Australian Government
Department of Health

Short-Term Restorative Care Programme
Summary of Consultation Feedback and Main Policy Impacts

The purpose of this document is to provide a high-level summary of the information received as part of the consultation. It does not reflect all views that were provided as part of the consultation. It does, however, provide an indication of where policy has since been updated.

OVERVIEW

In the 2015 Budget, the Australian Government announced the expansion of flexible care initiatives. A new form of restorative care, the Short-Term Restorative Care (STRC) Programme, is being established to increase the care options available to older people, and improve their capacity to stay independent and living in their homes.

During September and October 2015, the Department held a consultation process with stakeholders and other interested parties consisting of:

- a public Policy Consultation Paper (released on 21 September 2015) which sought feedback from the aged care sector and/or other interested parties on the proposed STRC Programme policy framework;
- three external workshops (two in Melbourne on 29 September 2015 and one in Brisbane on 1 October 2015); and
- a webinar held on 8 October 2015.

The Department received 81 written submissions on the Policy Consultation Paper from individuals and a range of organisations including aged care sector peak body representatives, state and territory governments, medical experts, allied health, aboriginal health services and individual aged care sector providers from across the country, including from rural and remote areas. In addition, nearly 300 people attended the workshops held in Melbourne and Brisbane and over 2,000 people logged on to view the webinar content. Below is a summary of the feedback received on the Policy Consultation Paper and the major areas of policy impact.

SUMMARY

1. Policy context

- There was universal support for increasing access to short-term restorative care.
- While the majority of stakeholders welcomed the new programme, some felt the programme should have been merged with the Transition Care Programme (TCP).
- Stakeholders commented on the number of programme places available. Place numbers, in relation to both the first tranche of place allocation (200) and total programme places were considered 'limited'.

Main policy impacts

- Minimal content change.

2. What is the STRC Programme?

- There was concern that the inclusion of the word 'setback' in the programme's objective *to help older people regain their independence after a setback (that results in either a sudden and/or gradual functional decline)* would potentially exclude people who could benefit most, older people who require restorative care due to a progressive decline in function. Stakeholders also noted that 'setback' did not cover the early intervention component of the programme.

- The programme goal *to reverse and/or slow functional decline for older people with aim of improving wellbeing* was well received noting that the programme needs to be inclusive of a client's medical, physical, social and psychological needs.
- There were mixed views on the descriptor 'therapy-focussed' with a number of comments that this could be interpreted to refer to 'allied health' and an unintended impact of narrowing the service delivery options in the programme.

Main policy impacts
- Reference to 'setback' removed.
- Programme Outcomes included.

3. How will the STRC Programme differ to other types of care?
- Stakeholders sought clarification about how the programme differed from the existing aged care programmes with restorative elements, in particular the programme's interaction with the Commonwealth Home Support Programme (CHSP) and services of the former Day Therapy Centre programme which has been incorporated into CHSP.
- There was strong support with the programme being delivered in the home, in a residential setting or a combination of both, dependent on the care needs of the individual.
- It was noted that the programme is not a 'top-up' for service gaps elsewhere.

Main policy impacts
- Clarification on how the STRC Programme interacts with CHSP.

4. How will care recipients be approved to receive short-term restorative care under the STRC Programme?
- Stakeholders were accepting of My Aged Care as the programme entry point although there was a strong focus on the importance of appropriate training for My Aged Care call centre staff.
- While some comments were received about the programme assessment process and the use of Regional Assessment Services (RAS) versus Aged Care Assessment Teams (ACAT), the majority of stakeholders reinforced the position that ACAT perform the assessment given the requirements of the *Aged Care Act 1997* (the Act).
- Timely ACAT assessment was considered critical for the programme to operate as intended. Stemming from this were concerns around the potential for increased ACAT workloads and possible ramifications for other clients, for example, client assessments for home care packages or residential care being delayed as a result of prioritisation issues.
- Generally, the proposal that the ACAT approval for the programme would lapse if care has not commenced within six months was accepted. Some felt that six months was too long with suggestions that lapsing arrangements should be shorter.

Main policy impacts
- Minimal content change.

5. Who will be eligible to receive short-term restorative care under the STRC Programme?

Eligible cohort

- Diverse and wide-ranging views were received on the two proposed eligibility options proposed in the Policy Consultation Paper.
- In addition to the eligibility options put forward, a third option was raised during the consultation (a variation of Option Two that excluded, rather than included, current clients of Level 3 and 4 Home Care Packages).
- Despite the variability in opinion on what cohort should be eligible, stakeholders were adamant that in implementing the programme, administrative burden and red tape be kept to a minimum.

Eligibility criteria

- Overall, the proposed eligibility criteria were well received.
- There was overwhelming opinion that the exclusion for 'palliative care' was too broad and that this should be narrowed to 'end of life' care.
- Stakeholders also noted the absence of a criterion related to recent hospital discharge.
- There were conflicting opinions on the value of the programme for clients with dementia.

Main policy impacts

- Option One chosen (i.e., the STRC Programme would be utilised by people who are not currently in receipt of Commonwealth subsidised residential, home or flexible care. A person could be receiving CHSP; rationale below).
- Reference to 'setback' removed.
- Addition of eligibility criterion to address feedback about previous hospital admissions.
- Eligibility criterion tightened from 'palliative care' to 'end of life care'.

Rationale for policy position on eligibility

- Feedback on the preferred eligibility option was split but what was clear that stakeholders expected that administrative burden and red tape be kept to a minimum.
- People currently receiving residential aged care were not included as a residential aged care service should be providing restorative care to a care recipient if required as part of its usual business.
- People currently receiving home care have inbuilt flexibility within their package that allows the provider and consumer to adjust the package to adapt to changing care needs.

6. How long will care recipients be eligible to receive short-term restorative care under the STRC Programme?

- Stakeholders broadly accepted the proposed maximum programme length of eight weeks. This was evidenced by a number of anecdotal accounts of similar and successful programmes that were based on such a timeframe.
- The commencement date of the care episode needed clarification as well as an explicit statement that the care episode may be shorter than eight weeks if that is what the care recipient requires.
- A minority of stakeholders felt that eight weeks was not long enough. Some stakeholders also felt the programme lacked flexibility without extension provisions.
- There was general agreement that up to seven days (cumulative) leave is available to the care recipient if they require it, for example, to attend a family wedding interstate.

- The maximum of two episodes of care per year was also well received. It was acknowledged that if more than two episodes were required, the care recipient may require alternative care options other than this programme.

Main policy impacts
- Minimal content change.

7. How will STRC Programme places be allocated?
- There was confusion about why the programme places were going to being allocated under an Aged Care Approvals Round (ACAR), especially given that from 2016, Home Care Package allocations will be removed from the ACAR.
- Stakeholders provided further comments on the availability of programme places and how providers would access the places.
- In addition, there was general confusion about the meaning of a 'place' and how that translated to an operational 'bed'.

Approved provider status
- Opinion was divided on the two proposed approved provider status options proposed in the Policy Consultation Paper.
- Arguments for and against included potential barriers to access for organisations not currently approved for aged care and a provider's ability to seamlessly transition between home and residential care settings if that is what the care recipient required.
- Stakeholders welcomed a streamlined flexible care approval provider process for those providers who are already approved for home and/or residential care, wishing to apply for flexible care approved provider status.

Main policy impacts
- Option One chosen (i.e., must be approved as a flexible care provider, but there would be no additional requirement to also be an approved provider of home care and/or residential care; rationale below).
- Minimal content change.

Rationale for policy position on approved provider status
- It was important not to exclude organisations that may have a relevant business model to deliver restorative care but are not currently an aged care provider.

8. What care and services will be required to be provided as part of the STRC Programme?
- Stakeholders were accepting of the concept that the care setting for delivery of the programme could be a home setting or a residential setting, or a combination of both with the basis of this being responsiveness to the care recipient's needs.
- There was general support that the Department will not prescribe the specific care and services provided under the programme and that successful providers are encouraged to develop and offer a range of consumer focused and innovative care models.
- However, there were a number of comments seeking clarification on the use of home modifications, equipment and assistive technologies in the programme including who will pay for them.

- The philosophy of consumer directed care underpinning the care planning process was well supported. However, there were some questions about why i) the subsidy was to be paid to the provider rather than the consumer, and ii) individual budgets or monthly statements would not be required.
- Another concern was that the care recipient's choice may be reduced when it comes to who provides their care should they not wish to have their care delivered by a particular service provider, particularly if brokerage arrangements are in place.

Main policy impacts
- Minimal content change.

9. What will be the arrangements relating to subsidy, fees and payments for the STRC Programme?

- There were mixed views about whether the payable flexible care subsidy would be adequate, particularly if care needed to be provided in a residential setting or in a rural or remote location.
- A number of stakeholders were confused about payment of subsidy, including that subsidy cannot be used to 'supplement' or 'top-up' funding on other Commonwealth subsidised aged care programmes.
- While the majority of stakeholders supported the position of no accommodation payment, there was some suggestion that allowing an accommodation payment to be charged would allow providers the ability to provide greater choice for consumers.
- There was general agreement that means testing would not be undertaken however, feelings were mixed about the proposal to charge fees.

Main policy impacts
- Minimal content change.

10. What will be the responsibilities of approved providers of short-term restorative care under the STRC Programme and how will providers be accountable for the delivery of appropriate care and services?

- The content in this section was generally well received by stakeholders, including the proposals for managing complaints and compliance. However, it was noted that the Policy Consultation Paper was silent on advocacy and reporting responsibilities.
- There was broad agreement to the proposed approach for managing the programme's quality framework, particularly that a new quality framework should not be developed when a single quality framework is on the horizon.

Main policy impacts
- Consideration of how to manage organisations currently accredited through accreditation pathways other than aged care.
- Additional information on:
    - 'Information to be given to a new care recipient about rights and responsibilities';
    - 'Flexible care agreements between the provider and care recipient'; and

  'Access to advocates'.