPONSE TO ACRC INTERIM REPORT

2021 CHSP EXTENSION TO 2023 AND INTENT TO CREATE SUPPORT AT HOME PROGRAM BY 2023

Observations from this historical context include:

● HACC Program focus on funding individual providers each doing one service type didn't work for people with complex needs;

● HCP model of 4 levels of funding is inflexible and over-allocates money to many individuals contributing to long waiting lists. Individual budgeting process is administratively complex;

● Most older people don't want to self-manage, but some want the option;

● Important not to eliminate block funding entirely, even for thin markets; and

● Separate assessment processes for low and high care don't work for older people.

About the Sector

Home and community aged care services funded by the Australian Government are richly diverse.

The Home Care Packages Program supports older people with complex care needs to live independently in their own homes. It uses a consumer-directed care approach to make sure the support suits a person's needs and goals. The support is provided through a Home Care Package – a coordinated mix of services that can include:

- help with household tasks;

- equipment (such as walking frames);

- minor home modifications

- personal care;

- client transport, meals, food services, medication support, social support group and individual, domestic assistance; and

- clinical care such as nursing, allied health and physiotherapy services (and their specialised support e.g. dementia services, continence services).

There are 4 levels of Home Care Packages – from level 1 for basic care needs to level 4 for high care needs.

The Australian Government reports that there were 939 approved HCP providers at 30 June 2021 (Chart 2). This was an increase of increase of 2.1 per cent (19 providers) since 30 June 2020 (920).

The Commonwealth Home Support Program (CHSP) is an entry-level home support program that helps older people to live independently in their homes and communities. It also provides respite services to give carers a break.

The program aims to:

- help people live as independently as possible;

- focus on working with them, rather than doing things for them; and

- give a small amount of help to a large number of people.

The Australian Government notes that most people in the CHSP only need 1 or 2 services to help them stay independent.

There are around 1,400 CHSP providers in Australia. Most of them (70% in 2018–19) are not-for-profit organisations.

i. 176,105 receiving home care packages as at June 2021 and 840,984 CHSP clients in 2018-19. Refer Australian Government Department of Health, HOME CARE PACKAGES PROGRAM - Data Report 4th Quarter 2020-21 - 1 April – 30 June 2021, October 2021, p. 20; accessed online at https://gen-agedcaredata.gov.au/www_aihwgen/media/Home_care_report/Home-Care-Data-Report-4th-Qtr-2020-21.pdf on 27 October 2021 and Commonwealth Home Support Programme Data Study by Deloitte Access Economics, October 2020, p.6; accessed online at https://www.health.gov.au/sites/default/files/documents/2021/06/commonwealth-home-support-programme-data-study_0.pdf on 19 November 2021

ii. Royal Commission into Aged Care Quality and Safety, Final Report – List of recommendations, 1 March 2021, accessed online at https://agedcare.royalcommission.gov.au/publications/final-report-list-recommendations on 7 December 2021

iii. We acknowledge the development of a rights statement by OPAN and its partners, utilised here with our slight adaptation to a home and community care context. Older Persons Advocacy Network, Joint Statement Supporting a Rights Based Aged Care Act, accessed online at https://opan.org.au/wp-content/uploads/2021/11/Joint-Statement-Supporting-a-Rights-Based-Aged-Care-Act.pdf on 19 November 2021

iv. Leading Age Services Australia, Home Care Price Regulation and Market Stewardship: LASA Research Report, November 2021.

v. Australian Government Department of Health, About the Home Care Packages Program, https://www.health.gov.au/initiatives-and-programs/home-care-packages-program/about accessed on 27 October 2021

vi. Australian Government Department of Health, HOME CARE PACKAGES PROGRAM - Data Report 4th Quarter 2020-21 - 1 April – 30 June 2021, October 2021, p. 9; accessed online at https://gen-agedcaredata.gov.au/www_aihwgen/media/Home_care_report/Home-Care-Data-Report-4th-Qtr-2020-21.pdf on 27 October 2021

vii. Australian Government Department of Health, About the Commonwealth Home Support Program, https://www.health.gov.au/initiatives-and-programs/commonwealth-home-support-programme-chsp/about-the-commonwealth-home-support-programme-chsp accessed on 27 October 2021

viii. Ibid.