NACA Aged Care Gateway Advisory Group Gateway Model

Comments from Aged & Community Services WA – November 2012

ACSWA Response to the Draft Gateway Advisory Group Documentation

Aged & Community Services WA (ACSWA) has given further consideration to the documents circulated for comment (The Gateway service delivery model; A model and proposed items for the new assessment system for aged care; Service charter; Assessment framework and tool ; Central client record document and Access to the Gateway for CALD clients). ACSWA rejects the application of this Gateway model proposed.

A National gateway system can only be successful if all the States and Territories are signed on. Despite ACSWA advocating a strong position for moving the WA HACC program to the Commonwealth, the WA Government has announced as part of the National Health Agreement that HACC in WA would continue to be delivered by Western Australia as a joint Commonwealth-State funded program.

As the Commonwealth roles out its HACC program in all other States except WA and Victoria we are seeing a widening gap between theirs and our States program. It remains our view that the HAAC program should move to Commonwealth responsibility.

- The proposed Gateway model will not be successful in WA at reducing consumer difficulties in accessing and navigating through the aged care system. Instead it will contribute significantly towards confusion, duplication, complexity and carer distress.
- The current documents and modelling showcases the lack of communication and understanding between State and National tiers of Government bureaucracy putting the consumers journey in WA in its wake.
- The decision to not transition HACC services in WA to the Commonwealth will lead to a system where there is no national consistency. This creates inconsistent and inequitable outcomes for consumers and inefficient use of Government funds.
- The fundamental issue with the Gateway modelling currently is that it is a National model and WA has a state based HACC system, which is not compatible with the National model.
- The Commonwealth announcement of the national reform agenda should benefit older Australians in all States and Territories, and WA constituents should not have to wait until 2014 or later for what was promised in terms of the Gateway under the Living Longer Living Better reforms.

The documents provided for comment do not identify or provide guidelines for how the Gateway model would work to the benefit of consumers accessing WA HACC services.

The current model is workable if you are a residential or packaged care client but is inadequate for new and existing HACC clients. Another model needs to be developed with clear structures and guidelines for how older Western Australians will have access to an equitable model as is the case in the other States (that have transitioned HACC to the Commonwealth).

ACSWA would seek an opportunity at State level to work with DoHA in a meaningful way to formulate a working model that will meet the needs of WA aged people in a timely and effective way. Meaningful consultation is required into how the Gateway is going to operate for WA, in particular how a State-based rollout will occur, what will the WA model be, the role of the Dept and providers, function of the ACATs etc.

Feedback on the Gateway Service Charter

- More clarity is required around the following wording in the document 'You can contact us if you are seeking information, or assistance, with ageing or aged care services' - is there an alternative the client can contact for information? ("*you CAN"* implies there is a choice). The sentence also implies a medical component ("we can provide information about ageing and/or assist with ageing" – Will they?
- The Service Charter should read something like 'We provide information about aged care services and assistance to access the services you require' as it should reflect what the

Gateway does, rather than implying the onus of the service depends on whether you contact the Gateway or not. The current statement is too passive.

- Under the heading *Ongoing Support* it states 'We will collect information about your particular circumstances, preferences, needs and eligibility to assist in providing (determining) the level of support you need". If using providing it sounds like the Gateway will provide the services rather than refer to the appropriate agency who will provide the service.
- The statement "We will never provide you with legal, medical or financial advice" needs to be balanced with advice on who provides this information and access to such advice.
- The translating and interpreter service (TIS) advice at the end of the document may need to be in larger font for the sight impaired. Reference to this advice should be included in the section *Easy access to our services*. There should also be information clearly stating that accessing the TIS is free.
- More consideration may need to be given to the carer perspective as the document only refers to carers once throughout its entirety.
- Consideration may need to be given to the Service Charter stating that consumers can have access to a professional Advocacy service in their respective State should they not be able to resolve a difference of opinion or wish to appeal a decision of an assessment.

Feedback on the Draft Assessment Framework and Tool for Aged Care

- The need for reassessment should be triggered by any of the events stated (hospital episode, change in carer status, need as identified by service provider) or if the client is requesting one. If none of the events occur within 6 months there needs to be a phone contact (level 1 assessment) with the client to determine the need for reassessment. If there is no need identified by the client and/or carer at that time, and no other trigger events in the following 6 months then a routine review Level 1 assessment should be conducted at 12 months and 6 monthly thereafter. This will ensure the Gateway is responsive to care needs.
- Any client that through the initial screening questions is determined to be a level 2 client should automatically be seen in a face to face assessment including situation of falls/incontinence/cognitive dysfunction/all mental health issues/nutritional or swallowing dysfunction/a need for assistive equipment or home modification/reported inability to complete basic ADLs – these factors should trigger a face to face assessment or referral to an appropriate health professional for follow up.
- Phone based assessment is appropriate when non-impaired cognitive status is confirmed and basic services are requested (eg. home maintenance/meals/transport services etc)
- A rehabilitative approach should be implemented where assessed as appropriate (mobility impairments, falls, disease processes that can be remediated, hospital discharge etc) as preventative and reablement models of care are more cost effective and maintain or improve function for clients, enabling them to remain out of residential care/hospitals etc. Service providers offering therapy programs/day therapy services would provide these services under contract arrangements. It would be necessary to allow clients an agreed timeframe for rehab/reablement to allow for functional improvement. Progress would be recorded in the Gateway client record to assist decision making about future services and needs.
- It would be useful when considering under what circumstances a client with special needs would require a face to face assessment to have an initial process that clients could identify their preferences/ special needs, to enable the appropriate assessor skill mix to respond to their query in the initial contact stage. This might identify LGBTI, indigenous, homeless etc so that appropriately trained assessors would case manage those clients. If translator services for the CALD group are used there should not be a need for alternative arrangements as per the normal assessment process. If triggers are identified (as per the normal assessment) then face to face assessment would follow. Special needs groups such as homeless would need a face to face assessment as their circumstances would require a customised approach.
- As above, there needs to be a built in process at the initial entry point stage where clients can identify themselves as 'special needs' so that they are directed to staff with the appropriate skill mix to manage those clients. This could be achieved by a self selection process on the web register, or through a series of tick box questions at the point of entry.

- To reduce duplication of the assessment process the Gateway should have the capacity to follow up prior to assessment other key sources or relevant clinical information. Maybe this process will be enhanced by use of the personally controlled E-record. Access to clinical records, relevant allied health assessments etc will reduce duplication and result in a more thorough and targeted assessment, resulting in improved outcomes for clients. The challenge will be in cooperation from medical professionals. It would also require a lot of administrative work to coordinate information gathering etc.
- There is little to no mention in the documents that there is actually four levels, with the first being to determine the consumers eligibility ie to HACC services. There also needs to have clarity around what support is offered to clients that are deemed ineligible for any in home support.
- One element missing from the Assessment Framework and the proposed model is that consumers need to be informed verbally that they have the choice to decline to answer sensitive questions over the phone and can request a face to face assessment to discuss sensitive personal information in depth to help inform the assessment process and resources that best fit with the client's needs.
- A mini nutritional screening is vital even for clients only requesting access to one service type through HACC. Malnutrition or the risk of malnutrition has often been referred to as the skeleton in the closet as is under reported in all streams of health care – acute, community and residential care.

Feedback on the Gateway Central Client Record

At this point in time it is difficult to comment on this document as WA would be running two parallel systems with HACC remaining under State control, which makes the process complicated for HACC clients and the aged care sector. We will consult with members more in-depth prior to the 14th November deadline.

Access to the Gateway for People from CALD Backgrounds

The only comment at this initial stage on this document is that it would be imperative for the Assessment agency to have free access to TIS services as do the Residential Care facilities in order to support CALD clients. The engagement of a professional interpreter is particularly important when dealing with CALD clients who do not speak any English or display only limited capacity to communicate in English. For example:

- The client exhibits no understanding or effective use of English.
- The client is able to communicate in English, but in a limited capacity.
- The client is reliant on friends or family to communicate on their behalf in English.
- The client is able to communicate in English, but is more comfortable to communicate in his/her own language, or
- The client is under stress, which may affect his/her, ability to communicate effectively in English

Example of WA HACC Client Journey