

NACA AGED CARE REFORM MONTHLY UPDATE

April 2016

This update provides the latest information on Aged Care Reform activities for the month of April 2016.

NON-NACA COMMITTEES AND ADVISORY GROUPS

The NACA Aged Care Reform Secretariat represents the Alliance on the Aged Care Sector Committee and its sub-committees and advisory groups. We make every effort to consult with the Alliance where time frames and confidentiality requirements permit. We continue to report on these aged care reform initiatives that are not NACA auspiced yet are related to the Alliance's work and in which Alliance members are represented.

Aged Care Sector Committee (Non-NACA committee)

Chair: Mr David Tune AO PSM

Progress

The Aged Care Sector Committee did not meet in April, however, its Aged Care Roadmap was released and posted on the ACSC website during April. Alliance members were alerted by email on 19 April that the Roadmap was published on the Committee's webpage at <https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/aged-care-sector-committee>.

ACSC Communications and Engagement Advisory Group (Non-NACA Advisory Group)

Chair: Judy Gregurke

This Aged Care Sector Committee Advisory Group met by teleconference on 1 April 2016 with a detailed presentation on the next phases of the Department's communication strategy for aged care reforms, noting that the Increasing Choice Stage 1 legislation for February 2017 changes had passed through parliament.

The Department has developed a strategic and targeted approach to transition and sector engagement regarding the February 2017 changes. The Advisory Group was presented with a range of planning documents and provided input to the segmentation of, and gaps in, stakeholder groupings, with a recommendation that further consultation be undertaken with the NACA Home Care Reforms Advisory Group later in April.

The 'Plans on a Page' (POAPs) were considered at some length. These are complex project timeframe diagrams with key milestones matched to the Department's staged approach. The Group was advised that the Communications Hub, due to be operational on the website by mid-April, would be a source of documents and information for providers and other stakeholders to use in their own communication products such as newsletters and email updates.

Group members reinforced the need for a range of products to support access for hard to engage consumers and people with limited access to computers and those requiring alternative language and literacy supports. This Advisory Group meets again at the beginning of June.

ACSC Roadmap Advisory Group (Non-NACA Advisory Group)

See advice above about the release of the Aged Care Roadmap on 19 April 2016. This Advisory Group has completed its work and is not expected to meet again.

NACA COMMITTEES AND ADVISORY GROUPS

HOME CARE REFORMS ADVISORY GROUP

Chair: Paul Sadler

Progress

The Advisory Group met on 15 April face to face in Canberra.

The primary legislation passed the Parliament and the Department conducted a webinar on the legislative changes, a recording of which can be viewed here: <http://livestream.ssc.gov.au/health/11march2016/>. It was apparent from the types of questions asked that various levels of awareness about the changes exist within the sector and the Department will incorporate answers to some of the common questions within their communication materials.

The Advisory Group was presented with an overview of the changes proposed to subordinate legislation with an indication that the changes will be subject to a public consultation commencing from late May. A number of issues were flagged for discussion at the next meeting to be held during the consultation period. The Advisory Group discussed the impact of the proposed changes while issues remain with the Department of Human Services subsidy payments process. In particular, it was noted that a lack of timely and accurate reconciliation of payments by DHS may expose providers to unfair sanctions for non-compliance with the proposed timeframes for return of unspent funds.

The Department discussed the proposed information to be provided to assist the sector in transition to the new arrangements in February 2017, in particular the importance of accurate information being available to empower consumers in exercising choice. Advisory Group members were invited to provide any relevant information on engaging particular constituencies, in particular within rural, regional and remote regions. A mini workshop was held to identify the groups of stakeholders to be considered within a communications plan. The group noted the need to distinguish messages to different 'segments' of the aged care sector, while identifying a wide range of 'channels' to communicate these messages through. An updated matrix of segments and channels is anticipated to be presented at the next meeting. Another mini workshop was held in relation to key messages required to be given to each segment and what communication products would need to be made available for delivery of these messages.

A brief discussion was held on the approach to the Stage 2 Increasing Choice measures (combining home care and home support from July 2018). It was identified that by the end of 2016 a range of issues and options will be available for discussion. A finalised approach is not anticipated to be available until 2017. Concerns were noted from some members that achieving this measure by July 2018 may be optimistic and the Department drew attention to the fact that the Ministerial announcement indicated the change would occur from July 2018, not by 2018.

The Department presented a brief overview of their approach to IT changes to enable Stage 1 to occur, and the Advisory Group will be briefed on the final requirements before the build commences.

COMMONWEALTH HOME SUPPORT PROGRAMME (CHSP) ADVISORY GROUP

Chair: Paul Sadler

The Commonwealth Home Support Programme met face to face in Canberra on 6 April, with additional teleconferences planned for 18 May and 1 July. These meetings could occur during an election care taker period and would be reviewed closer to the time.

National Advocacy Review

The CHSP Advisory Group received an update on the review of the National Aged Care Advocacy Program and CHSP advocacy services. Government released the final report of the Advocacy Review in late February 2016 that would “inform the redesign of a single aged care advocacy program supporting individuals with access to and delivery of Commonwealth-funded aged care services” (Available from <https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/older-people-their-families-and-carers/aged-care-advocacy-review>).

Minister Ley announced that existing contracts would be extended until the end of January 2017, during which time an open funding round will be run to engage future aged care advocacy providers under longer term funding arrangements. The Department indicated this would be in later 2016. The Minister also announced the Government will adopt a key recommendation of the review to develop in conjunction with stakeholders a *National Aged Care Advocacy Framework* “to support a nationally consistent approach to the delivery of advocacy services”. It was indicated this framework would be available in mid-2016.

Continuity of Support Program

As part of the Commonwealth agreement with State and Territory governments in relation to the National Disability Insurance Scheme, the Commonwealth will take policy, program and funding responsibility for people over the age of 65 years with a disability when the full NDIS rolls out in a particular region. To find the schedule of local regional roll outs click on your state at the left hand menu of this link <http://www.ndis.gov.au/about-us/our-sites>.

The Continuity of Support (CoS) program will sit as a sub-program of the broader CHSP to provide services to 8,500 individuals who are over 65 years and currently receiving specialist disability services from state and territories (excluding WA). These services by the CoS program will progressively move from state programs to the Continuity of Support program as the NDIS comes online in their area. The CoS program will not be available to people over 65 who require services after the NDIS comes online in their area, as these new people over 65 will access their services from the aged care system.

Data Exchange

A presentation was given on the Data Exchange being used to report on CHSP activities.

Potential CHSP Growth Round

The Department consulted with the Advisory Group about the potential priorities for a possible CHSP funding round. Any decision would be a matter for Government and accordingly no commitment to a growth round or indication of timeframes was available.

CHSP Client Contribution Framework

Work is being done to develop a client contribution framework. A consultant will be recruited to help analyse the data from and inform the Department’s thinking and understanding of CHSP Client contributions. It is anticipated that the Department will be in a position to discuss further what activity may be done in this area once the consultant is on board around the middle of the year.

Wellness, Reablement and Restorative Care

A paper on the level of awareness and take up of the concepts of wellness, reablement and restorative care in the aged care sector was presented and discussed with further feedback able to be provided by members after the meeting. The discussion will help inform the development of a change management plan to be implemented over two years to 2018.

Additional policy considerations arising from the implementation of the CHSP

The Department presented a paper that identified a small number of unintended consequences with the implementation of CHSP, with work already underway to address them while also considering changes within the broader context of aged care reforms.

Two key areas that have been identified were discussed by the group. This included the challenges faced by clients of the Assistance with Care and Housing (ACH) program, particularly around My Aged Care call

centre operators being aware the age eligibility for ACH was 50 years and over, or 45 years and over for Aboriginal and Torres Strait Islander people. An updated version of the CHSP manual will also include clarification about these target groups being 'prematurely aged' and will consider future discussions around extending eligibility to other CHSP services for clients of the ACH sub-program.

In addition, the Department noted the impacts on former HACC clients with complex care needs of not having a long term case management service. The majority of these existing clients have been or will be 'grandfathered' under the CHSP to ensure continuity of support, or until they move to a more appropriate program such as the Home Care Packages Programme.

The Department is also exploring how the community transport sector can be supported through the CHSP, including developing and implementing a revised definition for the CHSP Transport service type.

A number of individual discussions will occur with relevant stakeholders over the coming months about these emerging issues.

THE AGED CARE GATEWAY ADVISORY GROUP

Chair: Ian Yates

Progress

The Gateway Advisory Group did not meet in April.

QUALITY ADVISORY GROUP

Chair: Kay Richards

Progress

The Quality Advisory Group did not meet in April. Its next meeting has been rescheduled to 18 May, then will meet on 18 July, 19 October and 13 December.

QUALITY INDICATORS REFERENCE GROUP

Chair: Adrian Morgan

Progress

The Quality Indicators Reference Group met on 26 April in a face to face meeting in Canberra.

The Department provided a verbal update on the first quarter data cycle for residential care facilities participating in the National Quality Indicator Programme (NQIP). The NQIP had a 'soft' launch with a webinar in late March. It was noted that the coaching and follow-up no longer provided by KPMG as part of the NQIP (as it had been during the pilots) may have contributed to lower than expected response rates from NQIP participants. The Department is undertaking further analysis on this issue.

QIRG members noted that some providers have indicated concern with the definitions included in the NQIP, that they found more value in continuing with their existing benchmarking initiatives, and that the additional resources required to participate in the NQIP were not sustainable. There were also issues with double handling of data input and submission at provider level. However, the Department indicated a change request to fix this issue has been submitted.

KPMG participated in sessions on the Consumer Experience and Quality of Life (CEQOL) pilots under way in both residential and home care. Post pilot consultations are being facilitated by senior KPMG personnel in May for residential services and in June for home care services. The Department and the NACA Aged Care Reform Secretariat will attend consultations as observers to monitor discussions and provide a verbal update at the next meeting. Mechanisms for receiving feedback from residents and consumers are also being developed. Members raised particular concerns about the need to handle proxy (carer/family member) responses separately from actual consumer responses to ensure comparative validity can be

established. Concerns were also raised by members of the need to ensure that people with special needs, particularly language and cognition, are effectively consulted during this process, and also not counted as a single category without reflecting the nature of their special needs.

During discussion on the CEQOL pilot in Home Care there were two key issues identified. One involved the exploration of whether or not My Aged Care data would be able to provide an access indicator that would allow services to compare their results with other like services. The initial data from this cycle is deemed insufficient to support this proposal and further work during the second data cycle will be undertaken.

The second issue identified is that there has not yet been any work undertaken on the development of a display and report function in My Aged Care for CEQOL indicators. Members remain concerned about this.

Over the past six to 12 months, Adrian Morgan as Chair of the QIRG has been maintaining an issues log on behalf of QIRG members. A free ranging discussion allowed members to review the items that have been raised previously and are as yet unresolved. Many of their concerns were reiterated through the discussion. There is very limited or no recognition in the development of the NQIP of the importance of consumers as users of the outcome data and the relevance that this would have for providers working towards a market based system. None of the systemic elements appear to be designed to meet the needs of Australia's diverse ageing population, with diversity described as an 'add-on'. Members continue to express concern about a perceived disconnect between approaches to CEQOL and any capacity for providers to have control over the changes that might improve consumer views especially where these relate to imposed systems.

Further discussion related to the usefulness of the NQIP overall, acknowledging that the use of QIs is just one tool from the provider quality toolbox. Clinical indicators are a small part of the overall picture and some members viewed that providers should be able to select from a suite of indicators. The session closed after a discussion about data generally, which included items such as data cleansing, the quality of data, the potential use of data and the potential for perverse outcomes from voluntary participation in the NQIP (e.g. participants doing just enough to get a tick on their service listing but having no meaningful information for consumers wanting to make a choice between providers).

A further face to face meeting has been planned for the end of June, as all future meetings past 1 July 2016 are expected to be by teleconference.

NACA INTERNAL WORKING GROUPS

RED TAPE REDUCTION WORKING GROUP

Chair: Adrian Morgan

The Internal Working Group has not met in April, but has been supplying information on the impact of the Aged Care Sector Committee's Red Tape Reduction Action Plan, to provide feedback on the net gains and positive impacts of red tape reduction to date. Further information is being sought before being provided back to the Aged Care Sector Committee.

AGEING AND DISABILITY INTERFACE WORKING GROUP

Chair: Julie Heraghty / Deputy Chair: Sue Elderton

The Ageing and Disability Interface Working Group met to discuss an early draft of the Ageing/Disability Interface paper. Substantial feedback was provided, and a revised version has been circulated out of session for Alliance members' consideration. A further updated version of this paper, making amendments based on the feedback received to date, will be provided as part of the May Alliance meeting papers and discussed at the meeting before a final draft is circulated for the Alliance review and then endorsement.

WORKFORCE DEVELOPMENT WORKING GROUP

Chair: Melissa Coad

This group did not meet in April.

HOME CARE REFORMS INTERNAL WORKING GROUP

Chair: Heather Witham

This group did not meet in April.

BLUE PRINT IMPLEMENTATION WORKING GROUP

Co-Chairs: Nick Mersiades & Ian Yates

While the Blueprint Implementation Working Group did not meet in April, the broader Alliance membership approved the final 2016 Federal Election Positions for dissemination as part of the Age Well campaign. Further information on the Age Well campaign will be provided to the Alliance at the May meeting.

Judy Gregurke, Corey Irlam and Jane Fewings

National Aged Care Alliance Aged Care Reform Secretariat