



Consumers Health
Forum OF Australia

SUBMISSION

Royal Commission into Aged
Care Quality and Safety: Aged
Care Program Redesign –
Services for the Future

February 2020

Consumers Health Forum of Australia (2020)
*Submission to the Royal Commission into Aged
Care Quality and Safety: Aged Care Program
Redesign: Services for the Future.* Canberra,
Australia

Leanne Wells, Chief Executive Officer

P: 02 6273 5444

E: info@chf.org.au

twitter.com/CHFofAustralia

facebook.com/CHFofAustralia

Office Address

7B/17 Napier Close

Deakin ACT 2600

Postal Address

PO Box 73

Deakin West ACT 2600

*Consumers Health Forum of Australia is funded
by the Australian Government as the peak
healthcare consumer organisation under the
Health Peak and Advisory Bodies Programme*

Contents

Introduction	4
Key considerations	5
Information, assessment and system navigation	5
Entry-level support stream	6
Care stream	6
Specialist and in reach services	6
Financing aged care	8

Introduction

The Consumers Health Forum (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with an interest in health care consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems. At the heart of CHF's policy agenda is consumer-centred care, with safety, quality and consumer participation key areas of focus.¹

With our population ageing, the quality and safety of aged care is a key area of focus for Australians. According to the Australian Institute of Health and Welfare, Australians aged 65 and over, represented 15% (3.8 million) of the total population in 2017.² Over the coming decades, this proportion is expected to grow to 23% by 2066.³ As a result, there will be a greater demand for aged care services, growing pressures on government budgets, and further pressures to increase the aged care workforce as our working age population decreases.

Previous reviews of the aged care system have concluded substantial reform is required. The Productivity Commission report, *Caring for Older Australians (2011)*, stated:

*"The aged care system suffers key weaknesses. It is difficult to navigate. Services are limited, as is consumer choice. Quality is variable. Coverage of needs, pricing, subsidies and user co-contributions are inconsistent or inequitable. Workforce shortages are exacerbated by low wages and some workers have insufficient skills."*⁴

The reforms set out with the aim of improving aged care sustainability, quality and affordability while shifting towards a system driven by consumers. A review of the reforms in 2017 revealed progress had been made however further work was still required to provide people with greater choice and control over aged care services they receive. More recently, the Royal Commission's paper, *A History of Aged Care Reviews*, details the numerous inquiries and reforms over the last 20 years and yet the evidence received by the Royal Commission to date overwhelmingly demonstrates fundamental issues continue to plague the design and operation of aged care services leaving us with "an aged care system that many are frightened to access⁵."

CHF appreciates the opportunity to provide a submission to the Royal Commission into Aged Care Quality and Safety's consultation on *Aged Care Program Redesign – Services for the Future*.

¹ Consumers Health Forum of Australia. 2018-2022 Strategic Plan: <https://chf.org.au/2018-2022-strategic-plan>, accessed 19 June 2019.

² Australian Institute of Health and Welfare 2018, Older Australia at a glance, AIHW, <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/demographics-of-older-australians>, accessed 19 June 2019.

³ Australian Bureau of Statistics 2017, Population Projections, Australian 2017-2066, Cat. No. 322.0, <https://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/3222.0>, accessed 19 June 2019.

⁴ Productivity Commission, *Caring for older Australians*, Report No. 53, 2011, Vol. 1.

⁵ Royal Commission into Aged Care Quality and Safety 2019, 'Aged Care Program Redesign: Services for the Future Consultation Paper 1', <https://agedcare.royalcommission.gov.au/publications/Documents/consultation-paper-1.pdf>, accessed 29 January 2020.

Overall, elements of the proposed new program design are a step in the right direction however we would like to take this opportunity to highlight some key considerations including:

- Information, assessment and system navigation
- Entry-level support stream
- Care stream
- Specialist and in reach services
- Financing aged care

Key considerations

Information, assessment and system navigation

(Consultation Questions 1 to 3)

The Royal Commission highlights the need for a ‘fundamental overhaul of the design, objectives, regulation and funding of aged care in Australia’ and ‘not mere patching up’⁵. CHF strongly agrees with this statement however the proposed new program design described in the consultation paper does not appear to represent such vision.

For example, the current challenges of navigating the aged care system are well known. The consultation paper highlights:

*“To access aged care services, people are directed to the national My Aged Care service. My aged care is not well known in the community. **Commonly, people start trying to access services before finding out about my Aged Care.**”*

The consultation paper goes on to highlight what is needed: face-to-face support, supported by a website and contact centre. While these additional supports may be helpful to improve the current system, we argue that this does not represent the fundamental redesign required to solve the issues identified. The Aged Care Navigators trial may be a step in the right direction which aims to help vulnerable older Australians navigate the aged care system and access services. The trial is currently exploring the most effective ways to share information with vulnerable older people and moves away from the ‘cookie cutter’ approach to accessing aged care. This appears to have a similar function to that of the Care Finder illustrated in Figure 1 of the consultation paper. CHF strongly supports this concept as a way to assist older Australians find appropriate aged care services to meet their needs. Should such a function eventuate in the revised aged care system, CHF expect the evaluations of the trials will inform the Care Finder role and be co-designed with older people and their families.

Partnering with consumers goes beyond co-designing the role of the care finder. If we are to redesign an aged care system that meets the needs of older Australians and their families, we need to work in partnership with them across each level of the system, from planning to evaluation. Without their input, we are left to assume we know what they need and value in aged care. As a result, we risk perpetuating current practices. CHF strongly recommends the redesign of the aged care system is done through co-design with older Australians and their families.

Entry-level support stream

Q4. People maintain their homes and gardens, do laundry, cook meals, get themselves to appointments and attend social engagements across their whole adult lives – some people may choose to pay others to do these things – but mostly they handle them with little assistance. As people age and need support with everyday activities, how should Government support people to meet these domestic and social needs?

CHF and the RACGP recently co-hosted a roundtable on social prescribing, with input from the NHMRC Partnership Centre for Health System Sustainability as the academic partner. While the roundtable focused on how social prescribing could fit within Australia's primary healthcare setting, there was recognition of the potential to integrate with other parts of the health system and who social prescribing would benefit including older people. CHF recommends a systematic, nationally scaled and locally implemented approach to social prescribing in Australia could lead to decreased social isolation and loneliness among older Australians while keeping them in their own homes.⁶

Care stream

Q6. As people's needs increase and go beyond what can be managed with entry-level support or with their carer, they may need care services – personal care, as well as nursing and allied health. What are the advantages and disadvantages of developing a care system, independent of setting?

CHF joins Professor Kathy Eager in her call for a 'no wrong doors' policy approach. For example, instead of a formal entry point, older Australians may be referred to appropriate services via primary care, hospital or government departments, including local government. This approach ensures older Australians get access to the care they need no matter how they initially enter the system. A 'no wrong door' policy is currently applied in other health services, including mental health and AOD services where clients are guided to where they can receive the most appropriate care to meet their needs.⁷ If we are to reach an aged care system that is consumer driven, we need to move away from defined 'gateways' and pathways.

Specialist and in reach services

Q7: How could the aged care and health systems work together to deliver care which better meets the complex health needs of older people, including dementia care as well as palliative care and end of life care? What are the best models for these forms of care?

⁶ The Royal Australian College of General Practitioners and Consumers & Consumers Health Forum of Australia 2019, 'Social Prescribing Roundtable Report', RACGP & CHF, available at: https://www.chf.org.au/sites/default/files/social_prescribing_roundtable_report_chf_racgp_v11.pdf

⁷ The University of Sydney 2020, 'Adopt a no wrong door policy', *Comorbidity Guidelines*, available at: <https://comorbidityguidelines.org.au/a3-guiding-principles-of-working-with-clients-with-comorbidity/adopt-a-no-wrong-door-policy>

⁸ South Western Sydney PHN 2016, 'No Wrong Door', available at: <https://nowrongdoor.org.au/>

CHF have long advocated for a better integrated health system, including better interaction between aged care services and the health system. For consumers interacting between the aged care and health system, their experience is often uncoordinated and fragmented leading to gaps in care and conflicting advice or treatments. In our initial submission to the Royal Commission we highlighted examples of this interaction and made a recommendation to develop more effective channels between residential aged care facilities and external health care services to provide consumers with more choice and control, a key principle of patient-centred care.

While definitions vary, an integrated care system typically includes several characteristics:

- Early identification of people at higher risk of developing complex health and care needs
- Emphasis on prevention through supported self-care, building personal strengths and provision of proactive care
- Holistic cross-sector approaches to care
- Care coordination involving joint needs assessment, care planning, management and discharge planning
- Seamless access
- Multi-agency and multidisciplinary teams
- Safe and timely transitions, transfers across the health and aged care system
- High quality, responsive carer support⁹

An example of this in the context of aged care could include providing medication management services within residential aged care facilities or community directed medication management packages for people living at home receiving Home Care Packages. In our recent pre-budget submission, CHF calls on the Federal Government to make such changes.¹⁰

Integrated models of care such as the 10 Step Framework to Integrated Care for Older Persons¹¹ offer promising examples of how aged care and health systems can better work together. The 10 steps include:

1. Establish Governance Structures
2. Undertake population planning for older persons
3. Map local care resources
4. Develop services and care pathways
5. Develop new ways of working
6. Develop multidisciplinary teamwork and create clinical network hub
7. Person-centred care planning and service delivery
8. Supports to live well

⁹ Peiris, D, Wells, L & Jackson, C 2018, 'Snakes & Ladders: The Journey of Primary Care Integration', The George Institute for Global Health, Consumers Health Forum of Australia, and the University of Queensland.

¹⁰ Consumers Health Forum of Australia 2020, 'Submission to the Federal Treasurer for Federal Budget 2020-2021', available at: https://chf.org.au/sites/default/files/20200121_sub_federal_budget_2020-21-final.pdf

¹¹ Harnett, P.J, Kennelly, S & Williams, P 2019, 'A 10 Step Framework to Implement Integrated Care for Older Persons', *Ageing International – Springer*, available at: <https://link.springer.com/article/10.1007%2Fs12126-019-09349-7>

9. Enablers (workforce, align finance, and information systems), and
10. Monitor and evaluate

The Framework offers a common conceptual map of what 'good' integrated care for older persons looks like, while recognising the need for flexibility to tailor the approach to meet local needs. Professor Kathy Eager has recommended the establishment of Regional Aged Care Authorities, a national network responsible for planning, delivering and/or commissioning a range of social and health related aged care services. CHF has long supported and advocated for such regionalised governance structures, most recently in CHF's response to the Productivity Commission Mental Health Draft Report¹². We join Professor Kathy Eager's recommendation for this approach for the future aged care system.

Financing aged care

Q9. What are the strengths and weaknesses of the current financing arrangements and any alternative options that exist to better prepare Australia and older Australia for the increasing costs of aged care?

There is no question, the aged care system not only requires more investment but a fundamental overhaul in *how* it is funded. In our initial Submission to the Royal Commission, we highlighted that the current aged care system is not keeping up with Australia's ageing population, forcing vulnerable older Australians into a long national queue where some pass away before receiving the care they need. If our aged care system is to be patient-centred, we need to move away from the current rationed approach followed by the Government and move to more flexible funding arrangements to respond to and meet the needs of older Australians when required. CHF believes that services are best planned, coordinated and integrated regionally and for this to be facilitated by local governance and pooled funding arrangements. Professor Kathy Eager's idea to establish Regional Aged Care Authorities has merit in achieving such funding arrangements and we strongly support this approach to fundamentally change *how* our aged care system is funded.

¹² Consumers Health Forum of Australia (CHF) 2020, 'Response to the Productivity Commission Mental Health Draft Report, available at: <https://chf.org.au/sites/default/files/submissionproductivitycommissionmentalhealthdraftreport-chf.pdf>