



Implementation of the recommendations of the Royal Commission into Aged Care Quality and Safety Progress Report 2024

Submission to the Inspector
General of Aged Care

March 2024

Introduction

The Municipal Association of Victoria (MAV) welcomes the opportunity to present a submission to the Inspector General of Aged Care on the progress of the implementation of the Royal Commission Recommendations.

The MAV is the legislated peak body representing Victoria's 79 councils. This submission responds broadly to the questions asked by the Officer of the Inspector General as they relate to councils in their multiple functions as service providers, service planners, place-based stewards, and system advocates on behalf of older people and the aged care service system.

All Victorian councils are invested in the successful implementation of the reformed aged care system to be sustainable, accessible, and equitable for those who need it. While not all councils deliver aged care services, many retain their roles as system stewards, a legacy from the repealed *Home and Community Care Act 1985* (Cth) that formalised a trilateral approach to the planning, funding and delivery of home and community care services.

This submission has been developed in consultation with Victorian councils and fellow peak bodies, COTA Victoria/Seniors Rights Victoria, and the Ethnic Communities Council of Victoria. It draws on local government's deep understanding of local service systems and the needs and aspirations of older people in their communities.

This submission focuses on access and navigability of the aged care system and specifically addresses three of the nine key headings highlighted by the Inspector General (IG). Local government in Victoria has experience as providers of community aged care (CHSP and HCP), regional assessment services (RAS), and experience with Care Finders.

This submission responds to:

- Overall progress with the implementation of Royal Commission recommendations
- Single comprehensive assessment process
- Care finders to support the navigation of aged care.

The Victorian context of community aged care

Victorian in-home care services were historically delivered through a successful trilateral partnership between the three spheres of government. Local government in Victoria has a 70-year history of planning for, funding and providing aged care programs, services, and facilities in response to the specific needs of its ageing residents. Councils contributed over \$150 million annually to this partnership. Since the Commonwealth Government assumed control of the aged care system, the landscape for Victorian councils as a sector providing aged care services has changed. Less than half of Victorian councils continue to provide funded aged care services (including some with a service mix of Commonwealth Home Support Program (CHSP), Home Care Packages (HCP), Regional Assessment Services, and one Victorian council operating residential care.

For over 40 years, Victoria's home care system was underpinned by a place-based system at the local level. This system ensured a well-planned and connected service system tailored to local communities that engaged and harnessed volunteer and not-for-profit services alongside funded services. Local government's proximity to the community means it is well-placed to serve as a key stakeholder in this endeavour.

Beyond the delivery of care, councils create supportive environments and communities to help older people age well, building connections and providing the services they need.

Many Victorian councils have invested in direct functions to complement the aged care system, such as community connector roles and navigational supports. The support is diverse between councils in terms of duration, financial commitments, and scope. Such roles demonstrate the depth of council commitment to supporting health and wellbeing outcomes for older residents by proactively addressing local gaps arising from the evolving aged care system.

Overall progress with the implementation of Royal Commission recommendations

The final report of the Royal Commission into Aged Care Quality and Safety laid out an ambitious and transformational vision for the future of aged care and older Australians. While strides have been made in some areas of implementation, how many recommendations have been interpreted or accepted by the Government has led to some significant missed opportunities. We believe this to be particularly true of recommendations relating to how aged care intersects with other systems, local communities and the delivery of home and community care.

Victorian councils have significant knowledge and direct experience of the aged care system. As the peak body for councils, the MAV offers the following comments and suggestions to ensure that the recommendations are implemented in accordance with contemporary community expectations for a sustainable, seamless, and responsive service system.

Little work has been initiated on strategic and transformational recommendations, such as recommendation 4, which concerns the integration of long-term support and care for older people. The Royal Commission noted that aged care is often considered ‘in isolation from related service types rather than considering it as part of a spectrum of supports and care that can assist people in their old age’.¹ As the level of government closest to the community, local government is keenly aware of the importance of designing person-centred systems that respond to the needs of local communities. This recommendation is central to this aim.

In the 2023 progress report, the IG found that this recommendation was considered ‘not implemented’ and only ‘partially accepted’.² We are disappointed that work has not progressed on establishing a National Cabinet Reform Committee on Ageing and Older Australians and believe this to be of ongoing detriment to the reform implementation. The development of a 10-Year Ageing Well in Australia Strategy and its associated Outcomes Framework should be expedited to ensure reforms are evidence-based and their impact is measurable. This would create the opportunity for alignment with council planning for the health and wellbeing of their communities, including ageing well outcomes beyond the scope of federally funded aged care.

The Federal Government has embarked on an ambitious agenda for 2023 and 2024, with their commitment to having a new Aged Care Act (rec. 1), strengthened Aged Care Quality Standards (rec. 19) and a new regulatory model (recs. 92, 93,97,103) all in place by 1 July 2024. The concurrent parts of these evolving reforms are straining the aged care sector's capacity to prepare for ‘reform readiness’ while continuing to deliver quality services for older people under the existing system. The iterative updates and interdependencies of the different parts of the reform process have left a majority of providers feeling as though they are preparing for change without a clear understanding of the future state.

Alongside work on the new Act and regulatory model, there has been significant activity on policy development to finance and fund the aged care system, planning to implement a new comprehensive single assessment system, and planning for the phased implementation of the Support at Home

Program from July 2025. However, the timelines of reforms to date have been slow to progress and do not match the Royal Commission's recommendations and community expectations.

Due to several delays, access to aged care and the experience of receiving aged care, particularly CHSP, is unlikely to have substantially shifted since the Royal Commission. The first progress report called for timely policy development and security of funding to avoid further slippage.³ We support these calls, particularly regarding the extension of the CHSP until 2027, noting that council providers have long called for the release of critical information, such as pricing and funding models to support planning, to no avail.

Councils report a sense of change fatigue among their workforce, which is already stretched due to sector-wide workforce shortages. These conditions hamper councils' capacity to fully prepare for the scale of change required to their business systems, processes, practices, and workforce.

Single Comprehensive Assessment Process

Transition process to Single Assessment System

Local government in Victoria continues to be the majority provider of regional assessment services (RAS). Forty-six of 73 Victorian RAS providers are councils. The need for a single assessment service (rec. 28) is well-founded, but there are critical risks facing Victoria's assessment system as nationally consistent transition plans fail to respond to the nuances of Victoria's assessment system.

Unlike other states, the Victorian Department of Health manages the delivery of RAS in Victoria on behalf of the Commonwealth Government. In all other jurisdictions, the Federal Government directly contracts fewer providers to deliver assessments.⁴

Additionally, Victorian RAS assessors have historically maintained a higher minimum qualification than other jurisdictions, meaning there is a risk that equivalent roles will not exist under the new system.

At the time of writing, no transition plans have been confirmed for current Victorian RAS providers who choose not to participate in assessments beyond 1 July 2024. Collaboration between all three levels of government is needed to respond to these issues.

The process leading to the single comprehensive assessment system has been fraught with a lack of clear direction and seemingly little understanding of or attention to the historical Victorian context to transition to the new national model. The Department of Health and Aged Care (DoHAC) announced in May 2023 that it would undertake a closed tender to transition 'non-government' RAS providers to the new single assessment workforce.

Initially, it was unclear whether councils would be eligible to participate in the new system as government providers and whether they would be excluded from the process due to their technical status as sub-contractors of the Victorian Government. DoHAC then unexpectedly announced in November 2023 that it would conduct an open tender for assessment in January 2024. No other information was provided, including the service areas applicants would be expected to tender for. The tender was opened on 31 January 2024, initially for six weeks until 14 March 2024, with a one-week extension announced on Tuesday, 12 March 2024.

The critical risks that the MAV has identified and is actively advocating for solutions are summarised below:

Immediate Risks

- Risks associated with the decision to conduct an open tender for assessment in Victoria, where well over 50 organisations deliver services over small geographic regions.
- Lack of adequate information or time to allow for tenderers to consider consortia arrangements.
- Potential that limited or no tenders for assessment in Victoria are received by the Government.
- No clear plans for an extension to RAS in Victoria beyond 1 July 2024. A growing number of councils are determining they will end provision from 30 June 2024.
- No transition plan for providers exiting on 30 June 2024.
- Workforce capacity and morale, ongoing delays and uncertainty have caused significant upheaval in RAS workforce.
- Increased reliance on phone assessments due to lack of planning.

Medium Term Risks

- System gaps occurring from 1 July 2024 due to the cessation of some existing RAS services. ACAS or health services have covered previous exits. This option is unlikely to work in the current environment.
- Concerns that timelines for establishing new services in RFT documents (September 2024 to 1 January 2025) are wholly insufficient to establish new services.
- Lack of stewardship to support a successful transition (regarding processes, timelines, workforce strategies and accountability).
- No equivalent roles for Victorian RAS assessor workforce. Victoria's qualified workforce of assessors is overqualified to conduct simple assessments but not eligible to conduct clinical assessments. Pathways and resourcing for RAS assessors to upskill must be urgently considered to avoid an exodus of staff.
- Concerns regarding reduction in quality of assessments where a skilled assessor does not conduct them.

Long Term Risks

- Loss of workforce and organisational knowledge and expertise.
- Loss of public sector involvement and oversight, including local connection and stewardship.
- Narrowing of assessment scope may lead to increased reliance on aged care or health services.

Integrated Assessment Tool (IAT)

There are concerns from the current RAS workforce that the emphasis on the IAT devalues the skills of current RAS staff, with reliance on a tool over professional discretion.

Victorian RAS providers participated in the IAT trial, and feedback from councils is that recommendations have only been partially implemented for the new tool. Recommendations for the new tool included:

- Need for questions relating to a person's whole of life and how they are managing; current supports and carers; cognition and mental health.
- The need for using easy English and strength-based approaches (to focus on what the client can do for themselves instead of what services they can access).
- It can be difficult to formalise personal goals with one assessment visit. For example, if they only need cleaning. The goal will be generic - to have a clean and tidy house.

Accessing the aged care system

Councils have reported that access and navigation of the aged care system seems to be getting more complicated rather than easier. Feedback from older people is that they have received conflicting information from the My Aged Care contact centre, unintentionally creating unrealistic expectations leading to disappointment or disillusionment. These issues may be exacerbated in Victoria should minimum qualifications for RAS assessors be removed.

There continues to be an overdependency on communications and processes that require a level of digital literacy that is not aligned with the capacity of many individuals seeking to access aged care. Older people from multicultural backgrounds are seeking services that are culturally attuned and in language, enabling participation in decision making.

Feedback from RAS and Care Finders is that, in many instances, the CHSP system is at capacity, and there are no providers to refer older people. Many older people are waiting for entry-level services across Victoria, in addition to the more widely reported HCPs waiting lists.

Care Finders

Establishment of Care Finding program

Feedback on the Care Finder program (rec. 29) is attributed to the experience of several Victorian councils that are funded for the service; feedback from councils who are RAS providers interacting with the service and from councils that have established their own “community connector” programs to support older people in their communities.

Primary Health Networks (PHNs) were tasked with commissioning the Care Finder program. PHNs had not previously been engaged with the aged care system in Victoria, meaning the program's establishment across the state took longer than expected. Tenders were released at different times with inconsistent approaches across the PHN regions. The inconsistencies in the roll-out of the program have led to conflicting advice being provided to people engaging with Care Finders. This again reinforces misunderstandings about the role of aged care.

The Royal Commission recommended that care finders be employed by the System Governor, a State, Territory, or local government body. Councils that deliver the Care Finder Program have found strong alignment with the aims of the Care Finder program and their council's role in the community. In some cases, councils have augmented the Care Finder Program with council-funded navigator roles to better respond to community needs.

From the perspective of aged care providers or providers of other community services, the success of the Care Finder model is often related to the organisation's existing local footprint. The decision to align Care Finders to PHN regions rather than local government areas (LGA) has created some issues for councils where different parts of their LGA are covered by different Care Finder organisations. This lack of alignment has created a missed opportunity for holistic planning and the coordination of supports for older people within their local communities.

In the early stages of the Care Finder program, staff were frequently seeking advice from local RAS organisations as staff were often recruited for their specialisation skills and were not necessarily familiar with the aged care service system. Reported knowledge gaps often related to My Aged Care, the differences and eligibility for RAS vs ACAS assessments, and between CHSP and HCP supports. This initially increased pressure on the RAS workforce to support access to care but appears to have settled over time. It is important to reflect on such bottlenecks in the establishment of new systems, considering the new single assessment system will be rolled out this year.

Effectiveness of the Care Finder program

Our feedback is based on anecdotal frontline feedback and does not provide holistic data on the program's effectiveness.

Broadly speaking, the program's establishment took time to gain traction in some areas, including work to facilitate connections with the people it was designed to support. The demand for the program is greater than the program's capacity can deliver in the number of referrals and the types of people seeking support. There is a much broader group of older people who require support to navigate the complexities of the aged care system who are not within the intended population for the Care Finder program.

A small but growing number of Victorian councils have recognised this broad need to support older people to navigate multiple local services systems, including aged care, and have invested in 'community connector' roles that complement the Care Finder program.

RAS feedback has provided mixed responses on whether Care Finders have improved individual access to aged care to the extent anticipated. Certainly, the Care Finders have supported individual access to care for many people. However, there have also been some limitations and frustrations for older people within the program being provided with misinformation, inappropriate referrals, and heightened expectations about service access.

There have been suggestions for system improvements to facilitate better access to the aged care system and potentially increase efficiencies within the Care Finder program. These include:

- National capacity building for older people to understand and navigate the aged care system, with an emphasis on My Aged Care
- Improved training and ongoing support for the Care Finder workforce on My Aged Care processes and guidelines and understanding of the aged care system.

Conclusion

Reforming Australia's aged care system requires coordination and collaboration between all levels of government and the community. We are pleased to see ongoing consultation opportunities, but a more strategic approach is clearly needed if all Australians are to benefit from the vision of the Royal Commission. We look forward to supporting the Government to implement further recommendations.

¹Royal Commission into Aged Care Quality and Safety (2021), Final Report Volume 3A, p.24

² Interim Inspector General of Aged Care (2023), Progress Report: Implementation of the recommendations of the Royal Commission into Aged Care Quality and Safety Report, p.46

³ Interim Inspector General of Aged Care (2023), Progress Report: Implementation of the recommendations of the Royal Commission into Aged Care Quality and Safety Report, p.9

⁴ Australian Department of Health and Aged Care (2024), Regional Assessment Service organisations by state and territory and region via <https://www.health.gov.au/resources/publications/regional-assessment-service-organisations-by-state-and-territory-and-region?language=en>