

**Aged & Community Services**  
Western Australia



**Aged & Community Services**  
Western • Australia • Incorporated

**Retaining the benefits of the  
Home and Community Care  
(HACC) program in WA**

**October 2014**

## Executive summary

---

Aged and Community Services Western Australia (ACSWA) is the largest peak industry body for aged care providers in WA, representing a large number of church, charitable and local government organisations throughout the state.

ACSWA members provide high level services throughout the State in metropolitan, rural and remote locations, and collectively manage:

- 8148 residential aged care beds
- 8389 independent living units
- 51 day care centres
- 5284 community care packages and over \$146 million in Home and Community Care funding.

ACSWA is a member of the Aged & Community services Australia federation and is dedicated to representing the interests of the not-for-profit community benefit organisations throughout WA.

The purpose of this paper is to provide Government with industry's views on key benefits of the current WA HACC program in the context of the future direction of HACC services delivered within WA. We believe that the feedback provided by WA aged care providers will assist in ensuring the future of a robust, consumer focused, flexible, innovative, and sustainable program. The challenge, as we see it, with any significant shift in program responsibility will be to not dilute or remove what is working well, not stifle flexibility and innovation but to provide encouragement to ensure the program remains effective, relevant and dynamic.

A summary of ACSWA's views on the benefits that should be retained under the HACC program are as follows:

- Maintaining the wellness approach that is well established in WA HACC services.
- The WA HACC program currently has services provided by small, niche or CALD / ATSI aged care providers. The inclusion and support for these smaller providers is vital.
- The HACC program currently focuses on building on the strength and capacity of rural and remote areas, through collaboration with aged care providers in these areas. Continuation of these processes assists in the delivery of services in a flexible and sustainable manner and should be continued.
- The retention of block funding.
- The relationship between aged care providers and the program funders and administrators should be based on offering contract support, supporting and developing networking opportunities between providers, information exchange and exposure to innovative practices. ACSWA supports the ongoing local presence of contract managers.

- Continuation of WA aged care providers having access to ongoing recurrent funding combined with annual growth, annual non recurrent funding and capital funding.
- Continuation of the current practices for collating information on specific service gaps, regional planning processes and population based resource allocation. This process should remain one that includes involvement from and with aged care providers.
- One set of reporting requirements across State and Commonwealth aged and disability programs.
- Support for the existing fees policy including capacity to pay and level of contribution to be monitored against other Commonwealth funded programs.
- An increase to the WA HACC subsidy paid to Meals on Wheels providers especially in metropolitan and larger regional areas.
- Transition funding arrangement from the Commonwealth to be made available to WA HACC providers similar to the arrangements made with other states i.e. \$16,000 - \$70,000 to providers to assist in meeting new contractual requirements if WA moves to the CHSP.
- WA HACC program contracts to remain with a four year term.
- Retention of the consumers on level 1 or 2 packages having accessibility to specific non duplicated services under HACC such as nursing, allied health, and CBDC.
- Maintain investment in supporting HACC workforce and sector development and training.

## Introduction

---

Western Australia HACC services commenced a process for moving towards a new HACC framework and assessment model in 2009, with the first implementation phase which included considerable stakeholder consultation commencing on 31 January 2011.

In our capacity as the peak body for not for profit aged and community care providers in WA, ACSWA ideally positioned to proffer learnings from the reforms undertaken in WA during the transition and implementation of the HACC Assessment framework and to share industry views on critical aspects that should be retained under the HACC program delivered in WA.

In August 2014 ACSWA facilitated a member workshop and developed a survey to capture the views of those unable to attend, to better understand the benefits and successful aspects of the Home and Community Care (HACC) program that the not for profit sector considered important to retain when the State and Commonwealth commence negotiations for the responsibility of the HACC program in WA.

It almost goes without saying that WA aged and community care providers face distinct challenges in providing sustainable services including our State's geographical size, our soaring cost of doing business, and workforce issues that make attraction and retention problematic for the sector.

The information obtained from both the workshop and survey is arranged into the groupings service delivery; contracts and funding; interface with other services; and workforce and sector development.

## Providers views on critical and successful aspects of the current HACC program

---

### **Service delivery**

Overwhelmingly, providers supported maintaining the wellness approach to service delivery in WA in combination with the assessment framework. The wellness philosophy of maximising client well-being and independence by providing practical strategies to maximise physical, psychological and social health and wellness relevant to the HACC target group has enabled the program to build independence for clients.

The wellness approach to service delivery combined with the WA assessment framework and a wellness assessment, provides an identifiable and importantly a regional point for entry into the community care system in WA. This facilitates targeted and responsive service delivery to maintain and improve the wellbeing of clients and their carers. It was noted that respondents considered that respite for carers should remain, possibly outside both HACC and the Home Care Program (HCP).

There is strong support for small niche, CALD and ATSI specific aged care providers to continue in the HACC space, as these providers have a local focus providing opportunities to link consumers to local resources. Further, it is clear that understanding the dynamics in country towns is critical to providing cost effective and appropriate support services. Providers agreed that it is critical to collaborate with aged care providers in rural and remote areas where resources are limited. The HACC program currently builds on the strengths and capacity within that location, and works with local aged care providers to enhance sustainability of HACC services in rural and remote WA.

A consistent client fee structure with inherent flexibility combined with program flexibility, local responsiveness and the ability to service diverse populations were also seen as program advantages in WA.

With respect to service types, concern was expressed by participants and respondents about ongoing support for the specific nature of home modification and maintenance and transport. It was considered that block funding is essential for the certainty and viability of service provision for these programs. Transport is seen as a significant service to enable client access to community and services such as health appointments, shopping, social activity, etc.

### **Contracts and funding**

There was consistent feedback during the HACC workshop and from the member survey about the positive working relationship between service providers and the WA Department of Health (DoH), Aged and Continuing Care Directorate team, and Project Officers. It was agreed that the key benefits of this working relationship are the “hands on” contract support, regional staff presence, timely support to providers, greater connection, understanding of local and regional issues, and the support for program innovation and development.

ACSWA members flagged concerns that current services provided under DSS are centralized and there is no staff presence in regional areas. There was strong support for the current regional structure provided by the Department of Health to continue. Providers wanted to retain the HACC networking meetings (with a preference for quarterly) organised by DoH officers for the information exchange, networking opportunities and exposure to innovative practices.

It was agreed that the current arrangement of ongoing recurrent funding combined with annual growth funding, and annual non-recurrent and capital funding creates stability for the program and fosters consistent quality service delivery to consumers. These funding mechanisms also support the ability to trial program innovation and evaluate service delivery. It was also agreed that HACC Aged Care Providers have made significant infrastructure investment to support service delivery and this requires ongoing commitment, support and development from government. There is a strong view that growth funding should continue during the transition period and beyond using an open and transparent process for allocation to support the growing demand for services.

The implementation of the regional assessment service has provided the opportunity to identify specific service gaps and availability within regions. This information is useful in consultation with providers to inform future program growth priorities and supports local planning and population based resource allocation. There is support for continued inclusion of providers in local planning and suggestions for enhancement of this process.

HACC providers agreed that receiving quarterly payments in advance has supported services to budget for staff and infrastructure. They are subsequently seeking a commitment from the Commonwealth to maintain current providers and base level funding post transition.

There is strong support for one set of reporting requirements across state and commonwealth funded programs as a means for adhering to Government's red tape reduction program. There is also support for the existing fees policy which recognises capacity to pay and level of contribution and that this should be monitored against other funded programs.

Meals on Wheels (MOW) providers outlined their concern that nationally WA is significantly behind with the basic subsidy that is paid to regional and metropolitan providers. Many Meals on Wheels providers in WA are smaller standalone providers, and it is viewed that the subsidy payment has not taken into consideration the increasing costs of higher transportation, petrol costs higher electricity prices for running kitchens / freezers and the cost of meeting the regulatory compliance of food safety standards.

In the November 2013 HACC Meals Review final Report by Professor Yvonne Wells, and supported by the NACA Meal review group, is the finding that MOW's current funding levels have restricted further growth of innovation, changing client needs, and has limited providers from becoming more responsive to cultural diversity or special diets. It was agreed that an increase to the subsidy for meals in WA was seen as a critical factor for maintaining this service which is "more than a meal".

It is understood that under the Commonwealth HACC program, transition funding was offered to aged care providers in NSW, ACT, SA, QLD, NT and Tasmania. The Commonwealth has provided “one-off” funding of between \$16,000 - \$70,000 to providers in recognition that transitioning to the national HACC model is a financial burden on providers. It is further understood that these funds could be used by providers to meet new contractual requirements, make necessary changes to business practices, modify or purchase IT or equipment, update information and branding of their resources to reflect the move to the Commonwealth HACC model. ACSWA considers that access to the same transition funding is critical should the full funding and administration of HACC become a Commonwealth responsibility.

Current HACC contracts are for a term of four years, this is a crucial element of the program which assists providers to plan in advance the further development of the program, manage staffing recruitment and provide stability. It was agreed that contract terms should not be shortened from the current arrangement.

### **Interface with other services**

The HACC program is very much seen as part of the continuum of care for frail elderly people and younger people with a disability and it is imperative to maintain the relationships and interface between programs.

The implementation of the NDIS trial sites is in the early stages in WA but HACC providers have expressed concern about clients not eligible for NDIS that may fall between the cracks, and not receive any supports to remain in their own homes. Of particular concern was the question of support to carers of people aged 65 and under (or 50 for ATSI communities).

Currently in WA, consumers in receipt of a level 1 or 2 package can access services such as nursing, allied health, centre based day care and associated transport at a reduced cost through the HACC program, and only clients in receipt of a level 3 or 4 package are charged the full cost of recovery. The WA HACC program has developed clear guidelines that prevent duplication of services, and providing services to level 1 or 2 packaged clients should not be to the detriment of new HACC consumers. Providers at the ACSWA HACC forum commented that this interface has been successful in supporting clients to stay at home as well as reducing admissions to hospitals. Consideration for this HACC / packaged care interface to continue was also seen as a successful element of services delivery in WA.

### **Workforce and sector development**

Currently in WA, HACC aged care providers have benefited from the considerable investment the WA Department of Health Aged Care Directorate has put into workforce and training and development that is provided to HACC providers for both staff and volunteers. It was strongly agreed at the forum that continued access to the same levels of support and services that aged care providers currently experience would assist with consistency and having access to resources that are based in WA, including rural areas.

Aged Care providers who have volunteers that deliver vital services to consumers under the HACC program agreed on the importance of maintaining volunteer involvement in the delivery of the HACC program. This was seen as a successful aspect of the WA HACC program as not only do consumer and providers benefit from the volunteer's commitment and involvement, but so do the community and the volunteer. Being able to contribute within their community was seen by volunteers as a contributing factor towards the volunteer's sense of wellbeing.

Since 1 July 2014 ACSWA members have had access to the new dedicated resource known as the *Help Desk*. This service was created in response to the ACSWA Board's view that there was no single agency or body managing the transition of the planned LLLB measures. The scope for this role involves:

- Providing advice and support services in implementing aged and community care reform initiatives through a dedicated Help Desk phone centre.
- Identifying and developing resources and tools to support organisations to implement reforms
- Developing and delivering support, advice and information sessions to aged care providers on specific aspects of change, and
- Working with our Training and Events Team to develop, coordinate and facilitating professional development opportunities by single service or multi-disciplinary forums, networks, committees and workshops.

ACSWA would welcome the opportunity to discuss with Government the potential for the Help Desk to expand its current service offering to include support of the WA HACC sector through any transition phase.