Key Directions for the Commonwealth Home Support Programme Discussion Paper

Submission template

Completed submissions are to be sent by 30 June 2014 to:
CHSP@dss.gov.au (preferred method) OR

Home Support Policy Team, Level 6, Sirius Building
Department of Social Services PO BOX 7576
Canberra Business Centre, ACT 2610

Submissions received after Monday 30 June 2014 may not be considered.

Unless otherwise stated, the information and feedback you provide may be used for publishing purposes. Please state if you do not wish for your comments to be published

Instructions for completing the Submission Template

- Download and save a copy of the template to your computer.
- You **do not** need to respond to all of the questions.
- Please keep your answers concise and relevant to the topic being addressed.
- Refer to the **Discussion Paper: Key Directions for the Commonwealth Home Support Programme (Hyperlink)** for context on the questions.

Name (first and surname): Yvonne Luxford

If submitting on behalf of a company or organisation

Name of organisation: Palliative Care Australia (PCA)

Stakeholder category (e.g. service provider, client, peak body, academic): Peak body

State/Territory: National

Contact email address: amanda@pallaitivecare.org.au

Question 1: Are there any other key directions that you consider should be pursued in the development of the Commonwealth Home Support Programme from July 2015?

From a palliative care perspective, PCA would like to see within the wellness and reablement philosophy, a continued focus on quality of life and for these elements to be highlighted more strongly. It is highly likely that a significant number of people accessing the CHSP would benefit from palliative care. We need to ensure that it is recognised as a service that will benefit people within the framework of the CHSP and contribute to their wellness. Palliative care is an approach that improves the quality of life of patients/ consumers and their families facing problems associated with life threatening illness, through prevention and relief of suffering, which fits within the wellness philosophy.

Given the aim of CHSP is to assist people to remain in their homes, it must also be considered within this aim that the majority of Australians not only indicate a desire to remain at home as long as possible, but to die at home. Therefore this again forms a part of a wellness approach.

Question 2: How should restorative care be implemented in the new programme?

Palliative care can and does form a part of different levels of care from low to higher intensity, and included as part of an overall care package of care for a patient/consumer and their carer, can assist people to remain living in their community. As noted in the answer to Question 1, palliative care is an approach that improves quality of life and would be a part of delivering 'short-term restorative care' defined as basic support in the CHSP and the overall wellness framework, which the Discussion paper acknowledges will benefit all older people who receive home support, with restorative services benefiting a smaller subset of older people seeking home support services.

PCA wants to ensure that the range of services and supports that would benefit older people and deliver them quality of life are considered in the scope of the CHSP and through the Aged Care Gateway, and this includes palliative care services.

Question 3: Are these proposed client eligibility criteria appropriate? Should the eligibility criteria specify the level of functional limitation?

The main issue PCA would raise with the criteria is the capacity of a person to pay. It is noted in the discussion paper that a person's capacity to pay for their services will not be considered in establishing their eligibility, but that it will determine the level of fees they are asked to contribute. While we recognise that a contribution may be appropriate in some circumstances, it must be a consideration in developing this criteria and approach that even a small fee or increase in a small fee can have an impact on people accessing services, and that some people may forego using a service if it creates an additional expense.

The criteria developed around fees must be flexible and allow discretion, potentially from service providers themselves, in determining what people are able to pay so that older people aren't disadvantaged and that the criteria doesn't have unintended consequences.

Question 4: Are the circumstances for direct referral from screening to service provision appropriate?

The circumstances in the current criteria seem appropriate, however, the main issue would be that they are flexible and not prescriptive. That they recognise people's circumstances will change, for example a simple episodic event can change quite quickly for an older person; or that a relatively simple task for people with language or other communication barriers may always require a face-to-face assessment.

Question 5: Are there particular service types that it would be appropriate to access without face to face assessment?

Direct referral should be based on an individual need and not the type of service, as even someone requiring a service such as meals may require a face-to-face assessment and this shouldn't be ruled out because of the type of service they are accessing.

Question 6: Are there any other specific triggers that would mean an older person would require a face to face assessment?

Particular triggers could include an identification or chronic illness and vulnerability to mental illness. For example an older person identifying they have a chronic illness but stating they require a low level of service, or a person who has recently lost a spouse or carer and lives on their own.

Question 7: Are there better ways to group outcomes?

PCA generally supports the approach suggested through the National Aged Care Alliance, of which PCA is a member. They key issue, as noted in the discussion paper, will be allowing flexibility and adopting flexibility arrangements similar to those of the Home and Community Care (HACC) Program.

Question 8: Are there specific transition issues to consider?

The main issue will be for people currently on services through HACC and ensuring that people don't lose services or are disadvantaged through the changes. Again incorporating flexibility in the system will be important.

Question 9: How are supports for carers (other than respite services) best offered? For example, should these be separate to or part of the Commonwealth Home Support Programme?

It may be necessary to have supports for carers separate to the CHSP. This is to recognise that carers will come from a range of areas and not just ageing, including disability, and that the needs of all carers are accounted for.

Question 10: What capacity building resources are needed to assist with the sector's transition to the Commonwealth Home Support Programme?

At a basic level, sector representative organisations should be resourced to assist those needing to make the transition, for example through providing sector run forums where information can be provided and questions asked and answered.

Question 11: How should the current Assistance with Care and Housing for the Aged Program be positioned into the future?

Two options suggested in the discussion paper are for this program to remain as a separate program or to become an outcome as a part of the CHSP. Given the client group of this program is older people who are homeless or at risk of homelessness, they are less likely to have access to or be able to afford using a computer or the internet where they can access the Gateway or find information. Engagement with this client group with also be more effective if on a direct or face-to-face basis. Therefore keeping it as a separate program may be the best option to maintain the level of engagement needed and to effectively provide assistance, or, at the very least, for it to become a program outcome.

Question 12: Are there any other issues that need to be considered in transitioning functions from the current HACC Service Group Two to My Aged Care?

As per the answer to Question 8, the main issue will be ensuring that through the transition people aren't disadvantaged. There will need to be very clear guidelines and parameters for when case management or care coordination will apply.

Question 13: Is there anything else you want to raise to help with the development of the Commonwealth Home Support Programme?

PCA is a member of the National Aged Care Alliance (NACA) and supports the work undertaken by NACA on the CHSP and the submission that has been developed on this discussion paper.