MUNICIPAL ASSOCIATION OF VICTORIA

The impact of COVID-19 on Victorian local government and its citizens

Submission to the

Royal Commission into Aged Care Quality and Safety

July 2020

The MAV can provide this publication in an alternative format upon request, including large print, Braille and audio.

The MAV is the statutory peak body for local government in Victoria. The MAV engaged Margarita Caddick to assist the Association undertake this work. The MAV would also like to acknowledge the contribution of the 30 councils who provided their comments and advice during this project.

While this paper aims to broadly reflect the views of local government in Victoria, it does not purport to reflect the exact views of individual councils. This submission has been endorsed by the Chief Executive Officer of the MAV as suitable for distribution to members.

MUNICIPAL ASSOCIATION OF VICTORIA

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1 Executive summary

The Municipal Association of Victoria is the peak representative and advocacy body for Victoria's 79 councils. The MAV was formed in 1879 and the *Municipal Association Act* 1907 appointed the MAV the official voice of local government in Victoria.

Today, the MAV is a driving and influential force behind a strong and strategically positioned local government sector. Our role is to represent and advocate the interests of local government; raise the sector's profile; ensure its long-term security; facilitate effective networks; support councillors; provide policy and strategic advice; capacity building programs; and insurance services to local government.

Since its inception in 1985, local government has been, and continues to be, the primary provider of the Home and Community Care (HACC) Program, now the Commonwealth Home Support Program (CHSP). It is also the primary provider of Regional Assessment Services, providing a state-wide system with one major provider of home-based services in each local government area (LGA).

Given councils' history and extensive experience they have developed absolute expertise in the funding, demand management and delivery of services for their communities in a planned, coordinated and integrated manner. In 2017-2018 the contribution to the CHSP by Victorian local government was estimated at $150-$200M, thereby ensuring a complex and highly integrated service system.

In response to the call by the Royal Commission into Aged Care Quality and Safety for submissions relating to the impact of the coronavirus (COVID-19) on the aged care sector, the MAV sought input from its 79 members regarding the nature and scope of the impacts the pandemic has had on councils, its citizens and service users and the service system.

Thirty Councils [1] completed an online survey and their responses have informed this submission, which identified a number of key learnings and recommendations as per below.

Findings

1. Councils are nimble and agile in adapting their Business Continuity and Emergency Management plans to the restrictions associated with the pandemic.
2. Councils maintain a high level of communication and responsiveness to CHSP clients and expanded their engagement with clients, families, neighbours and the local community to support home-bound residents during the pandemic.
3. Integrated computer technology including mobile devices are essential, enabling timely communications, supporting decentralised work arrangements and online training however, a wide range of communication mediums and strategies are required to ensure information is widely distributed and understood by older residents.

[1] The 30 Victorian councils which responded to the survey, collectively represent more than 350,000 Senior Victorians, aged 65years+.

4. Clients who had access to digital technology were better able to participate in online activities and maintain social connections.
5. The need to communicate virtually, has generated creative ways to engage with home-bound clients, who enjoyed the activities and engaged some clients, who previously did not participate.
6. The use of software programs (such as Zoom, Microsoft Teams, etc) has identified time-saving approaches to work, that will be maintained post the pandemic.
7. Flexible use of CHSP funding during the Pandemic has shifted the focus to meeting client's presenting needs, rather than meeting a service delivery target.
8. Victorian councils continued to deliver CHSP services, despite incurring significant additional costs.

Recommendations

1. That the Commonwealth commit to engaging with local government in an emergency and develop an arrangement between the National Cabinet and the ALGA to strengthen communications with local government during future emergencies , including pandemics.
2. That Local Government be present, as an equal partner, with the Commonwealth and State Government, in planning and strengthening the aged care (community care) service system, including in planning for future pandemics.
3. That a new Tripartite Agreement be developed between the Federal Government, State Government and the MAV (on behalf of Victorian Local Government) to reflect the co-operative partnership required to deliver a Victoria-wide, effective in-home, aged care support service for senior Victorians.
4. Further investment in strengthening the use of connective technologies to support communication between; direct care staff, municipal organisations and CHSP clients and their carers/families.
5. To acknowledge and promote the importance of utilising community leaders, community networks, and multiple communication mediums to convey important health and safety messages, including in community languages during any emergency.
6. To maintain (post the pandemic) the flexible use of CHSP funding thereby enabling client's needs to be the primary consideration, in allocating services.
7. Evaluate the additional costs borne by Victorian Local Government in responding to the COVID19 pandemic, to assist in developing an emergency fund to support councils, in any future pandemic.
8. To acknowledge the role of aged-care workers employed by Local Government, as 'frontline staff' recognising their courage, resilience and dedication during the pandemic. That a financial acknowledgement be included in this recognition, equivalent to the 'retention bonus' paid to other aged-care staff, delivering in-home support services.

2 Context

Since its inception in 1985, local government has been, and continues to be, the primary provider of the Home and Community Care (HACC) Program, now the Commonwealth Home Support Program (CHSP). It is also the primary provider of Regional Assessment Services, providing a state-wide system with one major provider of home-based services in each local government area (LGA).

Given councils' history and extensive experience they have developed absolute expertise in the funding, demand management and delivery of services for their communities in a planned, coordinated and integrated manner. In 2017-2018 the contribution to the CHSP by Victorian local government was estimated at $150-$200M, thereby ensuring a complex and highly integrated service system which:

- Provided an easily identifiable access point into CHSP and related services, whether funded or not.
- Undertook a holistic assessment of client needs via a strong and multi-tiered assessment framework.
- Planned, coordinated and delivered the full suite of quality and integrated services to diverse groups of people (excluding nursing and allied health).
- Embed wellness and reablement to maintain functional independence.
- Delivered an extensive array of social support, health and well-being programs.
- Employed a large and highly skilled workforce – close to 7,000 people in 2017-2018.
- Collaborated with primary care and acute care providers, expectations central to Primary Care Partnerships and Primary Health Networks.
- Advocated on behalf of vulnerable Victorians.

Councils provide most service types within the CHSP. The services vary dependent on the needs of the community and the funding provided. The close connection councils have with their communities informs and supports the provision of services that best meet the needs of residents.

The majority of councils deliver services that they are not funded for. For example, councils in Victoria are not funded to deliver transport, however transport is essential to support the health, wellbeing and independence of residents through shopping, accessing primary/community health services and social support. Despite this funding anomaly, councils have chosen to fully fund this service.

In small rural communities often council and the health services are the only organisations with the scale, capacity and local connections to manage community care and related programs across the municipality.

In a number of rural areas, joint approaches between the local organisations, or between councils across a sub–region have developed to overcome issues of sufficient scale and expertise.

3 Introduction

This submission captures the recent experiences of Victorian councils that delivered home based services funded through the Commonwealth Home Support Program (CHSP) during the COVID-19 Pandemic.

All Victorian councils were sent a survey designed to ascertain the impacts arising from COVID-19 in relation to:

- service users, carers and families, staff including Home Care Workers and volunteers;
- the council including demand management, communications and financial impacts; and the
- service system including lesssons to inform future practice and planning in response to pandemics.

Thirty councils [2] completed the survey and their responses have informed this submission.

4 The impact of COVID -19 on individuals

4.1 Service users

A commonly reported response from CHSP clients was an **expressed fear** that they may be at greater risk of attracting COVID 19 if they continued to receive services in their home. This led to some service recipients cancelling services.

The most commonly, **cancelled service** (by clients) was in-home domestic care and personal care mostly due to fear of contagion.

The most commonly reported i**ncrease** in service demand was for meals services.
Clients were confused about what was required of them, what services they could and could not receive. This confusion was exacerbated initially by mixed messaging received from State and Commonwealth sources and particularly during the period it took Council's to interpret and respond to the advice.

CHSP **services that were cancelled** by council's included:

- any service that occurred outside client homes. This resulted in increased social isolation for many clients.
- group respite and social programs were cancelled and replaced with online activities where possible.
- shopping services were maintained although mostly, unaccompanied by client.

[2] The 30 Victorian Councils who responded to the survey, collectively represent more than 350,000 Senior Victorians, aged 65years+.

Some in home services were reduced to clients, as co**uncils prioritised service recipients and service categories** (e.g., personal care, meals and food and shopping) to meet the most immediate needs of clients and adjusting to reductions in the availability of direct care staff.

4.2 Families and Carers

Universal expression by families and carers about the **safety of their family member**.

Families expressed an **expectation that direct care staff would use PPE** and apply increased hygiene practices. PPE was not easily available in the first few months of the virus outbreak and this added to the anxiety experienced by family members.

Increased responsibility of family members/carer to meet their family members needs if services had been withdrawn or reduced.

Heightened anxiety expressed by family members if they were unable to visit their family member due to restrictions or to distance.

Live-in **carers experienced added pressure** due to a reduction or temporary suspension of respite care, e.g., group outings and programs outside the home were cancelled. In home respite for a Carer who was unable to go out due to COVID-19 restrictions, was reported as less effective for the Carer.

4.3 Staff and Home Care Workers

A significant consequence for direct care staff was the **reduction in weekly contact hours** with clients. Two key contributing factors were the suspension of service by clients or the organisation and the decision by individual Home Care Workers (HCW) to self-exclude, from the workplace. Older HCWs with compromised immunity reported taking leave from duties.

HCW's report **heightened anxiety** associated with:

- fear of contracting the virus
- concern for welfare of isolated clients
- loss of income due to reduced hrs of work
- balancing family responsibilities and work and the fear of passing on virus to family members.

Lack of access to PPE early in the pandemic period with the expectation by clients, that they would be wearing protective clothing.

Requirement to undertake **additional training** particularly in relation to 'understanding COVID-19, correct use of PPE and enhanced hygiene practices.

Supervision and team meetings occurring remotely and via electronic devices leading to **reduced contact with peers**.

Some HCW's reported being required to undertake COVID-19 testing and **inability to work whilst awaiting test results.**

Initial **confusion** about what CHSP services could be delivered and under what conditions.

HCW's reported feeling **under appreciated and unrecognised** as 'frontline workers' due to the Commonwealth's decision not to pay the retention bonus which is paid to care staff delivering similar services via Home Care Packages and employed in non-municipal organisations.

5 The impact of COVID -19 councils

Management reported a significant **increase in workload** arising from:

- client requests for changes in service demand
- COVID 19 restrictions applying to older persons and group activity
- need to address client confusion and anxiety
- weekly (sometimes daily) welfare checks on clients and reassurance to families/carers
- additional screening of clients; and health checks
- rearrangement of staff rosters
- equipping staff with mobile technology [3] and associated training
- arranging additional pandemic response training for HCW's
- sourcing PPE for HCW's which was initially, in short supply
- reviewing, interpreting and applying advice from the State and Commonwealth departments which was not always aligned and caused confusion.

The following **changed trends in service demand** were commonly reported:

- a decrease in demand for personal care services, home care/domestic support and respite group programs and home maintenance/modifications.
- an increase in requests for meals service, food shopping, online social support and supply of goods, equipment and assistive technology.

[3] The councils who had established mobile technology and cloud connectivity prior to COVID19, reported highly efficient responses to the change in work practices and service delivery arising from the pandemic.

Significant additional financial costs associated with responding to the pandemic, primarily arising from:

- maintaining staff on salary whilst services were suspended and forgone service fees
- equipping staff with mobile devices and setting up connectivity for staff working remotely
- sourcing and purchasing PPE
- providing additional training for staff in pandemic response as well as use of technology
- purchasing thermometers for HCW's use.

Councils reported the following notable changes to service levels in the past 3 months:

- Personal Care: 59% of council's reported service levels were lower
- Domestic Care: 40% of council's reported service levels were lower
- Respite (individual): 42% of council's reported service levels were lower
- Meals Service: 59% of council's reported service levels were higher

6 Measures put in place in response to COVID-19

6.1 To support clients, carers and families

The most commonly reported measure to provide added support to service users, their carer and family, was **increased communication** [4], including:

- daily or weekly telephone calls to speak with clients/carer providing reassurance as well as checking on any material-aid required
- home visits to clients, including delivering care packs and providing some social interaction
- weekly newsletters and online messages providing COVID19 advice and response strategies during isolation.

Additional measures [5] introduced to **increase protection** for the client as well as the HCW including:

- pre-service check (by office-based staff) on the client's prevailing health condition
- temperature check on arrival and administered by the visiting HCW
- additional protective clothing for HCW and sanitising supplies to use in client's home
- suspended the need for client to sign for service delivery to further reduce risk of transmission.

To support clients, their families/carers to maintain social connections and to mitigate some of the impacts of isolation a range of **technology driven strategies** were introduced and these included:

[4] LGA's with diverse cultural communities reported the need to augment translations of printed material and oral communications, utilising community leaders.

[5] A range of measures introduced by LGA's however not all, were universally applied.

- provision of a Tablet device with some training to enable the client/carer to access online information and participate in virtual group gatherings
- home based technology support, when required
- linking in to online Library services and home delivery of books, puzzles, DVD's etc.
- conducting virtual group activities on line including; games and discussion
- arranging small group friendship calls, linking up clients/carers to others they usually connect with at group respite or other social programs.

To support clients with dementia who usually access **respite in group or at home**, the development and delivery of **themed activity packs** were reported as most helpful by Carers.

Whilst In-home respite services have been maintained, for many carers the COVID19 restrictions limited opportunities to leave the house. HCWs report encouraging carers to take time to be outside in the garden and in the fresh air.

Linking client and carer/family to existing **networks of community support**, e.g., volunteer run community support services, who offer practical aid, such as help with shopping, gardening, social support.

Flexible service delivery was a commonly reported response as clients requested different service provision, e.g., delivered meals or shopping support in place of group respite.

Financial support to clients and their families/carers have included waiving street parking fees, extending time to pay rates and pet registrations, and no late fee penalties.

In many local communities dedicated groups of **volunteers** support older citizens including recipients of CHSP services. it is not uncommon for these volunteers to be over 70years and therefore during the pandemic restrictions, were not available to support clients and their carers/families. Many of the council's reported maintaining regular communication with their volunteers and ensuring their volunteers had access to service information updates and local information.

6.2 To support staff

The **importance of communication** emerged as equally important to staff as it was for clients, carers and families. The strategies most commonly reported to keep staff updated and reassured, included the following:

- daily updates from the Council CEO outlining organisational responses to the pandemic and support available to staff via Employee Assistance Programs
- daily contact by Manager to HCWs with updates on clients and rostered duties
- weekly communication to HCW's by Manager/Director to reassure staff and confirm the support available to staff and the new practices to respond to containing the COVID-19.

Provision of **additional leave** to support staff addressing family responsibilities arising from the restrictions associated with the pandemic, particularly remote/home based schooling or in the event a staff member contracted the virus.

Flexible hours and flexible use of leave particularly for older staff or those who are immune compromised.

At the commencement of the pandemic and in response to the initial drop in client service demand, many council's provided staff with **additional paid leave** and subsequently maintained payment of their minimum hours. In some organisations, HCWs were offered redeployment to other roles.

Most office-based staff have been provided with the option **to work from home** and assisted with home office set up and provided with mobile technology.

Complementing the decentralising of work locations, the **use of online programs** (e.g., Zoom, Microsoft Teams) to conduct team meetings was widely reported.

Support to HCWs with specialised **training i**n response to COVID 19 and enhanced hygiene practices.

When available the **provision of PPE** including masks, gloves, disposable aprons/gowns and sanitising supplies and progressively thermometers and health screening questions to assist in further protecting HCWs and clients.

As demand increased for CHSP services and to ensure adequate home-care staffing levels, some council's reported **deployment of staff** from areas that had to be closed (e.g., Libraries and Leisure Centres) to in-home support services, following appropriate training.

Many councils maintain a **casual pool of staff** to assist with the fluctuations in service demand.

It was commonly reported that, initially casual staff were 'stood down' however communication with these staff was maintained by ensuring they had access to the organisational communications and thereby were able to monitor developments as the response to the pandemic progressed. Some organisations provided casual staff with access to their Employment Assistance Programs.

7 Findings

The COVID19 Pandemic triggered the activation of Victorian council's Business Continuity (BM) and Emergency Management (EM) Plans. Almost unanimously, council's reported that these plans provided the starting point for implementing their local response to the wider community as well as to residents receiving in-home support and other CHSP services. Using these plans as a foundation, council's adjusted their **decision-making processes and communications**, to meet the needs of local residents; including CHSP clients and staff to respond to the presenting client needs and where possible maintain service delivery.

Drawing upon the reflections of the thirty councils which participated in the survey, the following is a summary of the insights gained from the most recent experience (March – June 2020) with the COVID19 pandemic.

1. **Councils are nimble and agile in adapting their Business Continuity and Emergency Management plans to the restrictions associated with the pandemic.**
   Councils adjusted service delivery to both comply with State and Commonwealth Government instructions, which initially arrived, daily and were sometimes confusing and contradictory.

2. **Councils maintain a high level of communication and responsiveness to CHSP clients and expanded their engagement with clients, families, neighbours and the local community to support home-bound residents during the pandemic.**
   Victorian Council's demonstrated their care and support for CHSP clients by ensuring regular communication occurred, this included; telephone calls; daily and weekly to clients and their family/ neighbours and home visits to check on wellbeing. Client's essential material needs were also met, this included; shopping and delivering grocery items, one council reported buying a pallet of toilet paper and sharing among clients, arranging meals on wheels, providing assurance to families who were not close bye and not able to assist their relative.

3. **Integrated computer technology including mobile devices are essential, enabling timely communications, supporting decentralised work arrangements and online training however, a wide range of communication mediums and strategies are required to ensure information is widely distributed and understood by older residents**.
   Many councils reported that, their direct care workers had integrated mobile devices (prior to the pandemic) which enabled the quick response and ease of communications for work rosters, client updates, COVID-19 restrictions and hygiene procedures. It was commonly reported that, additional support was required to set up 'office-based staff' either to work from home or in decentralised office locations. Council's IT support staff played a critical role in ensuring the effective working of ICT equipment and software in the homes of staff.

4. **Clients who had access to digital technology were better able to participate in online activities and maintain social connections.**
   Councils reported assisting clients to access digital devices (some via a loan scheme) and sending in their IT support staff to assist CHSP client's set-up and use the Tablets. This technology and support have enabled those clients to, increase communication with council, connect into online social programs, as well as maintain contact with their families and friends.

5. **The need to communicate virtually, has generated creative ways to engage with home-bound clients, who enjoyed the activities and engaged some clients, who previously did not participate.**
   Due to the restrictions on group gatherings, innovative ways were developed to maintain connections and offer social support to CHSP clients. Some of these activities included; delivering weekly activity packs (e.g., puzzles, books, crosswords, craft activities, games), online guided activities such as Tai Chi, hosting online conversations among friendship groups, travelling artwork and travelling story-writing. Promoting podcasts that may interest seniors and a seniors-focussed program on the local radio station.
   Some council's noted that CHSP clients who had not previously participated in social activities, were now engaging online and consequently will consider maintaining some of these activities post the pandemic.

6. **The use of software programs (such as Zoom, Microsoft Teams, etc) has identified time saving approaches to work, that will be maintained post the pandemic.**
   Councils report that the use of programs to host virtual meetings (staff meetings as well as network meetings) has proven to be effective and time saving. Some councils indicate they will maintain this practice post the pandemic.

7. **Flexible use of CHSP funding during the pandemic has shifted the focus to meeting client's presenting needs, rather than meeting a service delivery target.**
   Overwhelmingly, council's reported the greatest increase in demand from CHSP clients was for a delivered meals service, followed by assistance with shopping. The flexibility in service funding, enabled councils to respond to changing service demand and was noted and appreciated by Victorian councils.

8. **Victorian councils continued to deliver CHSP services, despite incurring significant additional costs.**
   Council's reported significant increases in expenditure to support their CHSP clients during the pandemic. The main contributing costs related to purchasing PPE, setting up staff to work remotely, providing additional leave provisions for staff affected by COVID-19, employing additional staff, some reported paying volunteers to deliver meals and additional staff training in; infection control procedures, hygiene practices and the use of PPE.

8 Recommendations

1. **That the Commonwealth commit to engaging with local government in an emergency and develop an arrangement between the National Cabinet and the ALGA to strengthen communications with local government during future emergencies , including pandemics.**
   The demonstrated capacity of Victorian Local Government to quickly and effectively respond to emergencies, including pandemics, position local government to be a responsive and nimble resource.

2. **That Local Government be present, as an equal partner, with the Commonwealth and State Government, in planning and strengthening the aged care (community care) service system, including in planning for future pandemics.** The demonstrated capacity of Victorian Local Government; including:
   - their care and concern for older residents,
   - extensive local community knowledge,
   - connections to support agencies and organisations,
   - flexibility to redirect resources and their financial capacity,

   place Victorian Local Government, in the strongest position to lead, plan, co-ordinate services at the local level and to advocate for the needs of their senior citizens.

3. **That a new Tripartite Agreement be developed between the Federal Government, State Government and the MAV (on behalf of Victorian Local Government) to reflect the co-operative partnership required to deliver a Victoria-wide, effective in-home, aged care support service for senior Victorians.**

4. **Further investment in strengthening the use of connective technologies to support communication between; direct care staff, municipal organisations and CHSP clients and their carers/families.** The recent Victorian experience has highlighted the value of electronic communication in:
    - maintaining regular communication to ensure safety and welfare of client is paramount during a pandemic (or other, emergency)
    - offering online social engagement for home-bound clients and their carers
    - achieving time saving and cost saving associated with online meetings or training, where appropriate.

5. **To acknowledge and promote the importance of utilising community leaders, community networks, and multiple communication mediums to convey important health and safety messages, including in community languages during any emergency.**

6. **To maintain (post the pandemic) the flexible use of CHSP funding thereby enabling client's needs to be the primary consideration, in allocating services.**

7. **Evaluate the additional costs borne by Victorian Local Government in responding to the COVID19 pandemic, to assist in developing an emergency fund to support councils, in any future pandemic.**

8. **To acknowledge the role of aged-care workers employed by Local Government, as 'frontline staff' recognising their courage, resilience and dedication during the pandemic. That a financial acknowledgement be included in this recognition, equivalent to the 'retention bonus' paid to other aged-care staff, delivering in-home support services.**

9 Attachments

9.1 MAV Impact of COVID Survey