ANMF Response to Home Care Hearing: Draft Propositions

21 August 2020

Proposition HC1. More care at home to meet the preferences of older people wanting to age in place (transition proposition)

Until an integrated program of care at home is implemented (combining the Commonwealth Home Support Programme and the Home Care Packages Program), the Australian Government should:

- *immediately allocate a home care package at the assessed level to all people on the National Prioritisation Queue (waiting list) that do not have a package or do not have a package at the assessed need*
- *ensure that new entrants to the waiting list are allocated a home care package at their assessed level within one month of assessment*
- *allow access to the Commonwealth Home Support Programme for people using a home care package for social support services (group and individual), centre-based respite services, transport services and meals.*

Over the next three years, the Australian Government should transition to an integrated program of care at home (combining the Commonwealth Home Support Programme and the Home Care Packages Program) that offers care from very low needs (for example, one hour of domestic assistance per week) to high needs with a maximum equivalent to the maximum the assessed individual would receive in residential care.

The Australian Government should commence immediate work to implement a new planning system and appropriate safeguards to provide unrationed, demand-driven home support and care. The transition to an unrationed, demand-driven program should involve the steps set out in Proposition HC6. Other features of the new program are set out in the other propositions in this document.

In response to Proposition HC1 the ANMF supports the overall proposition that the Commonwealth Home Support Programme (CHSP) and the Home Care Packages Program (HCPP) should be combined. This needs to be done with consideration of the continuity of the workforce, ensuring that existing skills, knowledge of clients and local networks are not lost in the transition process. In addition, the transition process must ensure that services are offered with minimal disruption or administrative burden to home care recipients.

We note that the proposal is to provide an integrated program of care at home that offers care needs from very low needs to high needs with a maximum equivalent to the maximum the assessed individual would receive in residential care.

We make the following comments in relation to this proposal:

- Given the current time delay between assessment for a CHSP or HCPP it may be necessary to conduct new assessments to ensure the package delivered meets the assessed needs of the care recipient.
- The range of care needs to be provided in the integrated program are very wide and will range from arranging assistance with domestic tasks such as gardening, cleaning and cooking through to complex care of individuals with high care needs. This needs to be considered in

the development of the program and appropriately qualified and skilled staff matched to the level of care required. Ongoing assessment of care needs will be necessary to ensure the program is delivered to meet evolving care needs by suitably skilled and qualified staff.

- The ANMF queries how the maximum equivalent to the maximum the assessed individual would receive in residential care would operate in the home care setting. For example is this a monetary equivalent or the equivalent of assessed care needs? If the latter, how is it envisaged that high level care needs be met in the home at the appropriate level of safety and quality?
- This proposal, which anticipates greater numbers of people receiving care in the home and greater levels of care in the home, will require a significantly expanded workforce with commensurate skills and qualifications, including Registered Nurses required to deliver level 4 packages. This must be considered in the transition process.
- Provision of transport services funded distinctly from direct care services is particularly necessary for people in regional and remote areas, who are often required to use allocated care hours in transport time, thus reducing the access to actual care hours. Funding needs to be adjusted to cater for the time taken to reach services, such as medical clinics or social activities.
- How is home care integrated with the health system- who funds and delivers health care in the home?

The ANMF agrees that it is appropriate to move to a new system that provides unrationed, demand driven home support and care. Underlying this proposal is the principle that all people accessing aged care should have equitable access to safe and quality care irrespective of place. This principle must apply in a range of diverse settings, for example regional and remote settings and reflect the diversity of individuals accessing home care. As discussed in the ANMF's submission on person centred care ANM.0004.0001.0001 the care needs of Aboriginal and Torres Strait Islander peoples, the gender diverse community and members of CALD communities will have diverse needs and diverse service delivery requirements. This must be recognised in the design of an integrated home support and care system.

Proposition HC2. More funding for care at home to meet assessed needs

To support the transition to an integrated program of care at home, the Australian Government should implement a new model of funding for an integrated program of care at home (combining the Commonwealth Home Support Programme and the Home Care Packages Program). This should involve separate funding for categories of:

 social support (including social support, meals and transport)

 enabling care (including short term enabling plans, home modifications and assistive technology)

 respite care (including at home, in the community and in facilities)

 care at home (including care management, living supports (domestic assistance and home maintenance) and personal, clinical and therapeutic care, and end-of-life and palliative care). The new model should provide personalised funding for 'care at home'.

An independent assessment should lead to the allocation of an entitlement to a person. That person will be able to choose or change providers.

The assessor should also specify the domains of support and care that the individual can receive, and set a plan and budget based on the individual's assessed needs. The assessor should set a budget in light of the standard schedule of fees for the relevant area. The plan should set the hours of care per year to be used across the major domains of:

- *care management*
- *living supports*
- *personal, clinical, enabling and therapeutic care*
- *palliative and end-of-life care.*

The assessment should also identify when a person is no longer safe at home even if they receive the maximum care available under the program.

The ANMF agrees that a new model of funding for an integrated program of care at home should be implemented and that the categories proposed are a reasonable basis to distinguish areas of care and support. We make the following points:

- Overall funding will need to increase
- Any funding to providers to deliver care and support must have accountability and transparency measures attached
- It must be clear what level of funding is directed towards wages of care and support providers
- The level of funding must ensure the workforce is adequately remunerated for all work performed
- The provision of high level care in the home underscores the need for a robust and realistic costing mechanism for home care.
- While categories of funding as proposed could be problematic. It is important to maintain a holistic approach to care and that delivery of care is not fragmented as a result of different funding categories applying
- The domain for funding for 'personal, clinical, enabling and therapeutic care' is very wide in scope and could range from nursing care involving assistance with ADLs through to complex clinical care. Funding and setting of fee schedules must be set against assessed needs that can reflect the full range of care within the scope of the domain.
- Currently palliative care is not part of CHSP or HSPP. If existing programs for delivery of palliative care are to be brought into the integrated home care program, careful consideration of existing services, including the workforce operations, delivery and funding of those services will be required.
- The assessment of when someone is no longer safe at home may require rapid escalation processes and address the availability of suitable alternative care- for example residential care, acute care or palliative care provided outside the home
- The proposal refers to a setting a budget in light of a standard schedule of fees for the relevant area. The development of a standard schedule of fees must be linked to the cost of delivering safe and quality care. It may be appropriate to adopt methodologies used in the AN-ACC funding model for residential care. Any funding model must have capacity to differentiate cost depending on location, provider availability and the diverse needs of home care recipients.

- Funding must be based on the evidence based cost of care. Consideration could be given to setting caps on cost of services to prevent price gouging. Unspent funds should be offset in future funding provision.
- It will be important to ensure the schedule of fees makes provision for the care to be provided by staff with appropriate skills- there should not be any incentive to engage less qualified staff to perform work that should properly be performed by more highly qualified staff

Proposition HC3. Changes to consumer directed care

While the 'care at home' category in Proposition HC2 is built around personalised funding, the model will involve changes to consumer directed care. Under the 'care at home' category:

 People will have choice over how the hours of care per year are used, and providers should work in partnership with the older person to make decisions about how care is provided.

 People will no longer be able to use the funding on non-aged care related needs or items.

 There will be a shift from self-management to shared management where the focus will be around delivering care to meet assessed needs.

The ANMF agrees with the principles expressed in this proposal. As discussed above the assessment of care and support needs must be able to reflect a diverse range of needs. For example, some flexibility as to what is and is not an aged care related need or item must be built into the assessment process. This may be particularly important for ATSI people who wish to age on country.

The shift described in this proposal is a welcome move acknowledging both person centred care and that shared management is necessary to ensure quality and safe outcomes. Staff with the appropriate training levels and skills mix are essential to both shared management and delivery of care. The individual is empowered to make choices in this model and this must be supported by ensuring individuals are provided information in a transparent and suitable manner. For example providers should declare services offered by related entities.

Consumer directed care under the NDIS as delivered through the NDIA has identified problems with this model. It will be important to consider what can be learned from the roll out and ongoing delivery of the NDIS.

Proposition HC4. Pricing that accounts for the administration activities of home care providers

The Australian Government should set prices for aged care services at home that include sufficient funding to cover the on-costs associated with the delivery of services, including: a. initial and ongoing education, support and training for staff and volunteers

b. activities to improve management and governance of the provider entity

c. activities that improve the safety of the workplace

d. funding to support transition to high quality care.

The ANMF agrees with the principles expressed in this proposal.

- While it is appropriate to cover the on cost of management and governance costs of provider entities this must also require transparency and accountability as to how funds are spent and the effectiveness of that spending.
- With respect to each of the on-costs identified as associated with delivery of services, there must be objective measures that are related to quality and safety standards. For instance activities to improve the safety of the workplace must be costed and implemented within legislated workplace health and safety frameworks.
- Funding to support the transition to high quality care must include workforce funding.
- Funding directed at the above activities must be subject to transparency and accountability mechanisms.

Proposition HC5. Responsibility for co-ordination of care in the new program

The Australian Government should fund a care management domain in personalised care at home, matched to the complexity of the older person's needs. All older people with an entitlement to care at home will have care management. The hours per year of care management that a person is entitled to will be in their personalised budget.

As part of care management, a provider should assign a care manager and undertake:

early discussions with the person and, if applicable, their carer on the person's strengths, capabilities, aspirations and goals

consultation with the person and, if applicable, their carer, to develop a holistic care plan, including activities to promote various aspects of health and wellbeing and to enhance their ability to live and participate in the community

care plan implementation

regular monitoring and review of the person's progress and situation, with adjustments to goals and service delivery as appropriate

consideration of current service use and determination of additional services needed, in line with the personalised budget

use of technology to meet and exchange information with representatives of the older person if requested.

The care manager, the older person and, if applicable, their carer should develop a care plan. This plan should include strategies to achieve the person's goals and detail services to be provided by aged care and other programs or providers. Services should then be planned and delivered in a manner that reflects the priorities and preferences of the person and carer.

The effectiveness of the care plan should be monitored through the care manager's communication with the person, carer and other providers. The care plan should be reviewed and updated biannually.

The care manager must meet the hours of care management set out in the personalised budget. The care manager must support the older person to access re-assessment as their care needs change.

The care manager must have relevant qualifications or experience, matched to the complexity of needs of the older person. This may include qualifications and experience as a registered nurse, allied health professional or experienced personal care workers.

The ANMF agrees the role of care manager is an appropriate one and that the scope of care management should include the points outlined in the proposition. In addition, the ANMF notes:

- The role of care manager is specialised and requires appropriate skill levels and training
- Development of care plans needs to be done by suitably qualified and skilled staff and with appropriate clinical oversight
- There needs to be clarity with regard to who develops implements and assesses care plans. The ANMF seeks clarity as to whether this is all performed by the care manager and or the provider. In order to ensure accountability and independent ongoing assessment of care it is preferable for a separate entity to provide assessment services.
- The ANMF considers registered nurses have the necessary qualification and skills to work as care managers or independent assessors.

- Need to be very clear what PCW's can do/cannot do as care managers particularly in relation to health/clinical care needs (supervision, oversight, escalation).
- Decisions in relation to care plans, assessments and the level of funding provided for services must be capable of independent review. An independent review body, such as administrative review tribunals or local dispute resolution services should be available, easily accessible and provide timely results for home care recipients and their families.
- Care managers must have reasonable caseloads that enable them to provide safe and quality care that recognises individual's needs and preferences. This means having time to know and understand individual's personal circumstances and wishes. Public sector models of care management provide a good example.

Proposition HC6. Transition to the new program

Proposition HC6(a) A suitably trained and skilled workforce

The home care workforce should be valued and supported to ensure that it can provide high quality and safe care. To this end, arrangements for the home care workforce must:

 include oversight, supervision, and support to and protection of the health and safety of all workers providing home care services

 promote and facilitate professional development of the home care workforce, including a career path.

Personal care workers providing home care should have a minimum certificate IV qualification.

The ANMF agrees with HC6(a). The ANMF considers there is scope for personal care workers to be suitably qualified to deliver home care services appropriate to their knowledge and skill level at the Certificate III level, however, appropriate clinical supervision and guidance is required at all times. The role of Enrolled nurses in the provision of home care should not be overlooked.

If Certificate IV is to be a minimum qualification this will have a significant impact on the existing personal care workforce, who may have a Certificate III or no qualification. Support to obtain the

additional qualification including paid time, course costs and adequate transition time would need to be provided. ENs are an existing suitably qualified workforce to perform these roles.

Proposition HC6(b) Suitable employment and engagement arrangements for home care workers

The engagement of contract and sole trader aged care workers, including through online worker brokerage platforms and labour hire arrangements, must be regulated.

Regardless of how, or by whom, a home care worker has been engaged, approved providers must comply with the Aged Care Quality Standards. This includes circumstances where an approved provider facilitates care recipients to select sole trader or agency aged care workers to deliver care services.

Providers should be required to deliver a set percentage of their care hours through the care worker they employ directly.

The Australian Government should include specific labour standards for home care workers in the Aged Care Quality Standards for providers, to include:

- *paid travel time*
- *minimum hours per week.*

The ANMF agrees that approved providers must comply with the Aged Care Quality Standards and that this should be the case regardless of the employment arrangement with care workers. Home care workers must be engaged as ongoing employees in secure work. The proposal that a set percentage of care hours must be delivered through the care worker they employ directly is also a welcome measure that should apply regardless of employment arrangement.

The ANMF strongly supports the proposition that labour standards for home care workers include paid travel time and minimum hours per week. This is vital to ensure appropriate remuneration for care workers, ensure reasonable workloads and recognition of workplace health and safety.

Proposition HC6(c) Quality regulation

Proposition HC 6(c)(i) Certification prior to delivering services

Home care providers should be subject to certification of their suitability, viability and capability prior to delivering services.

Certification of home care should consist of two distinct stages:

- *'provider approval' and*
- *'service approval'.*

Applicants must first be approved as a provider prior to seeking service approval. Provider approval would review the suitability (i.e. fitness and propriety) of the applicant. Service approval would review the capability (i.e. governance, clinical systems and processes) of the applicant to deliver the specific service(s) for which they had sought approval. Where an existing provider sought to add additional services to their existing approval, they would be required to seek approval specific to those additional services.

Proposition HC6(c)(ii) Continuing certification

Certification of home care providers should be subject to continuing high quality services and be reviewed annually by the quality regulator.

The provider should be required to demonstrate that the quality management system in place for all care and service provision systems is maintained and improved.

In assessing renewal of certification, the quality regulator would consider suitability (i.e. fitness and propriety) and capability (i.e. governance, clinical systems and process) proportional to the assessed risk category of the provider.

Approval periods for providers should vary based on their risk category, e.g. new providers may have a shorter approval period compared with more experienced providers.

Any variation of approval periods must be evidence based and ensure continued oversight and quality assessment of providers during approval periods.

Proposition HC6(c)(iii) Assessment of home care certification

Assessment of home care certification should include direct consumer experience reports or direct contacts with at least 20% of the recipients of the service. These assessments should be included in aggregate form for each provider on the provider's and the quality regulator's websites.

Proposition HC6(c)(iv) Publication of annual report

The Australian Government should require home care providers to publish an annual report on the quality of care, services offered, financial performance, complaints and consumer feedback. This report should follow a standard format for both care-related and financial performance.

The annual report should include:

- *the names of people who had been key personnel during the year*
- *a financial report including profit and loss and balance sheet information*
- *information on service utilisation*
- *information on the number, type, and disposition of complaints*
- *information on staffing, including staff turnover.*

The ANMF considers providers should be required to demonstrate in their reporting how funding has been directed towards the care of clients. Funding for care provided through government funding must be used transparently on care not profit. Reporting should also provide key clinical indicators data.

Proposition HC6(c)(v) Serious incident reporting framework

A Serious Incident Reporting framework should apply in home care.

Proposition HC6(c)(vi) Graduated reporting system

The graduated reporting system (star ratings) being developed by the Australian Government for residential aged care should be extended no later than 1 July 2022 to all home care providers. The star ratings system for home care providers should include, amongst other things, indicators on staffing, serious incidents, and results from consumer experience surveys.

Proposition HC6(d) Safeguards for older people receiving home care services

The Australian Government should ensure that:

 assessors' identify potential vulnerabilities of potential care recipients, and assessor reports are available to the care finders and providers responsible for the management of care needs for those recipients

 care finders have access to quality indicator outcomes relating to the care recipients for whom they have case management responsibilities

 advocacy organisations are funded and empowered to act on behalf of home care recipients, including by funding at least two advocacy organisations in each region.

The quality regulator should be required to recognise the standing of advocacy organisations in making representations on behalf of home care recipients and receive complaints lodged by advocacy organisations on behalf of home care recipients.

Clarity as to what is meant by 'potential vulnerabilities' is needed here.

The term 'care finder' appears here, but has not been defined or distinguished from the care manager role. Clarity about role description and scope is needed.

For advocacy organisations to have legitimacy, there must be assurance that they are fully independent from provider organisations.

Proposition HC6(e) Systemic indicators of health and well-being

The Australian Government should:

 establish, as soon and efficiently as possible, objective and measurable indicators of outcomes for the home care population at a system level

 implement a comprehensive Quality of Life assessment tool

 assign responsibility for the maintenance, update, amendment, introduction and removal of quality indicators to [an entity within the institutional architecture], including:

- promoting [in cooperation with the National Health and Medical Research Council] ongoing research into the use and evidence basis for quality indicators - publishing guidance for and educating providers and the industry more broadly on how to use indicator data to identify risks and publish guidance on evidence-based risk management.

 establish the following reporting, benchmarking and performance measures in relation to quality indicators: - targeted and easily digestible reports for different stakeholders, including services and consumers, on the basis of raw data

- benchmarking of services, where appropriate, on the basis of classes of services/case-mix - tracking of sector performance and considering improvement targets, where relevant and appropriate.

This section could be improved with a greater focus on the implementation of interventions to improve outcomes.

In addition, there could be a focus on ensuring equitable outcomes for different groups who have social determinants of health that negatively dispose to worse outcomes (eg Aboriginal and Torres Strait Islander people, CALD, LGBTI people and regional and remote communities).

Proposition HC6(f). System management and coverage

The Australian Government should undertake a market analysis and invest in market and capability development to ensure the availability of suitable and competent providers capable of providing the full range of home care services.

Where necessary to achieve equitable access to services, the Australian Government should consider commissioning home care services on a region by region basis.

The ANMF agrees with this proposition, but seeks clarity on how the Government will ensure the capacity of providers to provide care that meets assessed high level heath needs. Services in regional and remote areas must be available and be of appropriate standards even in the absence of a competitive market. Funding must support access and recognise additional costs of provision of services in different regions.

The ANMF agrees that all of the above quality regulation propositions are appropriate and should be implemented without delay. In addition, the ANMF supports a registration scheme for personal care workers as referred to in its earlier submissions.

Proposition HC7. Duty on home care providers to provide high quality and safe care

Home care providers should be required to ensure that the aged care that they provide is of high quality and safe, so far as is reasonably practicable and having regard to:

- *the views and preferences of the older person;*
- *the nature and scope of the services that the provider is funded to provide for the older person.*

The ANMF fully supports the proposition that there is a duty on home care providers to provide safe and quality care. Further understanding of what level of tolerance is encompassed in the phrase 'as far as reasonably practicable' needs to be articulated. The proposition appears to acknowledge there is a tension between meeting the assessed needs of an older person and what the views and preferences of the person. Funding must be adequate to meet safe and quality care standards and meeting standards should be clearly capable of objective assessment.

There must be a framework of assessment and review with enforceable outcomes to ensure preferences and safe and quality care is provided.

Proposition HC8. Carers Leave

The National Employment Standards under Part 2-2 of the Fair Work Act 2009 (Cth) should be amended to provide an:

- *entitlement of up to two years unpaid leave to care for on older person, for long term permanent and casual employees with a return to work guarantee*
- *entitlement to flexible work arrangements for the purpose of caring for an elderly person (as opposed to the right to request them).*

The ANMF welcomes this proposal as it acknowledges the important role informal carers play in the care of elderly relatives and loved ones.

The provision of up to two years unpaid leave could be modelled on the provision of unpaid parental leave under the NES, which provides a range of protections for employees taking leave and most importantly, returning to work of a comparable nature.

It places value on the care of older people- in the same way caring for young children is valued.

The entitlement for employees to be able to access flexible work arrangements to assist them to manage caring responsibilities is one that the union movement has advocated for over many years. In 2018 the ACTU ran the *4 yearly review of modern awards — Family Friendly Working Arrangements*[1] *AM2015/2 [2018] FWCFB 1692* test case seeking an entitlement to for parents and carers to be able to access flexible work arrangements rather than the current NES entitlement which is only to request a flexible work arrangement. A copy of the clause put forward by the ACTU is attached for consideration.

The application was ultimately rejected, but some improvements to the mechanism for requesting leave were granted as a result of the Family Friendly Working Arrangements Test Case. The ANMF anticipates that a recommendation to make provision for an entitlement to flexible work arrangements for the purpose of caring for an elderly person would be widely and strongly supported by the union movement.

Proposition HC9. Minimum staff contact time for home care

Home care providers should be required to ensure minimum contact time for delivery of high quality and safe personal and clinical care services, which should be sufficient to enable wellbeing and quality of life care. This minimum contact time should apply to care provided by nurses, personal care workers and allied health professionals.

The ANMF agrees with this proposition. Implementing this proposal is an opportunity to ensure that the minimum hours set are evidence based, for example a staffing levels and skills mix project for home care. Minimum hours will guarantee home care workers are paid appropriately and have the capacity to deliver high quality care across the full range of care types.

Proposition HC10. An enablement approach to care in the home and community

The assessment process for older people to receive home care should identify the care and services (including allied health services) that they need to restore their physical and mental health to the highest level possible (and maintain it at that level) to maximise their independence and autonomy. Providers of home care services are responsible for:

 ensuring the delivery of these services; and

 monitoring the status of people receiving care and adjusting the nature and intensity of the care provided within available funding; and

[1] AM2015/2 [2018] FWCFB 1692

 referring people for re-assessment if additional funding is required.

The ANMF agrees with this proposition and refers to comments above with respect to ensuring service delivery recognises and responds to the diverse needs of older Australians. In addition the system should provide appropriate financial incentives for successful enablement.

Note:

The ANMF is also seeking clarification with how the integrated home care program will integrate with the health system and who will both funding and providing care to meet assessed high level health needs.