



strokefoundation

30 June 2014

Home Support Policy Team,
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Department of Social Services
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By email: CHSP@dss.gov.au

To whom it may concern

Re: proposed design of the Commonwealth Home Support Programme

I am pleased to provide this response to the above Inquiry on behalf of the National Stroke Foundation. For any queries on this submission please contact the Director, Advocacy Rebecca Smith on rsmith@strokefoundation.com.au or 0466 217 988.

The National Stroke Foundation (NSF) welcomes the opportunity to respond to the Department of Social Services (DSS) Discussion Paper '*Key directions for the Commonwealth Home Support Programme – Basic support for older people living at home*'. This response is in addition to the submission provided by the National Aged Care Alliance (NACA) – of which the NSF is a member.

The NSF supports the direction undertaken by DSS in its discussion paper and supports the move to a more integrated home care and support programme that will facilitate the assessment and treatment of stroke survivors.

While the NSF supports NACA's submission, this response will focus on stroke survivors and their carers. The NSF has cast its response around some of the questions in the Department's discussion paper.

Question 2 – How should restorative care be implemented in the programme?

The NSF supports the increased focus on wellness and reablement, in particular the view that client outcomes are maximised when reablement approaches are coordinated and goal driven. However, the NSF is concerned with the removal of care coordination altogether in favour of packaged care. While packaged care is beneficial, there will always be a need for short-term flexible care coordination to assist stroke survivors with their changing needs.

Communication with many stroke survivors and their families in the past has shown that most would have benefited from a flexible care approach to assist them in adapting to a change of lifestyle following a significant health event such as a stroke.

Early care coordination is beneficial and crucial to avoid the need for more intensive and costly treatment later on.

Question 3 – Are these proposed client eligibility criteria appropriate? Should the eligibility criteria specify the level of functional limitation?

The NSF is in agreement with NACA's concerns regarding the lack of understanding in relation to the eligibility of carers. The NSF recommends that carers, regardless of their age, be eligible to access CHSP, even when the person they care for is not receiving a CHSP service themselves.

The NSF is concerned with the transitioning of HACC clients under the age of 65 into the NDIS rather than move into CHSP. The concern stems from the issue of some current HACC clients with low level needs not being eligible for the NDIS and having their condition deteriorate because of unmet needs. The NSF believes the best support for stroke survivors will come from service providers working in the CHSP system and therefore recommends that current stroke survivors in the HACC system be allowed to transition directly into the CHSP system.

Question 4 – Are the circumstances for direct referral from screening to service provision appropriate?

The NSF advocates a mandatory face-to-face assessment for all stroke survivors to ensure identification of their needs at the earliest opportunity and to provide them with the best chance of reablement (see question 6).

Question 6 – Are there any specific triggers that would mean an older person would require a face to face assessment?

The NSF recommends that a sudden health event such as a stroke and/or a hospital stay should be an automatic trigger for face to face assessment.

An NSF survey of 1,000 stroke survivors and carers nationally, has found that 87% of stroke survivors reported high perceived levels of in-hospital support. However, almost half (47%) reported feeling overwhelmed after discharge from hospital. This was due to a combination of factors such as poor access to external support and persisting impairments affecting their quality of life¹.

Given that at the time of discharge only 35% of stroke survivors reported being provided with a care plan, the NSF strongly advocates for face to face assessment once discharged to allow a thorough assessment of a client's needs in their own home, including modifications to their home. This is particularly important, given that numerous studies have shown that falls are more frequent among non-institutionalized long-term stroke survivors². Falls are a problem for older people with chronic stroke and are associated with physical function difficulties. A face-to-face assessment once a client is home could help prevent such falls.

¹ Stroke Connect Report July – December 2013. National Stroke Foundation in-house publication.

² Mackintosh S, et al. Falls and injury prevention should be part of every stroke rehabilitation plan. Clin Rehabil 2005;19:441-51.

Additionally, stroke survivors often suffer from cognitive, language and speech difficulties post stroke. It is critical that assessments are undertaken face to face. Many survivors are unable to interact on the telephone, struggling to understand and communicate.

Question 8 – Are there specific transition issues to consider?

The NSF is concerned that from July 2015 new residential aged care clients will not be able to receive services currently funded under the Day Therapy Centres Program. This represents a significant loss for people who are in residential care. The NSF receives many calls from family members of people placed in residential care after a stroke about the lack of therapy. Current funding levels are already very low and the Medicare items only allow five sessions with the Day Therapy Centres Program.

The NSF advocates an increase to the therapy options – not a decrease and supports NACA’s view that clients in residential aged care should be able to access services such as allied health or day therapy centres into the future. There should not be any discrimination between clients in community care with those in residential care.

Another transition issue that requires consideration is the issue that some clients currently in the HACC system will not be eligible for the CHSP programme due to their need for more than ‘basic support’. Ostensibly, these clients can transition to Home Care packages or Residential Care packages, however, there is an assumption that these places will be available.

The COAG Reform Council’s recent five-year report³ found that:

- the proportion of people who took **nine months** or more to enter high residential care after being approved increased from 3.3% in 2008–09 to 14.1% in 2012–13;
- the proportion of people who took **nine months** or more to start EACH (Extended Aged Care at Home) increased from 7.7% in 2008–09 to 20.2% in 2012–13; and
- the proportion entering high residential care within **seven days** declined from 26.3% in 2008–09 to 22.0% in 2012–13.

The NSF recommends that clients currently receiving HACC services be transitioned directly into the CHSP until such time that a home care or residential package become available.



Dr Erin Lalor
Chief Executive Officer

³ <https://www.coagreformcouncil.gov.au/reports/healthcare/healthcare-australia-2012-13-five-years-performance>