



**Australian Government**

**Department of Health and Ageing**

**A New Strategy for Community Care**

# The Way Forward





**A New Strategy for Community Care**

*The Way Forward*

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## Table of Contents

<b>Foreword by the Minister</b>	<b>2</b>
<b>The way forward—in brief</b>	<b>4</b>
<b>The way forward—summary of action areas</b>	<b>7</b>
<b>Introduction</b>	<b>10</b>
<b>Building a better community care system—2004–05 Budget measures</b>	<b>14</b>
<b>A record of solid achievement—Australian Government funding 1995–96 to 2003–04</b>	<b>17</b>
<b>The way forward</b>	<b>23</b>
<b>Addressing overlap and gaps in service delivery</b>	<b>23</b>
<b>Easier access to services</b>	<b>29</b>
<b>Enhanced service management</b>	<b>32</b>
<b>Streamlining Australian Government funded programs</b>	<b>37</b>
<b>A partnership approach</b>	<b>43</b>
<b>Appendix 1: Community care programs funded through the Australian Government Department of Health and Ageing</b>	<b>45</b>
<b>Appendix 2: Letter from the National Reference Group</b>	<b>46</b>
<b>Appendix 3: Submissions in response to the consultation paper</b>	<b>50</b>
<b>Appendix 4: List of acronyms</b>	<b>52</b>



## Foreword by the Minister

Our population is ageing. Over the next two decades, our population over the age of 65 will increase both numerically and structurally. By 2040, 25 per cent of the population will be over 65 with over 1 million people over the age of 85. The Howard Government recognises that innovative planning and substantive policy reforms are needed to meet the impact of our changing demographics. We can expect increased demand for support services in the home as well as an increased demand for the provision of care to older, more frail people with complex needs.

In 2002 the Government initiated a review of community care programs to identify strategies that would simplify and streamline current arrangements for the administration and delivery of community care services. The focus of the review is to ensure that it will be easier for people to access the care they need and that community care programs are well aligned and interlinked, offering an appropriate continuum of care in the community, that is of high quality, affordable and accessible.

The Australian Government's way forward, arising from the review, will see programs operating in a more consistent and coordinated way. Agreed assessment processes, eligibility criteria, consistent accountability and quality arrangements and targeting strategies are among reforms required to achieve these aims.

The Australian Government is concerned to align the reform process with the timeframe for reviewing and redeveloping the Home and Community Care (HACC) Agreement with states and territories. This will provide the necessary vehicle to extend reforms across the HACC Program at the same time as improving our community care programs.

There are many challenges ahead for the aged and community care system and it is important that we put in place now appropriate policy settings. The administrative reforms presented in this booklet will build on the strengths of existing community care programs while delivering a less complex, stronger system capable of responding to the challenges that lie ahead.

Invaluable advice from many experts, practitioners and older Australians has informed the Australian Government's proposals for the way forward. I thank them all for their contributions. I believe that our nation will regard this work as one of the important turning points in community care. The convergence of views about what is required to improve community care provides a very solid platform for change.

Carers, paid workers and volunteers are at the heart of the community care system. I thank them for the support and love and care that they provide and I look forward to continuing to work with them to ensure our reforms meet their needs.

The way forward is clear. Now the detailed work to implement the reforms begins.

A handwritten signature in black ink that reads "Julie Bishop". The signature is written in a cursive, flowing style.

The Hon Julie Bishop MP

Minister for Ageing

## The Way Forward— *In Brief*

### **What will changes to the community care programs achieve?**

They will result in a simple, streamlined and better coordinated community care system able to meet the needs of older people and people with disabilities who require assistance and their carers. A consistent approach toward program administration will be adopted in the following areas:

- Assessment for need and eligibility.
- Access to services.
- Eligibility criteria.
- A common approach to determining consumer fees.
- Accountability.
- Quality Assurance.
- Information management and data collection.
- Planning.

### **How will this help consumers?**

#### *Easier access to care and support.*

There will be easily identifiable access to assistance that will help people to understand what support is available to them. A single 1800 number will be available to connect the person or their carer with a trained worker who can tell them, over the phone, if they are eligible for government subsidised community care services and which service type will best meet their needs.

#### *A fairer system.*

Access to similar services will be based on a consistent approach to assessing need across all regions of Australia. Consistent eligibility criteria will be developed to support this process, making for a more transparent system for consumers. A consistent approach to determining consumer fees across programs will also mean a fairer system.

*Relevant personal information that does not change will only need to be given once.*

A more integrated community care system will have streamlined information flows so that the person in need of support is only required to give personal information once to help determine their eligibility. Relevant information about a person will be collected in a standard format at the point of entry to the system, such as a Commonwealth Carelink Centre or a major service provider, subject to the agreement of each individual. This information can be exchanged between authorised community care providers used by the individual via a secure network. The information would be shared with authorised care providers within strict privacy safeguards. This will ensure that vital information is available and is coordinated.

*Comprehensive services will be provided.*

The comprehensive system will have care spanning a variety of service types offering different levels of support intensity. Available resources will be balanced to ensure both basic and more intensive services are available to consumers. Better coordinated planning across the HACC Program and other community care programs will ensure that the right mix of services is available to people within each region.

*There will be greater consistency in the quality of care.*

Community care service providers will be required to show government that they are meeting standards of care to an appropriate level.

## **How will this help service providers and care workers?**

*Simplified administrative and financial management of community care programs.*

A consistent approach to reporting on financial and performance management and data collection across programs will result in reduced paperwork for service providers.

*A consistent approach to quality assurance across programs.*

A single agreed quality assurance process will ensure providers are clear about their responsibilities in community care.

*National targeting strategies to ensure an appropriate balance of resources across different levels and types of care.*

At the national and state level, resources will be targeted to ensure an appropriate balance of services is available. At the service delivery level, clear and consistent eligibility criteria will assist service providers to make decisions about allocating service priorities.

*Improved coordination and continuity of care between programs.*

Better information sharing across programs will see reduced duplication for service providers because necessary personal information required to determine eligibility and for data collections will only need to be collected once.

# The Way Forward— *summary of action areas*

## 1 Addressing overlap and gaps in service delivery

- 1.1 Develop common arrangements for Australian Government community care programs funded through the Department of Health and Ageing, within a national framework.
- 1.2 Work with state and territory governments to collaboratively review the current HACC Agreement and to negotiate a new Agreement, underpinned by the principle of common arrangements across community care programs and aligning the HACC Program with other programs in the service continuum.
- 1.3 Work with state and territory governments to develop administrative arrangements that support the allocation and management of HACC funds across a three-tiered community care system, based on different levels of care and support.
- 1.4 Work with state and territory governments to achieve greater alignment of CACP and EACH packages with other services within the Packaged Care Tier and to identify appropriate responses for intensive users of HACC services.
- 1.5 Develop consistent eligibility criteria for community care programs, including working with state and territory governments to review jointly the eligibility criteria for the HACC Program, with reference to the national framework.
- 1.6 Work with state and territory governments, in the context of reviewing the HACC Agreements, to jointly identify opportunities to better coordinate planning between the HACC Program and other relevant programs.
- 1.7 Develop a common assessment approach across community and residential aged care, consistent with recommendations arising from the *Review of Pricing Arrangements in Residential Care*.

## 2 Easier access to services

- 2.1 Work with state and territory governments to develop collaboratively nationally consistent intake assessment for HACC services within the national framework that also encompasses other community care programs.
- 2.2 Work with state and territory governments to develop collaboratively the comprehensive assessment system necessary to determine eligibility for the Packaged Care Tier.

- 2.3 Work with state and territory governments to identify entry points that can be easily accessed by consumers seeking community care services, based on existing infrastructure.
- 2.4 Scope the development of a continuous client record for electronic exchange between authorised service providers, supported by strict privacy safeguards and a secure network.

### **3 Enhanced service management**

- 3.1 Finalise the development of a standard financial reporting tool for Department of Health and Ageing community care programs.
- 3.2 Work with state and territory governments to jointly develop a consistent approach to financial reporting for the HACC Program, in line with other community care programs.
- 3.3 Implement the 2004–05 Budget initiative focused on developing and implementing a quality assurance model for the CACP, EACH and NRCP programs.
- 3.4 Work with state and territory governments to jointly develop a single approach to quality assurance for the HACC Program and other community care programs.
- 3.5 Fund the development of an information and data management plan, based on existing infrastructure, to support common arrangements within the national framework. States and territories will be invited to participate in the development of the plan.
- 3.6 Fund, in close consultation with state and territory governments and other relevant stakeholders, the development of a nationally consistent approach to consumer fees that builds on existing fee structures in key programs such as the HACC Program and CACPs.

## 4 Streamlining Australian Government funded programs

- 4.1 Explore options for merging the functions and infrastructure of Commonwealth Carer Respite Centres and Commonwealth Carelink Centres where appropriate.
- 4.2 Develop the necessary amendments to the *Aged Care Act 1997* to align EACH within community care programs.
- 4.3 Develop a single national contract for specialist information, support and advice on carer identified issues.
- 4.4 Develop a single national contract for dementia initiatives.
- 4.5 Better integrate initiatives under the Continence Management Strategy.
- 4.6 Merge the funding and functions of the Aged Care Assessment Team and Dementia Support for Assessment Programs, while retaining a focus on supporting the assessment of people with dementia.
- 4.7 Apply common arrangements in Day Therapy Centres.
- 4.8 Apply common arrangements in respite services funded under the National Respite for Carers Program.

## 5 A partnership approach

- 5.1 Work with state and territory governments to collaboratively review the current HACC Agreement and to negotiate a new Agreement, underpinned by the principle of common arrangements across community care programs and aligning the HACC Program with other programs in the service continuum (as per Action 1.2).
- 5.2 Guidance and input on *A New Strategy For Community Care—The Way Forward* will be provided to the Australian Government by an expanded National Reference Group for the Review of Community Care.
- 5.3 Fund the development of appropriate resources to ensure consumers and service providers understand the changes arising from the Community Care Review and how these will affect them.

# Introduction

## Background

Since coming to office in 1996, the Howard Government has developed policies and programs that have expanded the range and availability of community care services. Australian Government funding has resulted in a community care system that allows many frail aged people and people with disabilities to continue living independently. This has been done with the considerable contribution of family carers and volunteers and is assisted by funding through state and territory governments.

Community care programs are based on the philosophy that most people value being able to live in their own home and a recognition that some older people and people with a disability may find this difficult without assistance.

Community care is delivered in an increasingly complex environment. As the need for community care has grown, so has the number of separately funded government programs. While considerable progress has been made in expanding the range and level of community care services, the complexity and diversity of the system can make it difficult for consumers to find and access the care they need, particularly as individual care needs change over time. The current arrangements could also be improved for service providers so that they do not have unnecessary administrative costs from meeting different accountability requirements across similar programs.

Although the ageing of the Australian population is not expected to have a major impact on the Australian Government's Budget for at least another 15 years, the Government's *Intergenerational Report 2002–03* clearly identified that forward planning for these developments is important, to ensure that governments will be well placed to meet emerging policy challenges in a timely and effective manner<sup>1</sup>.

In March 2003, the Australian Government released a consultation paper, *A New Strategy for Community Care*, which marked the beginning of the Government's consultation process to improve the community care system for the growing number of Australians that will need its services in the years ahead.

Discussions with state and territory governments, consumer and service provider representative groups followed and written submissions were received. In June 2003 a National Reference Group for the Review of Community Care, comprised of individuals with expertise in the various areas of community care, was established to provide technical input and guidance into aspects of the current arrangements which could be improved.

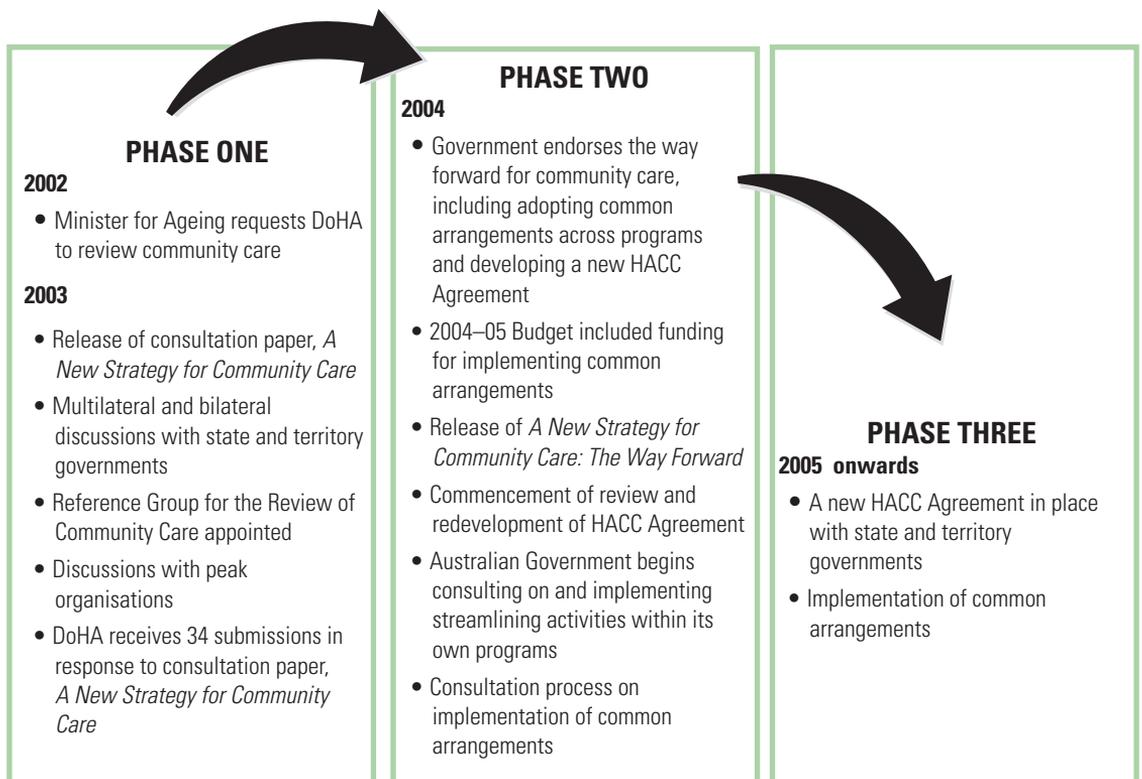
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<sup>1</sup> Commonwealth of Australia, 2002–03 Budget Paper No. 5 Intergenerational Report 2002–03, 14 May 2002.

At the same time as reviewing community care, a comprehensive *Review of Pricing Arrangements in Residential Aged Care* was commissioned by the Australian Government. The Government's Response to the Pricing Review underpinned the \$2.2 billion aged care package, *Investing in Australia's Aged Care, More Places, Better Care*, released in the 2004–05 Budget. A theme emerging from both reviews is the need to develop a consistent approach to assessment across the community and residential sectors in order to manage transitions for people moving between different care settings and to improve overall access to services by people needing help. The \$2.2 billion aged care package included an allocation of \$47.9 million over four years to develop this consistent model of assessment.

The first phase of reviewing the community care system and identifying the reform agenda is now complete. A number of processes will now flow from this as outlined in Diagram 1 below.

Diagram 1: Community Care Review Processes



## *The Way Forward*

This booklet marks the beginning of the second phase in the process of improving community care. It outlines the action that the Australian Government, in consultation with state and territory governments and service provider and consumer representatives, will take from 2004–05. It foreshadows a package of substantive initiatives to guide intentions into reality.

Five broad areas of action have been identified:

- addressing gaps and overlaps in service delivery;
- easier access to services;
- enhanced service management;
- streamlining of Australian Government programs; and
- a partnership approach.

The action areas are based on those ideas proposed in *A New Strategy for Community Care* that received strong support from stakeholders. They are also consistent with strategies outlined by prominent organisations and groups such as the Myer Foundation, Catholic Health Australia and Aged Care Services Australia, whose reviews of community care concluded that change is urgently needed to reduce system fragmentation and complexity.

The Australian Government's way forward is a pragmatic approach to bringing community care programs together and reducing complexity that will see minimal disruption to current service provision whilst achieving greater integration, as well as a simpler and fairer system for consumers. While the focus in the first instance is on programs funded through the Australian Government Department of Health and Ageing, there is scope to extend the approach outlined in this booklet to other related programs. Discussions have commenced with relevant departments in this regard.

The Australian Government recognises that state and territory governments play a significant role in community care through jointly funding and administering the Home and Community Care (HACC) Program and disability programs, as well as a number of their own community care initiatives. Along with Community Aged Care Packages, the HACC Program provides the cornerstone of community care services in Australia and, as such, will be the focus of the reforms outlined in this document.

This review offers the opportunity for the Australian and State and Territory Governments to improve the HACC Program and to work toward a new Agreement underpinned by the principles of common arrangements in community care.

Effective consultation and communication with the community care sector will be an integral part of the reform process. Input from peak industry and consumer organisations will be welcomed. The Minister for Ageing, the Hon Julie Bishop MP, has given her commitment to an ongoing role for the National Reference Group for the Review of Community Care.

An Australian Government commitment to growth and expansion in community care services will continue in 2004–05 and beyond. An overall increase of over \$100 million will be provided across all community care programs funded through the Department of Health and Ageing in 2004–05, an increase of 8.1 per cent on the previous year. This increase will be of immediate benefit to the people who rely on community care services to maintain independent living in the community, with more hours of care and other services becoming available.

## **Building a better community care system— 2004–05 Budget measures**

The Australian Government has allocated substantial funding to community care in the 2004–05 Budget to build on the achievements of the past. As well as providing additional funding for more services, the 2004–05 Budget made provision for better services through the implementation of *A New Strategy for Community Care—The Way Forward*. In total, the Australian Government is budgeting to allocate almost \$6.4 billion to community care programs through the Department of Health and Ageing over the next four years.

### **The 2004–05 Budget Measures**

#### **More Services**

##### *Community aged care places*

An estimation of some \$1.8 billion will be provided in 2004–05 and the three forward years for community aged care places through both the Community Aged Care Package (CACP) and Extended Aged Care in the Home (EACH) programs.

The \$2.2 billion aged care package, *Investing in Australia's Aged Care: More Places, Better Care*, included doubling the provision of places offered in the community to 20 places for every 1,000 people aged 70 or over. This is in line with the preference of older Australians to receive care in their own homes.

Over 35,000 CACP places will be rolled out by 2006 and there will be a controlled expansion of the EACH program, with over 3,224 EACH places expected to be available in the same time frame.

##### *Home and Community Care (HACC) Program*

The Australian Government will provide \$792 million for the HACC Program in 2004–05, an increase of 8.12 per cent on the previous year. If the states and territories agree to match the Australian Government offer of funding, a total of some \$1.3 billion will be available for the HACC Program in 2004–05.

The Australian Government's contribution to the HACC Program is projected to increase to over \$1 billion by 2007–08.

### *Support for carers*

- National Respite for Carers Program—Funding for the National Respite for Carers Program has increased to an estimated \$104.9 million in 2004–05, an increase of over 6 per cent.
- Carers Package—This measure, which will be delivered through the Department of Family and Community Services, provides \$461 million for additional support to carers. The Carers Package includes: an extension of the Carer Allowance to carers who do not live with the people for whom they provide substantial levels of care; a one-off Carer Bonus of \$1,000 to eligible recipients; and respite services for young carers and for parents of people with a disability in prescribed circumstances.

### *Transition care places*

There is a growing need for a new model of care that sits between the hospital and long term aged care sectors. The Australian Government's \$2.2 billion aged care package includes the allocation of up to 2,000 new transition care places over the next three years, under a new cost shared model with states and territories, to help older people make the transition from hospital to aged care. This will allow them to receive rehabilitation services and support to increase their independence and confidence, and give them time to assess whether they can return home with additional support from community services or need to consider the level of care provided in an aged care home.

## **Better Services**

### *Implementing 'A New Strategy For Community Care—The Way Forward'*

\$26.1 million has been allocated over four years to implement the action areas outlined in this booklet, *A New Strategy for Community Care—The Way Forward*. Specific initiatives which will be developed through this funding include a common approach to assessment across the care continuum, a consistent approach to data collection, a consistent approach to consumer fees, standardised accountability and quality assurance and a coordinated approach to planning.

### *Strengthening assessment services*

The capacity of Aged Care Assessment Teams (ACAT) will be significantly strengthened with an additional \$21.7 million over four years, increasing ACAT funding to \$51.7 million in 2004–05. This funding will provide for more timely assessments for entry into a residential care place and enable higher levels of case management and review of care needs, and is a key component of the enhancements to the community care system.

### *Quality assurance*

Funding of \$13.7 million will be provided over four years for a quality assurance framework across Community Aged Care Packages, Extended Aged Care Packages in the Home and the National Respite for Carers Program. This funding will provide for the establishment of a quality assurance and monitoring system targeting approximately 1,500 services, which together provide care to approximately 105,000 Australians.

## A record of solid achievement— *Australian Government funding for community care 1995–96 to 2003–04*

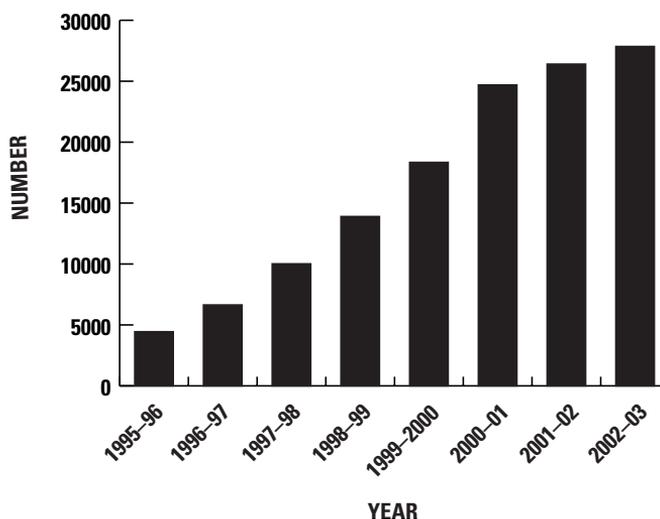
Australian Government expenditure on community care, through the Department of Health and Ageing, has expanded by some \$842 million over the last eight years, to \$1.3 billion in 2003–04<sup>2</sup>. The Government has responded to a high level of demand for diverse services and people's preference to remain at home living independently for as long as possible. Program growth has served to build the foundations of a multi-faceted community care system that supports the frail aged, people with disabilities and their carers to get the assistance they need.

The major community care programs are set out below, with the full list shown at Appendix 1. Detailed information about all of the programs, including how they can be accessed, can be found at the following website: <http://www.ageing.health.gov.au>

### *Community Aged Care Packages (CACP)*

Community Aged Care Packages provide the equivalent of low level residential aged care in the home for people needing personal care, domestic assistance and similar services. Between 1995–96 and 2003–04, the Australian Government increased funding for CACPs by more than 830 per cent. Over \$307.9 million was made available in 2003–04 for the CACP program and in December 2003, around 28,000 people were receiving care in this way.

### Number of Community Aged Care Packages, 1995–96 to 2002–03



<sup>2</sup> A variety of programs funded through separate Australian Government departments contribute to the system of community care. Funding of \$1.3 billion in 2003–04 only represents funding provided through Department of Health and Ageing community care programs.

### *Extended Aged Care at Home (EACH) Packages*

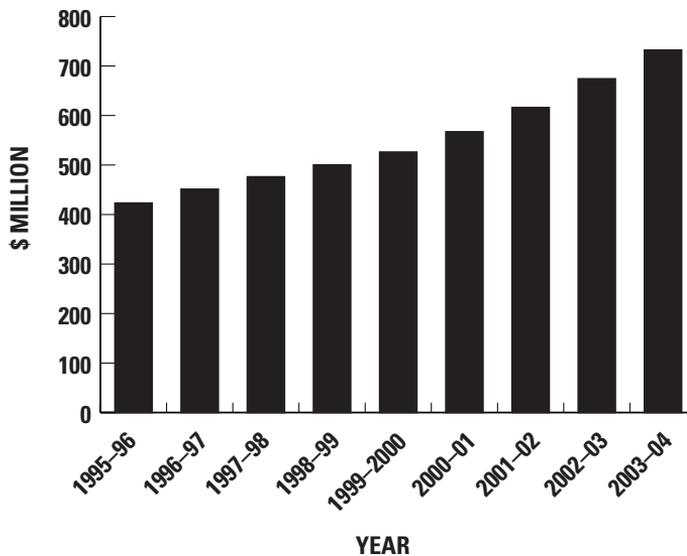
Extended Aged Care at Home Packages, which were introduced by the Australian Government in 1998, provide high-level care to people living at home who need more assistance than a Community Aged Care Package can provide. The Government provided \$31.8 million in 2003–04, supporting more than 900 older Australians to satisfy their choice to stay at home.

### *Home and Community Care (HACC) Program*

The Home and Community Care Program is jointly funded by the Australian Government and by the state and territory governments. The Australian Government provides around 60 per cent of the funding for HACC services, such as Meals on Wheels and community nursing. These services support older Australians, younger people with disabilities and their carers.

The Australian Government contributed \$732.4 million for HACC services in 2003–04, a more than 70 per cent increase since 1996. With the state and territory government contributions, total funding for HACC services in 2003–04 was some \$1.2 billion.

### Australian Government funding for Home and Community Care Services, 1995–96 to 2003–04



In 2002–03, HACC services provided more than 11 million meals and over 29 million hours of services, including:

- 6.6 million hours of domestic assistance;
- 2.9 million hours of social support; and
- 1.5 million hours of respite care.

### *Aged Care Assessment Program*

The Aged Care Assessment Program (ACAP) is an initiative of the Australian Government. Under a cooperative working arrangement, the Australian Government provides grants to state and territory governments to operate Aged Care Assessment Teams (ACATs).

Aged Care Assessment Teams are crucial to ensuring that people receive the right care and can decide whether they continue to live at home or now need the 24 hour care provided by an aged care home. They are also often the first point of contact when older Australians seek aged care services.

Funding for ACAP has steadily increased since 1996, with a total of some \$47.1 million provided in 2003–04.

### *Commonwealth Carelink Program*

In 1999–2000 the Australian Government established the Commonwealth Carelink Program, a national network of centres designed to assist people to access general information about health and aged care services in each region. Funding for Carelink in 2003–04 was \$13.8 million, supporting 65 information outlets across 54 regions nationally.

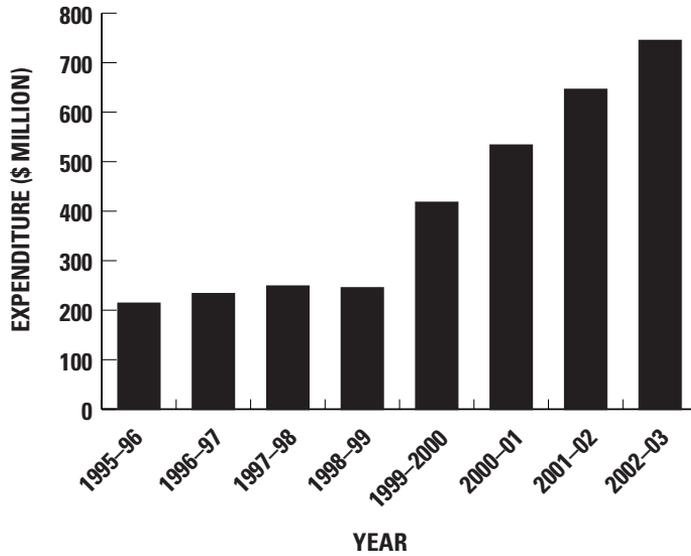
### *Support for carers*

Since coming to office in 1996, the Howard Government has recognised the significant contribution individual carers make to the lives of older Australians and people with disabilities, including many who would not otherwise be able to remain at home.

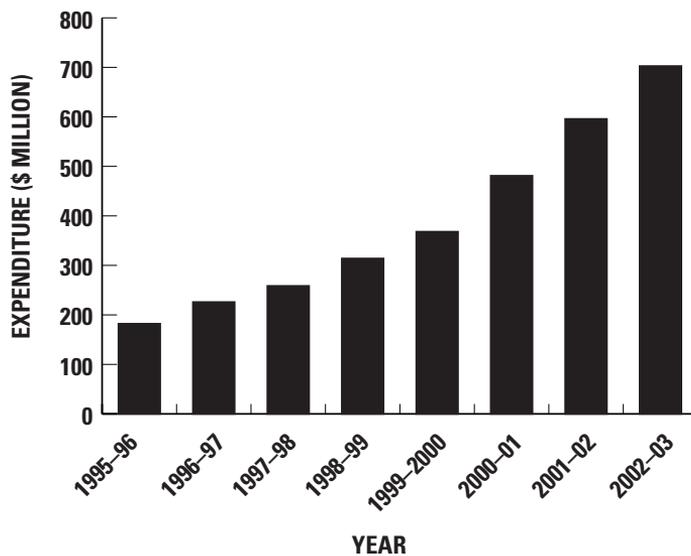
The Australian Government provides financial support to carers through carers' payments made by the Department of Family and Community Services (around \$1.4 billion in 2002–03). Carer Payment is an income support payment for people whose caring responsibilities prevent them from undertaking substantial workforce participation. Carer Allowance is an income supplement for people who provide daily care and attention at home for an adult or child with a disability or severe medical condition.

The following graphs demonstrate the considerable growth in each of these programs between 1995–96 and 2002–03.

### Growth in Carer Allowance 1995–96 to 2002–03<sup>3</sup>



### Growth in Carer Payments 1995–96 to 2002–03<sup>3</sup>



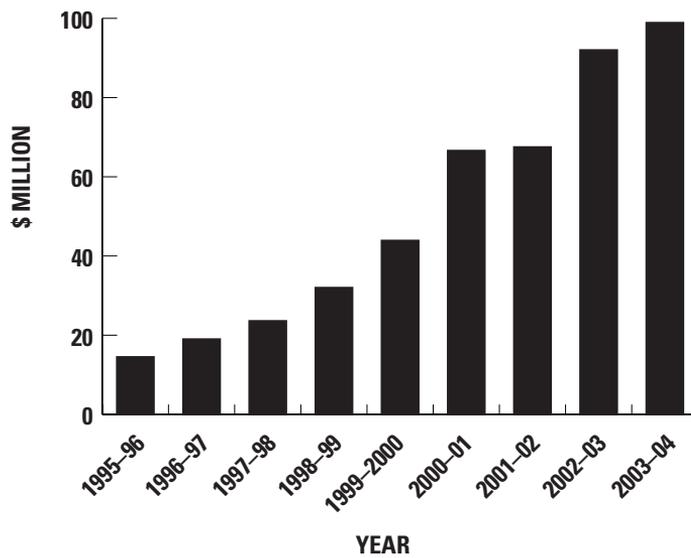
<sup>3</sup> Funding for Carer Allowance and Carer Payments is administered through the Department of Family and Community Services.

The Australian Government also supports carers through the National Respite for Carers Program, which allows carers of older people and people with disabilities to have a break to look after their own health and wellbeing, with the comfort of knowing that their dependants are well looked after.

Funding for the program has increased more than sixfold since 1995–96, to some \$99 million in 2003–04. The program provides information, counselling and support for carers, as well as assistance to help them take a break from caring.

### Australian Government support for the National Respite for Carers Program, 1995–96 to 2003–04

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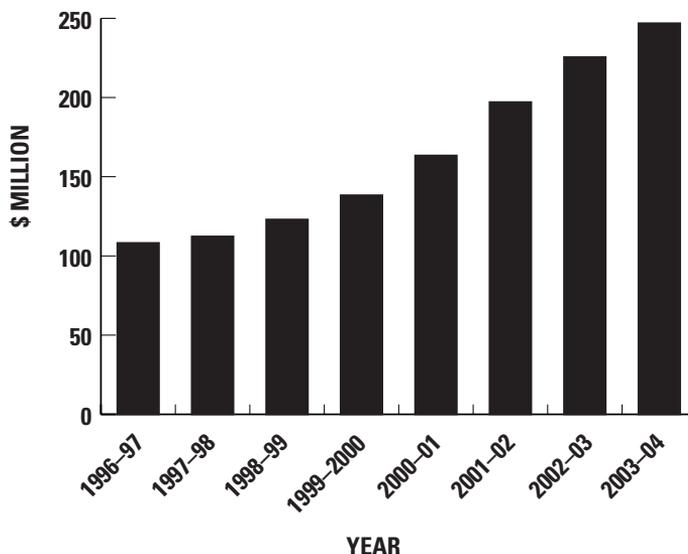


Commonwealth Carer Respite Centres across the nation coordinate respite services, help carers to access respite when needed, and provide information and support for carers. They can assist carers to obtain respite services funded through the National Respite for Carers Program. Commonwealth Carer Resource Centres provide a single point of contact in each state and territory for carers to obtain information and advice on all aspects of caring and implement the National Carer Counselling Program that provides carers with specialised professional counselling.

### *Dementia initiatives*

Recent population figures indicate that about 176,000 Australians have dementia. Australian Government programs supporting people with dementia and their carers, currently attract funding of over \$2.6 billion annually, and include community care, residential care and funding for dementia support services, respite, medications, and research. Since 1996, funding for community care services supporting people with dementia has increased by almost \$138 million per annum, an overall increase of 128 per cent.

## Community Care Expenditure on Dementia



## **The Way Forward**

# *Addressing overlap and gaps in service delivery*

### *A national framework for community care*

The Australian Government considers that, while our community care system is first class by world standards, it would be enhanced by improved coordination between different levels of government and within the service system, thus lessening service gaps and overlaps.

Many reports and submissions have been put forward by the community care sector in the last two years on ways to reduce program overlap. A common theme recurring through reports and submissions is the need to develop an overarching framework that brings together all community care programs and addresses roles and responsibilities of the Australian and State and Territory Governments.

As outlined in *A New Strategy for Community Care*, the Australian Government intends to develop an overarching framework within which all community care programs operate. The framework will seek to achieve consistency and common arrangements across community care programs in the following key areas:

- Assessment for need and eligibility.
- Access to services.
- Eligibility criteria.
- A common approach to determining consumer fees.
- Accountability.
- Quality Assurance.
- Information management and data collection.
- Planning.

The framework will also introduce national targeting strategies to ensure an appropriate balance of HACC funding across care needs and would be underpinned by the objective of achieving greater alignment between the HACC Program and other community care programs. The HACC Agreement is due to be reviewed, presenting the opportunity to reflect measures to achieve greater alignment in the new Agreement.

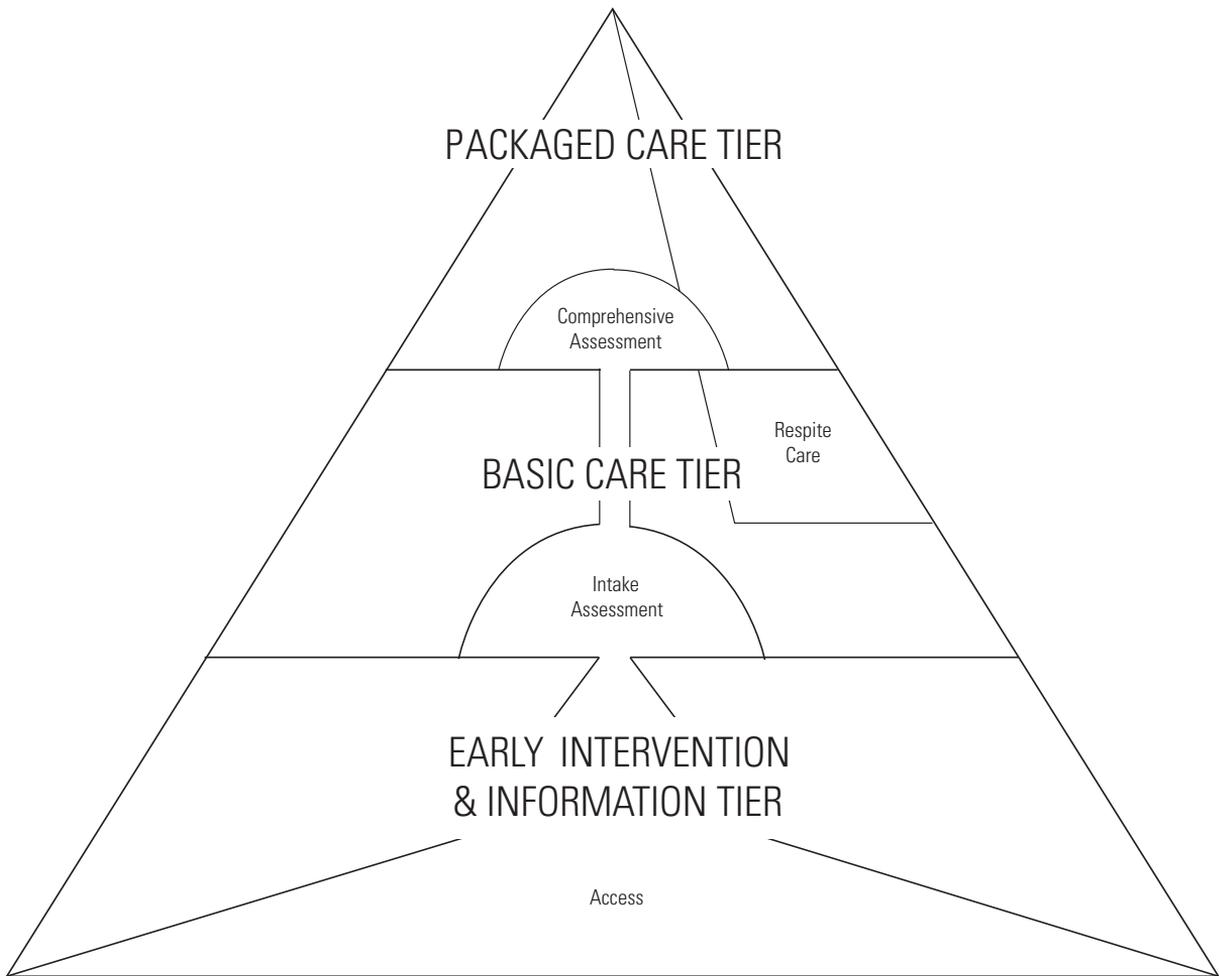


Diagram 2: A Tiered Model of Service Provision<sup>4</sup>

The Department of Health and Ageing will be addressing differences across its own programs (as explained in later sections), including streamlining programs and adopting the common arrangements approach, consistent with the national framework for community care. The Australian Government hopes that the states and territories will work collaboratively to streamline and align the HACC Program consistent with the national framework.

The success of the reforms will depend on the degree of cooperation displayed by stakeholders.

4. Based on concepts presented in Howe, A.L. and Gray, L. (1999) Targeting in the Home and Community Care Program, July 1999—No 3. Aged and community service development evaluation reports, No 37. Canberra, AGPS.

### **Action 1.1**

Common arrangements will be developed, within a national framework, for Australian Government community care programs funded through the Department of Health and Ageing. Potential for extending common assessment, data collection and quality assurance monitoring into the Veterans' Home Care Program will be explored.

### **Action 1.2**

The Australian Government will work with state and territory governments to collaboratively review the current HACC Agreement and to negotiate a new Agreement, underpinned by the principle of common arrangements across community care programs and aligning the HACC Program with other programs in the service continuum.

### ***National targeting strategies***

Submissions received expressed support for the concept of aligning services within a three-tiered model to ensure an appropriate balance of funding is available for all levels of care and support.

A *New Strategy for Community Care* proposed the alignment of programs across three tiers: an Early Intervention and Information Tier, Basic Care Tier and a Packaged Care Tier.

Submissions supporting this proposal emphasised the need to maintain flexibility in the process of allocating funds across tiers to ensure capacity to respond to local priorities.

Submissions also noted the need to consider different categories within the Packaged Care Tier through better aligning CACP and EACH packages with other relevant package programs. It was also suggested that a specific response needs to be developed within the Packaged Care Tier for those people who are intensive users of HACC services.

### **Action 1.3**

The Australian Government will work with states and territories to develop administrative arrangements that would support the allocation of HACC funds across a three-tiered community care system, based on different levels of care and support.

### **Action 1.4**

The Australian Government will work with state and territory governments to achieve greater alignment of CACP and EACH packages with other services within the Packaged Care Tier and to identify appropriate responses for intensive users of HACC services.

#### *Consistent eligibility criteria*

Submissions put forward by HACC service providers confirmed that consistent eligibility criteria are required at the service level to ensure that limited resources are directed at those most in need. The use of inconsistent eligibility criteria results in possible inequities in access to services across and within states and territories and between service providers. Addressing this issue and responding to program overlaps and gaps requires the development of consistent eligibility criteria across all community care programs.

### **Action 1.5**

The Australian Government will develop consistent eligibility criteria for its community care programs, and work with state and territory governments to review jointly the eligibility criteria for the HACC Program compared with other community care programs, with reference to the national framework. The aim is to create complementary services and minimise gaps and overlaps between programs.

### *Integrated planning*

*A New Strategy for Community Care* proposed the development of a more integrated planning approach that would bring together the planning processes for the allocation of Australian Government funded community care programs and the HACC Program.

The objective of the planning approach would be to ensure that planning and resource allocation across programs such as the HACC Program, CACPs, EACH and the National Respite for Carers Program (NRCP) is better coordinated through, for instance, enhanced data sharing and common planning parameters.

The Australian Government is proposing that a new HACC Agreement include a three year planning approach for the HACC Program. This will complement changes to planning arrangements arising from the Australian Government's response to the *Review of Pricing Arrangements in Residential Aged Care*. The changes involve announcing aged care places three years in advance, thereby creating the opportunity for better coordination between planning for residential and community care.

#### **Action 1.6**

The Australian Government will work with state and territory governments, in the context of reviewing the HACC Agreements, to jointly identify opportunities to better coordinate planning between the HACC Program and other relevant programs.

### *Linkages with other systems*

Community care encompasses services beyond the 17 programs funded through the Department of Health and Ageing. Such services include home nursing, disability support services, allied health and community health. Additionally, people who use community care are also likely to need other services occasionally, such as hospitals, residential care and primary care. Linkages with other service systems are an important part of delivering safe and effective community care. Linkage and coordination of services for those people who have a range of health and community care needs would be best undertaken at the local level.

The Australian Government has identified that the residential aged care system, disability services and programs targeting veterans are important linkages at the national level that should be taken into account in the development of the national framework for community care.

The Australian Government Departments of Health and Ageing and Family and Community Services are involved in discussions regarding the link between disability services and the HACC Program. Similarly, discussions are also underway between the Departments of Health and Ageing and Veterans' Affairs regarding the role of the Veterans' Home Care (VHC) program in the national framework for community care. Veterans' Affairs has already signaled its interest in working collaboratively to develop common arrangements across VHC in the areas of assessment, data and quality monitoring. These discussions will continue during the second phase of the review.

The Australian Government also wants developments in community care to be consistent with changes in residential aged care. This is an important service continuum for older Australians and systems need to be developed to allow a smooth transition for those people requiring support from both types of care.

#### **Action 1.7**

The Australian Government will develop a common assessment approach across community and residential aged care, consistent with recommendations arising from the *Review of Pricing Arrangements in Residential Care*. Additional funding for ACATs of \$21.7 million over four years will improve these linkages further through the provision of more timely assessment and case management of transitions across community and residential aged care programs.

A continuous client record (Action 2.4) will be developed, providing an appropriate referral record for both community care and residential aged care providers.

## *Easier access to services*

*A New Strategy for Community Care* proposed a two level approach to assessment to link people to the services they need, depending on whether people need basic support (the Basic Care Tier) or a more comprehensive package of support for higher care needs (the Packaged Care Tier). With the community care system continuing to expand, the need for consistent and effective assessment is essential.

Access to the Basic Care Tier will be through an easily administered intake assessment, while those with more intensive needs, necessitating Packaged Care services, will require a more rigorous comprehensive assessment. In this way, access to care will be based on assessed need and level of dependency that is determined consistently across the country.

The assessment system will be based on existing infrastructure and services. While there will be many identified entry points for assessing eligibility for Basic Care, there will be fewer agencies assessing for Packaged Care and potentially there will be some agencies assessing for both. The provision of intake assessment does not override the need for assessment by service providers to determine the precise level of service needed. This function will be retained by service providers.

### *Intake assessment for Basic Care*

A national intake assessment system will enable people who need Basic Care services to be assessed in an equitable way through consistent application of eligibility criteria. As outlined in Action 1.5, developing coherent eligibility criteria across similar community care programs is a precursor to developing the intake assessment system.

An approach to intake assessment is already well advanced for the Home and Community Care (HACC) Program, with some states running pilots focussed on testing a nine-item dependency tool at different sites. The Australian Government will invite states and territories to develop collaboratively intake assessment within a national framework, including intake assessment for other community care programs. The intention will be to adopt a national approach that will achieve better continuity of care for people using community care services.

A national approach would also support the availability of comprehensive data across community care programs. National data is critical to develop appropriate service responses and to underpin planning and resource allocation activities. It is also essential for assessing performance and to enable continuous improvement.

### **Action 2.1**

The Australian Government will work with state and territory governments to collaboratively develop intake assessment for HACC services within the national framework that also encompasses other community care programs. The Australian Government will fund the development of a nationally consistent intake assessment tool, encompassing the HACC nine-item dependency tool. The tool will, at a minimum, incorporate eligibility assessment for the HACC Program, the National Respite for Carers Program and the Day Therapy Centres Program.

Appropriate pilot testing will be a key feature of this development work.

### *Comprehensive assessment for Packaged Care*

There is broad agreement that comprehensive assessment for the Packaged Care Tier be largely based on the current Aged Care Assessment Program approach and infrastructure. While work will be undertaken to achieve more consistent eligibility criteria, comprehensive assessment for packages of care will involve a multi-disciplinary approach based on various factors. An approach to comprehensive assessment will be developed for the specific needs of younger people with disabilities.

### **Action 2.2**

The Australian Government will work with state and territory governments to develop collaboratively the comprehensive assessment system necessary to determine eligibility for the Packaged Care Tier.

### *Entry points to community care services*

Submissions expressed support for the development of clear entry points to the service system. A need for multiple entry points for access to Basic Care services was supported, along with the need to build on current services within local and regional networks.

Entry points will vary across geographic areas and will build on current access pathways. For instance, entry points in rural and isolated communities will need to reflect the tendency for people to visit their local health agency, such as a hospital or general practitioner. As a first step, the Australian Government, together with the state and territory governments, will undertake research into how people are currently accessing the community care system in different areas and then strengthen these entry points.

Entry points will need to operate in a nationally consistent manner, using a uniform intake assessment tool and a common approach to data collection. It is envisaged that at a minimum all entry points will provide information, a consistent approach to assessment, supported referral and the generation of a continuous electronic client record that, with client consent, will travel with the client through the service system.

Service providers will continue to have a role in client assessment for service intensity and ongoing monitoring of care plans.

### **Action 2.3**

The Australian Government will work with state and territory governments to identify entry points that can be easily accessed by consumers seeking community care services, based on existing infrastructure.

#### *Continuous electronic client record*

The continuous client record, with the appropriate privacy safeguards, is essential to ensuring that people's progress within the system can be monitored and that they can move easily across services as their needs change. The client record will also reduce the need for multiple assessments within the current system as it will be made available, with the individual's consent, to service providers as appropriate.

### **Action 2.4**

The Australian Government will fund a scoping study on the development of a continuous electronic client record for voluntary use by consumers, noting that privacy, confidentiality and security of personal information is paramount to both consumer and provider acceptance of electronic client records.

## *Enhanced service management*

The Australian Government is committed to establishing simplified accountability, information and quality systems that support rather than detract from service delivery. *A New Strategy for Community Care* proposed an approach that would see community care programs that deliver similar services reporting against a consistent accountability framework in the areas of financial reporting, service provision reporting (via a national minimum data set) and quality of service.

The development of common approaches to reporting performance outcomes across programs will streamline and reduce paperwork for service providers, particularly those funded through a number of community care programs.

Work is progressing on the development of a generic funding contract for Department of Health and Ageing community care programs that will include the new accountability framework.

### *Financial accountability*

A building block toward a common accountability framework is the development of a consistent approach to financial reporting. Community care organisations are required to submit financial acquittals to funding bodies, sometimes as frequently as every quarter. Different reporting proforma exist for acquittals across separate programs, meaning they often need to be manually prepared rather than automatically generated from the provider's accounting software.

The Department of Health and Ageing is developing a standard financial reporting tool, encompassing a core set of minimum financial information that all service providers will be required to submit. The tool has been pilot-tested across several sites and implementation is expected to commence in 2004–05. In the medium term, it is planned that financial acquittals will be sent electronically.

There would be added advantages for those service providers funded under a range of programs to have a consistent approach to financial reporting that also incorporated the Home and Community Care (HACC) Program.

### **Action 3.1**

The Department of Health and Ageing will finalise the development of a standard financial reporting tool for its own community care programs, with implementation commencing in 2004–05.

The Australian Government will fund the development of an information system within state and territory offices of the Department of Health and Ageing to receive financial acquittals electronically.

### **Action 3.2**

The Australian Government will work with state and territory governments to jointly develop a consistent approach to financial reporting for the HACC Program, in line with other community care programs.

### *Quality in community care*

The Australian Government is developing a model for monitoring the quality of service provided to community care recipients as part of the broader accountability framework. Industry consultation has already commenced on an appropriate quality assurance model for the Community Aged Care Package (CACCP) and the Extended Aged Care at Home (EACH) programs. The quality assurance model is aimed at ensuring that minimum care, safety and wellbeing expectations are achieved, without imposing unreasonable, additional and complex reporting processes on service providers. The quality assurance model will also integrate with consistent accountability mechanisms covering financial and service provision information.

The Australian Government allocated \$13.7 million in 2004–05 and out years to further develop and implement this model, including expanding it to cover other community care programs, such as the National Respite for Carers Program (NRCP). The funding will ensure the availability of Department of Health and Ageing staff in state and territory offices to undertake quality audits and service provider training. Implementation is expected to commence in 2005–06.

The HACC Program already has a widely implemented quality assurance system. As all but two of the HACC standards are similar to the standards of care for CACPs, the quality assurance model being developed by the Australian Government would interface with the HACC quality system. Service providers would be required to report separately against those

program standards that are different, but would be able to use the same information provided for those standards that are similar across different programs.

However, quality reporting would be further simplified for those service providers funded by the HACC Program and other community care programs through the adoption of a single quality assurance approach.

### **Action 3.3**

The Department of Health and Ageing will implement the 2004–05 Budget initiative focused on developing and implementing a quality assurance model for the CACP, EACH and NRCP programs.

### **Action 3.4**

The Australian Government will work with state and territory governments to jointly develop a single approach to quality assurance for the HACC Program and other community care programs.

### *Community care information and data management*

*A New Strategy for Community Care* identified the importance of developing information and data management practices that streamline administration and reporting and better support information sharing across community care providers. Information sharing across providers is a key factor in achieving a more streamlined community care system. A number of information and data management measures are proposed, including:

- Development of a national community care minimum data set for all community care programs, based on current minimum data sets across key programs, such as the HACC and the Aged Care Assessment Programs. The national minimum data set would underpin planning activities and accountability reporting.
- Development of consistent intake and assessment processes through easily identified entry points.
- Improved information sharing through an electronic client record.
- Improved sharing of information databases, such as the Commonwealth Carelink Program database, to support information provision by entry points across regions.

A comprehensive plan is required that will identify all information and data management measures required to support the implementation of common arrangements within the national framework.

The plan would take account of the intention to achieve consistent information and data management through the application of common business processes and uniform data and transmission standards, rather than common information technology systems.

### **Action 3.5**

The Australian Government will fund the development of an information and data management plan, based on existing infrastructure, to support common arrangements within the national framework. States and territories will be invited to participate in the development of the plan.

### *A common approach to determining consumer fees*

Fee structures and arrangements vary between community programs, posing inconsistencies and inequities for consumers who use a number of programs. Stakeholder feedback has supported the development of a simple, consistent and transparent methodology to determine fees across programs. Many submissions stressed that any fees policy should not limit access to services due to a recipient's inability to pay or contribute.

Australian Government community care programs approach fees in different ways. Individual service providers determine the charging of fees, with the Australian Government specifying a maximum cap to the amount of fees charged. The Australian Government is aiming to develop a consistent methodology for the determination of consumer fees across all its programs.

Ideally, this approach would extend to HACC services as well. A nationally consistent approach to fee setting would not necessarily translate into the same fee levels in each state and territory. State and territory governments would continue to determine the level of consumer fees for the HACC Program, as is the case now. However, at the service level, this would be supported by a consistent way of determining the fee.

### **Action 3.6**

The Australian Government will fund, in close consultation with state and territory governments and other relevant stakeholders, the development of a nationally consistent approach to consumer fees that builds on existing fee structures in key programs such as the HACC Program and CACPs.

The Departments of Family and Community Services and Veterans' Affairs will also be closely consulted in the development and implementation of a consistent consumer fees approach, to ensure special consideration of the impact of this policy on the needs of veterans and people with disabilities.

### *Workforce*

Consistent with the Australian Government's response to the *Review of Pricing Arrangements in Residential Aged Care*, work with states and territories will be undertaken to expand the number of aged care training places available in the Vocational Education and Training Sector.

## *Streamlining Australian Government funded programs*

The Australian Government recognises that many services are entering a period of transition as existing programs are streamlined. In order to ensure that there is sufficient flexibility for service providers to take into account the opportunities presented by a more simplified system, the Australian Government will be extending contracts for affected services until 30 June 2005. Extended contracts will foreshadow the Government's intention to implement common arrangements across community care programs as outlined in the 'Enhanced service management' section above.

### *Program alignments*

While it is feasible to merge programs with similar objectives and target groups, some programs are too specialised to merge. However, specialised programs could be administered more effectively through the application of common program management arrangements. Aligning programs through common arrangements will see community care programs working together as part of the service continuum and will assist consumers and service providers through reduced assessments and paperwork.

The Australian Government has decided that the following program alignments will be investigated further in 2004–05:

1. Explore options for merging the functions and infrastructure of Commonwealth Carer Respite Centres and Commonwealth Carelink Centres, and simplifying carers' access to information and advice where appropriate.
2. Administratively merging Community Aged Care Packages and Extended Aged Care at Home.
3. Streamlining contracts for services currently provided by the three community care peak bodies—Carers Australia, Alzheimer's Australia and the Continence Foundation of Australia.
4. Merging the Dementia Support for Assessment Program with the Aged Care Assessment Program (ACAP), while maintaining a specific dementia focus in the ACAP.
5. Applying common program arrangements to Day Therapy Centre services.
6. Applying common arrangements to Respite Services funded through the National Respite for Carers Program (NRCP).

These proposals will be further developed in 2004–05, in consultation with the relevant service providers and stakeholders. Merging the Dementia Support for Assessment Program with the Aged Care Assessment Program involves an administrative alignment within the Department of Health and Ageing and thus will be initiated quickly.

Two programs, Assistance with Care and Housing for the Aged (ACHA) and Safe at Home (SAH), are considered too specialised to integrate within the service tier structure referred to earlier in 'Addressing overlap and gaps in service delivery'. The SAH program will continue to service current clients. Services presently available to people under this program are also available to more people under the Home and Community Care (HACC) Program and through CACPs. The ACHA program will continue unchanged. Both programs will continue to provide accountability reporting commensurate with the level of funding received.

## **1. Commonwealth Carer Respite Centres and Commonwealth Carelink Centres**

The Commonwealth Carer Respite Centres (CCRCs) and Commonwealth Carelink Centres (CCCs) perform different functions. However, there is the potential for duplication in the provision of information to carers across both programs. CCCs provide information about community care, disability services and residential services within a defined region, while CCRCs provide information on available respite care in a defined region, including residential, in home, day care, emergency respite, and respite for people with disabilities. CCRCs also provide information about general services and support for carers and have brokerage money that enables them to purchase respite care on behalf of clients when necessary.

CCRCs have 61 centres and 32 outlets across Australia. CCCs have 54 centres with some 65 outlets across Australia. Both programs fund centres aligned with the HACC Program planning regions and can be accessed in person through shopfronts or a single national telephone number that switches people through to their nearest centre. The programs have separate 1800 numbers and different infrastructure and effectively operate as separate, independent entities. CCRCs and CCCs are co-located in a few regions and some share the same auspicing body.

#### **Action 4.1**

The Australian Government will explore, on a region by region basis, the potential for better aligning the functions and infrastructure supporting CCRCs and CCCs, including combining centres where appropriate. This streamlining will occur with regard to the development of identifiable entry points (see Action 2.3).

The Australian Government is committed to ensuring that access to community care is enhanced through streamlining programs. Both programs could be supported by a combined 1800 number, shared data bases and a closer working relationship as well as a common approach to accountability, quality and planning.

## **2. Community Aged Care Packages and Extended Aged Care at Home**

Most Extended Aged Care at Home (EACH) providers are also Community Aged Care Package (CACP) providers. The two programs deliver similar care services, though the EACH program delivers packages to people with a need for more intensive services. For this reason, EACH also provides nursing care as part of a package, which is not available under CACPs. CACP and EACH have separate administrative arrangements, including different accountability requirements, care standards, and user rights arrangements because the programs are underpinned by different legislative provisions under the *Aged Care Act 1997*. This has occurred because EACH was established as a pilot program under the provisions of the Flexible Care Subsidy. Given the popularity and expansion of the EACH program, it is now timely to align the program legislatively with CACPs.

#### **Action 4.2**

The Department of Health and Ageing, in consultation with EACH services providers, will consider the development of amendments to the *Aged Care Act 1997* and *Aged Care Principles* to align EACH within community care.

## **3. Revised and streamlined contracts for services provided by the three community care peak bodies**

### *Carer support*

The increase in carer support initiatives in recent years has resulted in a number of separately funded and administered contracts with Carers Australia and Carers Associations in each state and territory. This is administratively cumbersome and gives rise to duplication

of effort. A single contract is therefore proposed which would encompass existing funding streams allocated to carer support, through the Commonwealth Carer Resource Centres and the Carer Information and Support Program as funded components of the National Respite for Carers Program (NRCP). These functions are currently managed nationally by Carers Australia, and delivered through Carer Associations in each state and territory.

Consideration will also be given to simplifying carers' entry points to information, support and services, and building on networks and sources of information carers currently use, including those available to them at the regional level (see also Action 2.3).

### **Action 4.3**

The Australian Government will develop a single contract that combines the functions of the Commonwealth Carer Resource Centres and the Carer Information and Support Program for the provision of specialist information, support and advice on carer identified issues.

### *Dementia support*

Funding is currently provided to Alzheimer's Australia to manage four national dementia initiatives: the National Dementia Behaviour Advisory Service, the Carer Education and Workplace Training Project, the Early Stage Dementia, Support and Respite Project, and the Dementia Education and Support Program.

The development of a single national contract to provide the aligned services of these four current initiatives would streamline administration. A single contract would continue to require the provision of information, support and advice to people with, or carers of people with, dementia or challenging behaviours.

### **Action 4.4**

The Australian Government will develop a single national contract for the National Dementia Behaviour Advisory Service, the Carer Education and Workplace Training Project, the Early Stage Dementia, Support and Respite Project, and the Dementia Education and Support Program.

### *Continence support*

The Australian Government funds several continence management initiatives, both one-off and ongoing, under the National Continence Management Strategy. This includes funding to the Continence Foundation of Australia for a National Continence Helpline, which provides a confidential information and referral service to people affected by incontinence, their families and carers.

#### **Action 4.5**

The Australian Government will hold discussions with the Continence Foundation of Australia to better integrate initiatives under the Continence Management Strategy.

## **4. Merging the Dementia Support for Assessment Program with the Aged Care Assessment Program**

The Dementia Support for Assessment (DSA) is a small program that supplements Aged Care Assessment Teams (ACATs) in rural and remote areas to support the assessment of people with dementia. They are both Specific Purpose Payments to state and territory governments for assessment, but are funded through separate streams which, if merged, would achieve simplified administration and reduced paperwork.

#### **Action 4.6**

The funding and functions of the DSA and ACAT programs will be merged, while retaining a focus on supporting the assessment of people with dementia. The Australian Government will discuss with state and territory governments opportunities for streamlining the reporting requirements for the combined programs.

## **5. Applying common program arrangements to Day Therapy Centre services**

Day Therapy Centres (DTCs) provide therapy services, such as physiotherapy, occupational therapy, speech therapy and podiatry to frail older people living in the community and to low care residents of Australian Government funded aged care homes. The provision of

maintenance therapy plays a critical role in supporting the frail aged to remain at home, however the DTC program currently operates separately from other community care programs.

Service users will benefit from aligning the DTC program within the Basic Care Tier (as outlined in the 'Addressing overlap and gaps in service provision' section above), including a common approach to assessment of eligibility, accountability, quality assurance and data collection. This will help to integrate DTCs into mainstream community care services and simplify access to these services.

#### **Action 4.7**

The Australian Government will work with DTC providers and other relevant stakeholders to bring the DTC program into line with other community care programs in terms of assessment of eligibility, accountability, quality assurance and data collection, none of which currently apply to DTCs.

## **6. Applying common arrangements to respite services funded through the National Respite for Carers Program (NRCP)**

The NRCP funds some 455 community-based respite services to provide respite for carers and the people they care for in a variety of settings, including in-home, day centre, host family or overnight cottage-style accommodation. Currently there is a stocktake of these respite services underway with the aim of providing a profile of service delivery, carer access and usage. The adoption of common arrangements will also be required of respite services, to provide consistency with other community care programs.

#### **Action 4.8**

The Australian Government will, following the stocktake of respite services funded under NRCP, require these respite services to adopt common program arrangements consistent with other community care programs, in terms of assessment of eligibility, accountability, quality assurance and data collection.

## *A partnership approach*

The Australian Government has identified the need for three separate but related processes of consultation to implement *A New Strategy for Community Care*.

At the national level, the Australian Government will bring together all consultation processes and development work outlined in this booklet.

### *Collaboration across governments*

Better alignment of the HACC Program within the community care service continuum will be facilitated through a review of the current HACC Agreement and negotiation of a new Agreement in 2004–05, taking into account the need for an integrated community care system. The HACC Program has, since its creation in 1985, introduced many new developments and reforms based on a collaborative partnership between the Australian and State and Territory Governments. This collaboration provides a strong basis for further improving the community care system.

### **Action 5.1 (see also Action 1.2)**

The Australian Government will work with state and territory governments to collaboratively review the current HACC Agreement and to negotiate a new HACC Agreement, underpinned by the principle of common arrangements across community care programs and aligning the HACC Program with other programs in the community care service continuum.

### *Consultation with other Australian Government departments*

Achieving better alignment between HACC services and those provided under the Veteran's Home Care Program will also require a collaborative working relationship with the Australian Government Department of Veterans' Affairs.

### *Consultation with service providers and consumers*

The Australian Government has made significant progress in reviewing community care and developing a model for a new approach that is comprehensive, achievable and sustainable. The next phase of the *Community Care Review* involves refining each of the initiatives outlined in this booklet to a point where they can be implemented across the community care sector.

Alongside the process of developing common arrangements, the Australian Government is also streamlining its own programs. Consultation with service providers and consumers through peak organisations and directly with service providers will be central to streamlining proposals further over the next 12 months.

Special needs groups, such as Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people who are socially and financially disadvantaged and people living in rural and remote Australia may have different service needs compared with the rest of the target population. Provision will be built into the new system to respond flexibly to these special needs. The development of implementation policy will be underpinned by appropriate consultation with groups representing people with special needs.

### **Action 5.2**

The Australian Government will continue to seek guidance and input from an expanded National Reference Group for the Review of Community Care.

The Australian Government will also directly consult with peak industry and consumer groups, groups representing people with special needs, and service providers as necessary.

#### *Communicating progress and changes to industry and consumers*

The Australian Government is aiming to make the transition to the new system as smooth as possible for consumers and service providers. One of the ways in which this will be achieved is by ensuring that consumers, service providers and other relevant stakeholders remain informed about the reform process and the progress made in relation to reform initiatives. Communication is an integral component of successful reform.

### **Action 5.3**

The Australian Government will fund the development of appropriate resources for consumers and service providers to help them understand the changes arising from the reforms to community care.

## **Appendix 1—**

### *Community care programs funded through the Australian Government Department of Health and Ageing*

Community Aged Care Packages  
Community Aged Care Package Establishment Grants  
Extended Aged Care at Home  
Home and Community Care Program<sup>5</sup>  
National Respite for Carers Program  
Day Therapy Centres  
Psychogeriatric Units  
Continence Aids Assistance Scheme  
National Continence Management Strategy  
Assistance with Care and Housing for the Aged  
Aged Care Assessment Program  
Dementia Support for Assessment  
Commonwealth Carelink Program  
Dementia Education and Support Program  
Safe at Home  
Carers Information and Support Program  
Community Sector Support Scheme

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<sup>5</sup> The HACC Program is jointly funded by the Australian and State and Territory Governments.

## Appendix 2—

### *Letter from the National Reference Group for the Review of Community Care*

Reference Group on the Review of Community Care

Secretariat MDP 32  
PO Box 9848  
CANBERRA ACT 2600

20 January 2004

The Hon Julie Bishop MP  
Minister for Ageing  
Parliament House  
CANBERRA ACT 2600

Dear Minister Bishop

We would like to thank you for giving us the opportunity to participate on a personal basis in the Review of Community Care.

The Reference Group supports the need for improvement of the Australian community care system to improve outcomes for consumers and carers and to ensure a client focussed and viable national community care service system. We also support the Australian Government in seeking to improve the community care system through the Review of Community Care.

In progressing reform, we would urge the Government to acknowledge the value of frail older people, people with a disability and their carers and the contribution that they make to the social fabric of society. In saying this, every opportunity for people to live their lives as valued participants in society, without intrusion should be encouraged through a philosophy of fostering independence and improving and maintaining functional capacity where possible.

The Group endorses the overarching principles within the Working Paper, *A New Strategy for Community Care* and sees the Government's approach to developing a National Framework that aligns program and service tiers, regardless of funding stream, as a sensible way forward.

In addition to these principles we also propose the following, that the changes must:

- result in demonstrated improved outcomes for clients and their carers.
- recognise that frail aged people and people with a disability prefer to avoid residential care if possible.
- make available significantly increased resources for community care and support.
- improve coordination within the aged and community care sector to achieve better outcomes.
- strengthen support for volunteers and informal carers.
- identify multiple points of assessment.
- promote consistent assessment.
- show a clear developed rationale for transparency of allocation of resources across the Tiers.
- enable clients to access services freely between the tiers of care based on their needs.
- lead to efficiency and reduction in overheads.
- highlight the importance of providing people with choice and access to specialist services.
- note the significant workforce implications, both recognising the diversity of the current and the need for development and workforce growth.

A staged approach is supported to the implementation of the strategy given its complexity and the need to obtain the support of different levels of government as well as service providers, professional staff and care workers, consumers and carers. The priorities might be sequenced as follows:

1. Implementation from 1 July of the integration of Australian Government programs;
2. Improved access to information;
3. Implementation of synchronised planning to ensure the Australian Government and States are working together;
4. Agreement on eligibility and the tiers;
5. Agreement on the intake and assessment tools;
6. Implementation of new assessment arrangements for basic and higher levels of care; and;
7. Examine the benefits of new IT systems.

Effective Australian, State and Territory Government relationships are critical to effective service delivery in community care under the present division of governmental roles and responsibilities. For the success of the Community Care Review and subsequent implementation of the proposed improvements to be achieved, the Group urges the Australian, State and Territory Governments to put aside their differences and work together to deliver a new community care system. The Group believes that a new community care system will provide better and more economical care for frail aged people, people with a disability and their carers. This is a case where good social policy is clearly good economic policy.

There is also a need for service providers, professionals and consumers to commit to working cooperatively to achieve better outcomes for clients and real increases in service delivery and progress further the work already undertaken.

It is imperative that the Government recognises the importance of addressing the many interfaces with community care. There will need to be further improvements addressing interface issues, especially with the primary and acute health programs, residential aged care and disability services in order to achieve improved outcomes for community care clients.

The Australian Government should address workforce issues and we suggest that the community care workforce should be given equal consideration along with residential workforce issues in relation to professional development, working conditions, and wages.

The Group is also aware of the work being undertaken by the Australian Government in the Review of Pricing Arrangements for Residential Aged Care and understands that the outcomes of this Review may impact upon future directions for Community Care. We strongly encourage the Government to consider the outcomes of these two reviews and to pursue an integrated aged care system that responds to all levels of need in a consistent manner, with the most effective allocation of resources.

The Reference Group believes that the Working Paper, *A New Strategy for Community Care* provides a framework for improvement within community care. We see the proposed reforms as being achievable through a continued collaborative approach, between all levels of government, service providers, consumers and carers.

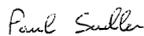
## Members of the Reference Group on the Review of Community Care



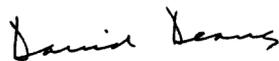
Irene Gibbons  
National Chief Executive Officer  
Carers Australia



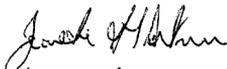
Glenn Rees  
National Executive Officer  
Alzheimer's Australia



Paul Sadler  
Chief Executive Officer  
Aged and Community Services, NSW/ACT



David Deans  
Chief Executive Officer  
National Seniors Association



Jeanette Antrum  
Former Director, NSW Meals on Wheels  
Secretary, Australian Meals on Wheels



Dr Sue Kurrle  
Geriatrician  
Bernard Curren Unit, Hornsby Hospital



Nieves Murray  
Regional Manager North District  
Illawarra Retirement Trust



Ian Hardy  
Chief Executive Officer  
Helping Hand Aged Care



Stephen Jolly  
Community Care Director  
Churches of Christ Homes



Peter Sparrow  
Manager, South and East Metropolitan  
Commonwealth Carer Respite Centre



Peter Johnstone  
Chief Executive Officer  
City of Boroondara, Victoria



Ross Bradshaw  
Executive Director  
Silver Chain



Francis Tapim  
Chief Executive Officer  
Magani Malu Kes



Sue Egan  
Convenor  
Australian Caucus of Disability  
Organisations

### **Appendix 3—**

#### ***Submissions received in response to the consultation paper, A New Strategy for Community Care***

- 1 Manningham City Council
- 2 Southern Services Reform Group
- 3 Macarthur Aged & Disability Forum
- 4 UnitingCare Australia
- 5 Legacy Co-ordinating Council Incorporated
- 6 Manly Warringah Pittwater HACC Subregional Forum
- 7 Australian Nursing Federation
- 8 Nardy House Quaama
- 9 Royal College of Nursing Australia
- 10 Australian Pensioners' and Superannuants' League Qld Inc
- 11 MS Society of Queensland
- 12 NSW HACC Issues Forum
- 13 NSW HACC Development Officers Network
- 14 Northern Collaborative Project, City of Salisbury
- 15 Aged and Community Services NSW/ACT
- 16 Ethnic Child Care, Family and Community Services Co-op Ltd
- 17 Regional Social Development Group Inc, (formerly the Deniliquin Council for Social Development Inc)
- 18 Centrelink
- 19 Ethnic Communities' Council of NSW Inc.
- 20 Inner West HACC Forum
- 21 The Disability Council of New South Wales

22	Carers Australia
23	Sutherland Shire Community Care Network
24	St George HACC Forum
25	Marrickville/Canterbury HACC Forum
26	Tandara Lodge Community Care Inc
27	Alzheimer’s Australia
28	The Peaks Groups Tasmania
29	Victorian Departmental Advisory Committee on HACC
30	Eastern Sydney Area HACC Forum
31	Municipal Association of Victoria
32	Victorian Carer Services Network
33	Aged and Community Services Australia
34	Catholic Health Australia

## **Appendix 4—** *List of acronyms*

ACAT	Aged Care Assessment Team
ACAP	Aged Care Assessment Program
CCCs	Commonwealth Carelink Centres
CCRCs	Commonwealth Carer Respite Centres
CACPs	Community Aged Care Packages
DTC	Day Therapy Centres
DSA	Dementia Support for Assessment
DoHA	Department of Health and Ageing
DVA	Department of Veterans' Affairs
EACH	Extended Aged Care in the Home
FaCS	Department of Family and Community Services
HACC	Home and Community Care
MDS	Minimum Data Set
NCCP	National Carer Counselling Program
NRCP	National Respite for Carers Program
SAH	Safe at Home program
VHC	Veterans' Home Care







