



LASA
LEADING AGE SERVICES
AUSTRALIA
The voice of aged care

INTEGRATED CARER SUPPORT SERVICE: REGIONAL DELIVERY

Submission to the draft Regional Delivery Model

May 2018

Leading Age Services Australia

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Leading Age Services Australia (LASA)

Leading Age Services Australia (LASA) is the national peak body representing and supporting providers of age services across residential care, home care and retirement living. Our purpose is to enable a high performing, respected and sustainable age services industry delivering affordable, accessible, quality care and services for older Australians. We represent our Members by advocating their views on issues of importance and we support our Members by providing information, services, training and events that enhance performance and sustainability.

LASA's membership base is made up of organisations providing care, support, services and accommodation to older Australians. Our Members include private, not-for-profit, faith-based and government operated organisations providing age services across residential aged care, home care and retirement living. Our diverse membership base provides LASA with the ability to speak with credibility and authority on issues of importance to older Australians and the age services industry.

Leading Age Services Australia is pleased to provide feedback to the draft Regional Delivery Model. Should you have any questions regarding this submission, please do not hesitate to contact Marlene Eggert, Senior Policy Officer, email marleneE@lasa.asn.au or ph: 02-62301676

General observations

General reform environment

The Department of Social Services' (DSS) planned introduction of Integrated Carer Support Services (ICSS) and Regional Delivery Partners (RDP) coincides with major reform activity in the aged care sector by the Department of Health. The DSS should take particular care to ensure that the design and introduction of the ICSS and its Regional Delivery Model dovetails with policy changes introduced through current aged care reforms.

Further, LASA would like to make the DSS aware that the Aged Care Financing Authority (ACFA) undertook a consultation on respite care in April 2018. ACFA's report on this consultation is due for release on 31 October 2018.

Integrating ICSS with other care systems

In the ICSS Service Blueprint (Appendix A) the ICSS is depicted as a freestanding service system without linkages to other service systems. However, carers and the people they care for also utilize other service systems, such as aged care, primary care and hospital care and these affect the supports carers require. At this stage in the planning process, it is important that the ICSS account for (1) carers' and their care recipients' interaction with these other systems and (2) how carers are being affected by these other systems.

Functional connectivity should be built to link the ICSS with other care systems. For example, LASA Members have made us aware of the increasing number of couples where the carer-partner is also frail-aged. ICSS needs to allow for planning of joint respite for couples where the carer is also frail-aged. Members have told us that the My Aged Care Gateway and Carer Gateway should be functionally connected to facilitate planning for joint respite for frail carers and their partners.

Ongoing consultation with carers

While carers were consulted in stage 2 of the Integrated Plan for Carer Support Services, LASA is concerned that the consultation paper does not mention any further involvement of carers. LASA would encourage the DSS to seek carers' viewpoints throughout the design and implementation process to ensure that all parts of the ICSS interface work well with consumers. LASA considers it important that the final ICSS is as user friendly as possible for time-poor carers who often also lack the energy to engage with complex IT based interfaces.

Timelines

LASA notes that the time given for the introduction and bedding down of a complex reform such as the ICSS is rather short. These timelines may require review and/or the development of a plan B with strategies for mitigation if implementation milestones are not achieved. The overarching concerns should not be the achievement of timelines but the development, implementation and bedding down of a reform that works well for carers and providers alike.

At key points the plan for the introduction of the ICSS should include milestones that have to be fully met before the rollout of the reforms is progressed any further. LASA suggest that a fully functional Carer Gateway should be one such milestone as the Carer Gateway is fundamental to the RDPs' functioning.

Smaller cohorts of carers with differing needs

Some smaller cohorts of carers may have differing needs from those of the majority cohort. Young carers, people who care for a person with mental health issues and the frail-aged carers referred to above are examples of carers whose needs often differ from majority needs. LASA believes that the ICSS model does not pay sufficient attention to the unique needs of this cohort. The LASA referred to above are another such cohort.

LASA notes that the Carer Coaching Service, Carer Education and the Peer Support Service are exclusively online-based. A significant cohort of older and some other carers will be unable to access these services because they do not have the confidence, online literacy to engage with these platforms or lack access to the internet. However, these carers still have a real need for support, education and coaching. How does the DSS plan to address the needs of these carers?

Commonwealth supports required for the consortia-based model

RDPs should be provided with guidance from the Commonwealth as to the requirements for subcontracting under the consortia-based model. This guidance should include:

- how to ensure that the best provider is subcontracted;
- the percentage of Commonwealth funding that RDPs can hold internally;
- the utilization and development of existing carer skills;
- development of new, skilled carers as demand requires; and
- directions to ensure equity of access to services for diverse carer cohorts.

LASA is particularly concerned that the consortia-based model and its associated guidelines enable the RDPs to leverage from existing, well-established relationships between service providers and carers. Where well-functioning services already exist any re-invention the wheel may result in reduced service productivity.

Issues with the boundaries of RDP service areas

The consultation paper reports to have worked 88 ABS Statistical Areas Level 4 regions into two Options (A and B) for the number of RDP service areas across Australia. LASA has concerns regarding (1) the use of ABS Statistical Areas to identify the boundaries of RDP service areas and (2) the small number of RDP service areas proposed in Option B.

RDP boundaries

LASA Members are concerned that the proposed RDP boundaries do not align with existing service delivery boundaries for providers of carer-support. Currently, Local Government Areas (LGA) tend to act as boundaries for service delivery for carers. Within these established boundaries, networks, partnerships and communities of interest have developed. The synergies arising from these relationships underpin the sector's productivity and quality of service delivery in important ways. New boundaries resulting in the loss of these relationships will reduce providers' capability to deliver responsive, quality services. New boundaries will also add complexity to the bedding down process of the reforms, resulting in costs through loss of efficiency and effectiveness, further hampering providers' productivity.

Option A is preferred over Option B

LASA Members support Option A with 20 service areas with a RDP for each area for following reasons:

1. The larger service areas proposed in Option B (11 areas) would make it difficult for RDPs to be responsive to the varied carer cohorts in a large geographical area. LASA is concerned that a loss of responsiveness to carer needs may result in carers disengaging from the ICSS. The smaller geographical areas proposed under Option A will make it easier for providers to identify specific carer needs and to design and offer tailor-made services.
2. For RDPs the servicing of carers in large geographical areas will involve the need to establish and manage a large number of sub-contracts, which is costly. These costs may negate any of the administrative savings Options B anticipates.

Capacity and capability of organisations to establish and manage a regional presence throughout a large service area, including the ability to lead a consortia-based model, and undertake service area planning

Compared with Option B, the smaller geographical regions in Option A would provide better structural support for the RDP to:

- establish a regional presence;
- undertake service planning;
- establish contact with 'difficult to reach' groups, such as 'hidden carers'; and
- ensure the quality and consistency of services delivered by subcontractors.

How to ensure the breadth and reach of services provided under the proposed service area models, including the incorporation of local service providers.

LASA believes that the breadth and reach of services is best supported by the smaller geographical areas proposed for the reasons given under the heading *Option A is preferred over Option B*.

Further, providers see a role for the Commonwealth to support service breadth and reach through the provision of guidelines for RDPs (see under heading: *Commonwealth supports required for consortia-based model*).

Members have told LASA that they consider maintaining their existing relationships with local service providers to be of utmost importance to ensure the consistency and quality of their services. These relationships are one of the main reasons why providers do not want to see the new RDP boundaries to cut across currently established ones. Another reason from a carer perspective is ease of access to service providers.

Are there any alternative RDP service area models that you think the Department should consider? If so, on what basis? Your statistical analysis and/or evidence base should be provided to support this.

Please refer to LASA'S commentary under heading *RDP Boundaries*.

Outstanding questions

LASA Members articulated following outstanding questions about the ICSS:

RDPs' face to face service outlets

1. How many will be required?
2. Will RDPs manage them under the consortia-model as sub-contractors?
3. Are there specific management and resource implications relating to these services that RDPs need to consider?

RDPs working under a consortia-model

1. Will RDPs seek expressions of interest and then commission the service provision or will they appoint service providers?
2. If competitive commissioning processes are envisaged, how will it be ensured that the competitive processes are fair, transparent and equitable?
3. What processes will the Commonwealth put in place to ensure the competitive processes account not just for costs but also for the value generated (i.e. quality of service) by sub-contractors?
4. Are RDPs expected to put into place permanent or time-limited contracts with sub-contractors?
5. How will RDPs ensure service quality across their service outlets?