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ACT Government Submission

To the inquiry by the Standing Committee on Public Accounts

Review of Auditor-General's Report No. 7 of 2007: *The ACT Aged Care Assessment Program and the Home and Community Care Program*

2008

Authorised by
Ms Katy Gallagher MLA
Minister for Health

Background

The *Auditor General's Report No 7, 2007: The Aged Care Assessment Program and the Home and Community Care Program" was tabled in the Legislative Assembly on 4 December 2007.*

The Audit report makes 19 recommendations, 12 in relation to the ACAT program and 7 in relation to HACC.

ACT Health has agreed to 17 recommendations and agreed in principle to 2 recommendations. The Audit recommendations and the ACT Response is provided in the summary table to this submission. Furthermore, an action plan addressing all 19 recommendations is also provided for the Standing Committee on Public Accounts.

The key audit findings are:

Aged Care Assessments
"Overall, the ACT Aged Care Assessment Team has delivered appropriate assessment and referring services to meet the needs of frail older people.

There are opportunities for ACT Health to improve the efficiency of the Aged Care Assessment Team's services through:

- *developing policies and guidelines specific to the ACT to provide operational guidance for staff;*
- *improving its assessment procedures and documentation, to increase consistency in the application of assessment tools and improve documentation to support assessment decisions; and*
- *providing better information to the community, GPs and residential facilities.*

ACT Health can improve the public accountability of the ACT Aged Care Assessment Team by reporting annually in the Annual Report of ACT Health against the key performance indicators and providing data that would facilitate comparison of ACT performance to national and State and Territory performance."

Home and Community Care
"The ACT Home and Community Care program delivers community services to support people to remain at home by providing domestic assistance, personal care, community transport, and activities to reduce social isolation.

There is scope for ACT Health to improve the delivery of Home and Community Care program services to ACT residents through better assessment of unmet need, and monitoring of HACC service providers. In particular, ACT Health should:

- *consolidate data on unmet need;*
- *Implement long term planning;*
- *develop and implement formal written procedures for the key aspects of the agreement acquittal; and*
- *enhance the service funding agreement regarding the treatment of unspent funds and the disposal of assets.*

Improvement in funding acquittal procedures and practices would reduce the current risk to ACT Health of failing to identify, document and address instances where service providers did not deliver the level or quality of services required under the funding agreement."

The Audit also reviewed planning for the provision of residential care beds (page 52 – 54). The ACT currently has the lowest level of operational residential care beds in Australia. While there is no recommendation in this area, it should be noted that while it has taken some time, there are now a number of aged care facilities under construction. In June 2007 there were 1,636 places, this has increased by 8% to 1,764 places. By early 2009, it is anticipated that there will be 1,914 operational places, an increase of 17% in eighteen months.

The current Australian Government requirement to operationalise beds within a two year timeframe is often unrealistic when land acquisition is required in addition to development approval and construction. The ACT Planning and land Authority has noted that there is a need for much greater coordination between the Commonwealth and the ACT Government in relation to the Aged Care Approval Rounds.

Recommendation	Response	Comment
Aged Care Assessment		
Recommendation 1: ACT Health finalise internal procedures and guidelines for the operation of the ACT Aged Care Assessment team, consistent with the Commonwealth's guidelines and legislation	Agreed	The operation of the ACT ACAT is currently being reviewed against the Commonwealth guidelines and legislation. An action plan is being developed from that review, and will be supported by the implementation of policies and protocols for the service. In relation to the provision of ACAT assessments to younger people with a disability. A set of national Guiding Principles have been developed for ACATs in the context of the Younger People in Residential Aged Care (YPinRAC) program. These principles provide a clear framework for assessing younger people with a disability for residential aged care, where there is no other appropriate care placement available.
Recommendation 2: ACT Health finalise the 2007-08 Business Plan for ACRS, including the ACT Aged Care Assessment Team, which should include: • A timetable or plan to guide the implementation of better practices observed in other jurisdictions • The identification of the outputs of the Aged Care & Rehabilitation Service, and which units were responsible for them • The identification of client groups, and services available to them • The identification of stakeholders and their interest in the Aged Care & Rehabilitation *Service* • Applicable legislation and policy • Resources – financial and human • Goals for the financial year • Key priorities and tasks • Performance targets and indicators, including those in the *Operational Guidelines*, and • Risk analysis and management.	Agreed	It is noted that the ACRS 2007-08 Business Plan is now finalised, with the ACAT plan currently being developed with the recommendations included. Similarly, risks within the Aged Care & Rehabilitation Service have been comprehensively documented, with associated risk mitigation plans developed. Whilst outputs expected of the Aged Care Assessment Team are articulated throughout the ACT Government budget papers and the service regularly reports against these, it is accepted that these should also be expressed within the ACAT business plan.

Recommendation	Response	Comment
Recommendation 3: ACT Health: • Conduct a training needs assessment for the Aged care Assessment team and, as necessary, introduce a targeted learning and development program to both meet the needs of ACAT members, and to assure the availability of skilled staff for ACAT in the future; and • Consider recruiting a diverse range of health professionals to broaden the skill base upon which the Aged Care Assessment team may draw in servicing clients.	Agreed and partly actioned	The Commonwealth have partly funded and provided specific education for an education officer 0.1FTE who has implemented a training calendar for the ACT ACAT team. An ACAP training package covering all staff from Administration, Assessors to Manager is awaiting finalisation by the Commonwealth. The ACT ACAT team participated in the trial of this package 4th/5th October 2007. Commonwealth implementation of this package to all ACAT teams nationally is expected early 2008. Current recruitment of health professionals is generic and seeks to fit 'the right person' to the job, rather than be profession-specific, hence the ACT ACAT positions are multi-classified. The ACT team comprises a geriatrician, allied health professionals and nurses. A comparison with best-practice staffing of Aged Care Assessment Teams in other jurisdictions will be undertaken to benchmark.
Recommendation 4: The Aged Care Assessment Team (ACAT) establish performance standards and regular reviews with Community Health Intake in referring clients to ACAT.	Agreed.	Revised business rules guiding intake criteria have been provided to Community Health Intake (CHI). Regular meetings have been established between the ACAT Manager and the senior staff of CHI.
Recommendation 5: The Aged Care Assessment Team ensure that clients of the same care needs, particularly those in category 1, have the same priority for assessment, whether they are community or hospital-based at the time of assessment	Agreed already in place	A performance target of 2 working days from referral to assessment has been implemented for all Priority 1 patients, whether community or hospital-based. Performance against this target is being monitored and reported against on a monthly basis to ACT Health, as well as to the Commonwealth on a quarterly basis. A team leader role has been established to identify & make appointments for referrals to ensure Priority 1 patients are seen within the 2-day timeframe.

Recommendation	Response	Comment
Recommendation 6: ACT Health: • Review and improve the Aged Care Assessment Team's clinical assessment tools as well as the supporting documentation; and reinforce their use by Aged Care Assessment Team members through formal guidelines and an internal checklist; and • Review the exercise of delegations under the Aged Care Assessment Program, to ensure that approvals of assessments are supported by documented evidence and proper review.	Agreed.	The ACT ACAT visited Victoria to review best practice procedures including assessment tools. Validated tools are now used by the team with a checklist at time of assessment. Formal guidelines are being developed. Policies and procedures developed for the ACT ACAT will also define the functions of the delegates with a checklist to ensure proper review undertaken. At a Commonwealth level delegation training and updating of operational processes is planned for 2008.
Recommendation 7: The ACT ACAT report annually in the Annual Report of ACT Health against the key performance indicators used by the Commonwealth in compiling the Minimum Data Set, and include data that will enable comparison of ACT performance to national and State and Territory performance.	Agreed	The ACT ACAT's performance against Commonwealth performance indicators and a comparison against other jurisdictions will be included in ACT Health's Annual Report 2007-08.
Recommendation 8: ACT Health redesign the Aged Care Assessment Team client satisfaction questionnaire to incorporate the range of ACAT service users (assessed clients, care recipients, their carers and families, referrers and service providers) to gauge their satisfaction with the Aged care Assessment Team's service and identify improvement opportunities.	Agreed	Aged Care & Rehabilitation Service have developed and implemented a comprehensive patient / client / carer satisfaction tool that will be utilised by individual services for their own client groups. This will be applied by ACT ACAT. ACAT will also develop a referrer satisfaction survey. Opportunities for improvement identified from those surveys will be incorporated into the ACAT Quality Improvement Plan.
Recommendation 9: ACT Health inform residential aged care providers, medical practitioners and the community of the role and capacity of the Aged care Assessment team to assess and refer clients.	Agreed and already in place	It is noted that this already occurs, but would be enhanced by a greater focus on this activity.

Recommendation	Response	Comment
Recommendation 10: ACT Health seek the co-operation of Residential Aged Care Facilities to establish a consolidated record of the total number of persons waiting for residential care in the ACT, including those on the separate waiting list of Residential Aged Care Facilities, and use it for planning services to address unmet need for residential facilities in the ACT.	Agreed in principle.	ACT Health does not have the capacity to mandate Residential Aged Care Facilities to contribute information to a consolidated waiting list. At the time of report, some Residential Aged Care Facilities voluntarily participate in a consolidated waiting list, and ACT Health will continue to strongly encourage participation by facilities.
Recommendation 11: ACT Health expand the role of the Liaison Nurse to include liaison with clients who are receiving community aid packages such as the Extended Aged Care at Home and Community Aged Care Package, and their service providers.	Agreed in principle.	ACT Health will consider expanding the role of the Liaison Nurse to include patients wishing to receive either CACP or EACH packages. Clients with existing CACP or EACH packages have an identified case manager and care coordinator and use of the RACLN for this would be a duplication o f services. It must be recognised that the first priority for this resource is for clients requiring residential aged care.
Recommendation 12: • The Aged Care Assessment Team coordinate with service providers to plan client care, based on ACAT's assessment of the type and extent of care required; and • The Aged Care Assessment team seek input from service providers to improve the quality of documentation given to them, in particular the assessment and summary documentation.	Agreed	ACAT will be expanding partnerships with service providers to ensure that care-planning is effective and that there are no gaps in continuity for care provided to patients. The new ACE program provides capacity to send a summary document to service providers with detailed information on client assessment and summary of client needs
Recommendation 13: ACT Health clarify the role of the Multi-Cultural Home and Community Care program Liaison Officer and establish an appropriate accountability framework for the position, including development of an annual work plan and regular structures reporting against the plan.	Agreed	The Multicultural HACC Liaison Officer currently has an annual performance plan and clear reporting accountabilities within the Aged Care & Rehabilitation Service. ACT Health will review the role of the Multicultural HACC Liaison Officer and will consider any recommended changes to the accountability framework for this position.

Recommendation	Response	Comment
Home and Community Care		
Recommendation 14: ACT Health: • Develop an ACT fees policy consistent with the requirements of the Home and Community Care program *Review Agreement* and the emerging national policy; • Analyse the financial returns of all ACT service providers and determine the extent to which providers return the fee revenue back to the services from which they were derived; • Take appropriate actions to recoup the money/or an equivalent quantity of services in cases where fees have been used for purposes other than that specified in the service funding agreement.	Agreed.	ACT Health has already agreed with the Australian Government to implement a fees policy that is consistent with the national fees framework currently being developed by the Australian Government. Service providers provide financial returns every six months. The Chief Executive of each funded organisation, signs a declaration on each report that states, "The fees collected were utilised to enhance or provide additional outputs for the service under which fees are collected". The annual audited financial statements show expenditure against the combined income of funds provided by Government and fees. Analysis of the financial returns is undertaken by ACT Health and will be clearly documented and appropriate actions taken if necessary. While the audit perceived that there was a risk that organisations may have used fees for other purposes, there is no evidence that this has occurred.
Recommendation 15: ACT Health prepare a "template agreement" for use by service providers when engaging Home and Community Care contractors/brokers, which should include the need to comply with various conditions under the service funding agreements between ACT health and service providers.	Agreed	ACT Health will request that the ACT Government Solicitor prepare a template agreement that may be used by non-government organisations when they broker client services.
Recommendation 16: ACT Health collect and analyse selected data from service providers to assess whether service provision is meeting Home and Community Care program objectives. This information should then be used to assist the planning of service provision by the ACT Home and Community Care program.	Agreed	ACT Health relies extensively on client level data from the minimum data set and written reports from service providers on unmet demand in planning for service delivery expansion. An analysis of this data was presented to the ACT HACC Sector Day on 3 April 2007. This review provided feedback to the sector on the levels of service delivery in the ACT compared to the national benchmarks. Client satisfaction will again be independently assessed through the external assessment of all HACC funded organisations against the HACC National Service Standards.

Recommendation	Response	Comment
Recommendation 17: ACT Health develop and implement procedures (including a checklist) for the acquittal of funding to Home and Community Care program service providers. These procedures should: • Cover key aspects of the agreement acquittal such as output and funding reports, compliance with funding conditions and results of Annual Review meetings; • Require the scrutiny of financial returns and accompanying audit certificates to ensure service providers and their auditors have complied with the specific requirements of the Home and Community Care program funding agreements; and • Require appropriate remedial action to be taken in the case of non-compliance.	Agreed and in progress.	ACT Health has strong practices in place for the review of all output and funding reports. Formal procedures will be documented to address this recommendation. ACT Health has developed a checklist as a component of the funding plan 2007-2010. This 'Service Funding Management and Risk Assessment' tool became effective on 1 July 2007. In the rare occasion of non-compliance, organisations will be requested to explain any reason for non-compliance.
Recommendation 18: ACT Health ensure the funding agreements with service providers contain provisions regarding: • The treatment of unspent funds and fees collected at the end of a reporting period; and • The disposal of assets acquired with Home and Community Care program funds during the life of the funding agreement, including the disbursement of any proceeds realised from the disposal of such assets.	Agreed	The current Service Funding Agreement is silent on these two items. Additional clauses will be included in the Service Funding Agreement for HACC funded agencies to cover these two provisions. As there has been a recent review of the Service Funding Agreement for use across all ACT Government programs to achieve consistency across government. These additional clauses will only be required for HACC funded organisations.
Recommendation 19: ACT Health ensure that: • Annual Reviews are conducted as a minimum opportunity to provide service providers with the feedback they need to adequately deliver Home and Community Care program services; and • Output reports are subject to an appropriate degree of scrutiny to ensure that service providers have complied with the funding agreement and that any substantial variations of budgeted to actual outputs are documented and resolved in a timely manner.	Agreed and in place.	ACT Health ensures that all output and financial reports are reviewed and performance analysed against service targets and funding six monthly. Analysis of service delivery and financial performance will be clearly documented annually or more frequently if there is a substantial variance to either service delivery or financial performance.