



# COMMUNITY SUPPORT SUBSECTOR

## **ACT Health Directorate Investment Strategy: The Temporary Assistance and Community Supports (TACS) program**

5 December 2022

ACT Commissioning for Outcomes  
2022- 2024

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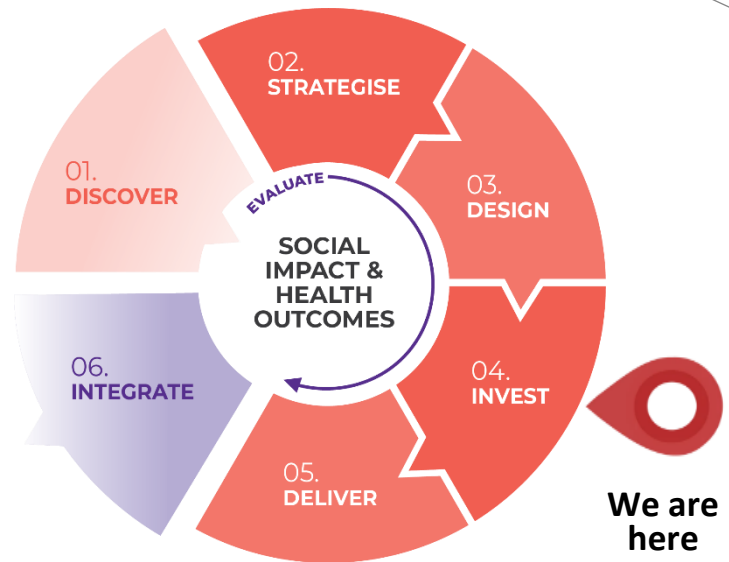
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# INVESTMENT STRATEGY

## Introduction

The ACT Health Directorate is committed to a new way of working with the ACT community support subsector (the CSS) to assist people seeking temporary supports to discharge from hospital or remain in their homes and out of the mainstream health system; and to plan for future subsector service delivery and contractual arrangements.

This new way of working together is referred to as 'Commissioning for Outcomes.' It has several phases within an overarching cycle including Discover, Strategise, Design, Invest, Deliver, and Integrate.



**Figure 1: Commissioning cycle and phases**

The CSS subsector has now completed the first three phases of the Commissioning for Outcomes cycle (collectively called Commissioning engagement). Commissioning engagement in the CSS has involved several key activities, including the exploration of ideas contained in two discussion papers and at roundtables held in March and August 2022. It also involved extensive discussions with providers and referrers over a series of workshops held throughout March and April 2022 as part of the Community Assistance and Support Program (CASP) Referral Pathways project.

Through these activities, as well as extensive discussions with subsector stakeholders that occurred outside of the formal 'strategise' and 'design' activities, the CSS commissioning team has identified a range of emerging trends, gaps and needs in the subsector and co-designed solutions.

Commissioning engagement also highlighted a range of issues that are placing enormous strain on subsector partners, including short funding periods, and the pressure of managing the indirect costs of service provision. While the solutions to these issues must ultimately be systemic, introducing some local solutions, including significantly longer agreements than current CSS programs. Providers will be encouraged through reporting requirements to reveal the full cost of service delivery (including indirect costs) so the data collected can be used to inform future CSS investments.

The central focus on outcomes, a key feature of commissioning, also provided opportunities to pioneer new approaches to ensuring the ACT Health Directorate's (ACTHD's) future investment in the subsector follows those programs and services that most effectively address the identified need of participants. The CSS outcomes framework ([Appendix A](#)) was developed and refined in close consultation with subsector stakeholders and represents contemporary needs and priorities whilst retaining the flexibility to remain current into future commissioning rounds.

We also heard that many funded organisations were struggling with the implications of the elevated importance of outcomes, and we plan to pilot an online tool to streamline outcomes data collection and analysis. The pilot will give all funded organisations the opportunity to learn more about how they can easily use outcomes measurement to showcase the real value of their funded programs and services.

The collaborative ethos that is central to commissioning has made many things possible that were not formerly possible under traditional 'top-down' health service planning approaches. The CSS commissioning team members extend their gratitude to all subsector partners and other stakeholders who have given so generously of their time to ensure that the new subsector program maximises the impact of ACTHD's subsector investment for the Canberra community.

## Key outcomes from the Commissioning engagement process

The new program, known as the Temporary Assistance and Community Supports (TACS) program, will incorporate a range of features that address needs identified through the 'strategise' phase, and which received strong stakeholder support throughout 'design' phase discussions. Key changes are set out in Table 1.

**Table 1: Current vs Future Arrangements under TACS program**

Change	Existing Policy	TACS Policy	Detail / Rationale
Program Objective	A complex and opaque latticework of program objectives, outcomes, and eligibility criteria, with a small number of consistent themes including the provision of temporary low-intensity supports.	An overarching objective to ensure vulnerable residents of the ACT do not fall between gaps in existing programs through funding temporary, low-intensity assistance and supports and limited low-cost equipment, not otherwise accessible through another Commonwealth, State, or Territory government scheme or program to allow eligible people to: <ul style="list-style-type: none"> <li>• remain in their home, if appropriate and safe;</li> <li>• discharge safely and quickly from hospital to home;</li> <li>• realise their health and wellbeing goals, including recovery where applicable; and</li> <li>• foster connection to family, friends, carers, and the community.</li> </ul>	Assistance, supports, and equipment will be person and family-centred, culturally appropriate, and delivered within a human rights framework. A 'warm' hospital discharge service will be delivered by an appropriate number of providers. The service will function on weekends in response to frustrations expressed by many referrers that people who are assessed as ready for discharge on a Friday will often, under current arrangements, have to spend several more days in hospital than is clinically necessary.  The TACS program will also recognise the vital role of carers, reflected through the establishment of a discrete carer-focused program objective: 'Provide supports for carers and family members that nurture the caring relationship and promote the health and wellbeing of the participant, carer and family member.'
Eligibility	CASP is open to people under the age of 65 years only. While Flexible Family Support (FFS) and Transitional Care Program (TCP) are open to over-65s, other limits to eligibility mean program benefits accrue only to a subset of this subpopulation.	Eligibility criteria that do not discriminate on the basis of age, acknowledging that the need for CSS supports does not cease at 65 years.	Eligibility criteria are set out in <a href="#">Appendix B</a> .
Timeframes for support	Varies between existing programs, but all are intended to deliver short-term supports only.	An increase in the duration of an episode of support so that people can receive supports for periods of up to 6 months (and 12 months for carers).	There will be some limited occasions when the cap on the duration for episodes of support are inadequate (for example, for a person appealing an application for access to the NDIS). Extensions to the caps will therefore be made possible on a case-by-case.
Outcomes, not outputs focused	Focus of performance reporting is on outputs and not outcomes.	Expanded provision for flexible and innovative service responses, facilitated by the focus on outcomes (i.e., the <i>impacts</i> of programs and services on service-users) and the intrinsic requirement to gauge participant perspectives and participate in	An improved capacity, facilitated through strengthened outcomes measurement and reporting processes, to gauge the perspectives of participants and integrate these into continuous improvement processes.  Consistent with the ethos of commissioning, the focus of the TACS program is outcomes rather than services. Nevertheless, ACTHD has heard that stakeholders would like more guidance on which

		routine reviews at appropriate intervals to inform continuous improvement processes.	services will be fundable through the TACS program, and a non-comprehensive guide to eligible services is therefore included in this document at <a href="#">Appendix C</a> . It should be noted that the information in Appendix C is not prescriptive and is not intended to block innovative service offerings.
Equipment	Program guidelines are unclear about purchase of equipment	Providers will be explicitly authorised to purchase low-cost non-clinical equipment.	Providers may purchase low-cost non-clinical equipment for participants who cannot access the equipment through another program or scheme, including those funded by the Australian Government (e.g., the National Disability Insurance Scheme (NDIS) , Home care packages, Commonwealth Home Support Programme) and the ACT Government (e.g., the <a href="#">ACT Equipment Loan Service</a> ).
Workforce matters	Providers awarded 3-year contracts, which in most cases have been subject to an annual rollover. Providers feel pressure to under-report or hide real indirect costs of service provision.	Contracts of <i>up to 10 years (7+3)</i> . Providers are encouraged to build indirect costs of service provision into quotations and financial reports.	Improved stability for subsector providers, with agreements of up to ten years (seven years with a three-year optional extension, or some other appropriate combination) on offer. The ten-year timeframe will include appropriately interspersed review points. The program explicitly acknowledges the importance of indirect costs to the quality-of-service provision, and ‘indirect cost’ data collected through financial reports will inform future commissioning rounds and broader funding decisions.
Referral / Intake	Referrals are completely devolved, with referrers and members of the public required to review a <a href="#">CASP Service Directory</a> and identify and contact an appropriate service provider. This is supported for referrers by a central service-capacity inventory administered by ACTCOSS.	A central intake service provider will be established. Referrers and members of the public will enjoy this convenience while also enjoying the option of directly approaching a service provider of choice (i.e., the ‘no wrong door’ approach will be retained).	A central intake function will lift visibility of the program and make it more accessible to clinicians and other referrers as well as to members of the public, while also recognising the importance of enabling referrers and service-users to approach or be approached by their service-provider of choice. To ensure the central intake service provider is aware of service capacities and assure high quality and up-to-date data, service providers will be required to apprise the central intake service provider of all referrals (incoming and outgoing) and other pertinent administrative information within a prescribed timeframe (probably 2-3 days).

## Where are we now?

With the publication of the [Listening Report](#), which has recorded the outcomes of the second CSS Commissioning Roundtable (24 August 2022), we entered the final weeks of the ‘Design’ phase. While the general features of the new TACS program have now been determined through the co-design process to-date, there exists one final opportunity for subsector providers to give input on the finer details of the program. Feedback on design of the TACS program is therefore welcome and can be directed via email to: [acthdisabilityandcommunity@act.gov.au](mailto:acthdisabilityandcommunity@act.gov.au) until 5pm, Thursday, 15 December 2022.

When providing feedback, you may wish to consider the following questions:

1. The ACT Government’s future investment in TACS will fund programs that deliver *temporary*, non-clinical, and *low-intensity* services to eligible people who cannot access the same services through another local or federally funded program.

**Question: How do you define ‘temporary’ and ‘low-intensity’?**

2. TACS will fund low-cost non-clinical equipment that is not accessible through other programs.

**Question: What threshold would you place on ‘low-cost,’ and are there examples of equipment-types that you think should be funded or not funded?**

3. We identified through discussions with subsector stakeholders that certain support activities were more susceptible to misuse, and this service-type will be on a list of services that are funded by exception only.

**Question: Are there any services that you think should be listed as by ‘exception only’?**

## Where to from here?

After 15 December 2022, the Design Phase will conclude, and we will embark on the ‘Invest’ Phase of the commissioning cycle. Current Service Funding Agreements for the CASP, FFS and TCP will be extended for three months to 30 September 2023. From 15 December 2022, there will be no further individual consultation opportunities between ACTHD and service providers until the completion of the invest phase. Communications between ACTHD and subsector stakeholders will be subject to strict probity safeguards including, for example, the publication of responses to all questions from stakeholders on a Frequently Asked Questions (FAQs) webpage.

### *Participation in Procurement and/or Transition Out (if applicable)*

To receive funding under the new TACS program providers must submit a tender in the forthcoming open procurement process. Only successful tenderers will be assured of funding beyond the cessation of current CSS programs. Current CSS providers are advised to review their Transition Out plans, which should already be in place under the terms of the CSS funding agreements (generally Schedule 6). Organisations that do not take part in TACS procurement will have to comply with their Transition Out plans.

Tenderers are encouraged to consider the best mechanism for their proposed future TACS engagement, including individual submissions, consortiums, coalitions of multiple service providers or other arrangements. Commissioning’s focus on outcomes also affords the opportunity for prospective providers to consider new programs that might deliver fundable services in innovative new ways.

Tenderer/s are solely financially responsible for the development of their tenders.

### *Tender Evaluations*

Tenders will be evaluated in accordance with the Territory’s value for money principles.

## Investment approach

There will be two elements to the procurement, and both will rely on an open tender process:

### *1. Programs that deliver against TACS program outcomes*

Proposals will be invited from organisations seeking funding to deliver services that deliver against TACS program outcomes. Tenders will be required to use a program logic approach to demonstrate how the services delivered through a proposed program will contribute to realising the agreed TACS program outcomes (Appendix A).

### *2. Central Intake Function*

Proposals will be invited for the provision of a community support subsector central intake function (CIF).

The successful tenderer will be expected to stand-up the CIF prior to commencement of the program on 1 October 2023 and will have responsibility for managing referrals to the TACS program from that date.

There will be an expectation that proposals will set out how an organisation will:

- facilitate referrals, including through a dedicated website, social media presence, and central intake phone number;
- maximise visibility and accessibility of the TACS program;
- conduct an initial triage to ensure, prior to referral to a service provider, that another program or scheme is not more appropriate;
- meet KPIs;
- ensure that participants are referred to providers that will cater for relevant cultural and other sensitivities;
- allocate demand to minimise oversubscription and under expenditure amongst providers;
- ensure that their data systems can record and provide routine reports on a range of minimum data elements including those relating to service capacities, participant numbers and demographics; and
- manage disputes that may arise between the CIF provider and service providers.

Organisations selected to tender for the CIF will also be welcome to tender for the delivery of services in the TAC program. They will be required to demonstrate how they will not favour their own service arm to the detriment of other organisations that successfully tender to deliver services in the TAC program.

## Anticipated procurement timeline

What follows are the anticipated key dates and milestones that ACTHD will be working toward during the CSS procurement process. Any revisions to this timeline will be publicly communicated through the [Community Support Commissioning webpage](#).

**Table 2: Procurement timeline**

Date	Activity
Thursday, 15 December 2022	Design phase closes and 'Invest' phase commences
January / February 2023	Current SFAs extended from 30 June to 30 Sept '23
Week commencing 3 April 2023	Procurement documentation released, tender opens
Week commencing 22 May 2023	Tender closes
Week commencing 7 August 2023	Tender outcomes announced
30 September 2023	Extended contracts expire, TACS contracts in place
1 October 2023	TACS program commences

# APPENDIX A: TACS PROGRAM OUTCOMES FRAMEWORK

Outcomes are central to commissioning. All proposals will have to use a program logic approach to demonstrate the value of their proposal with reference to relevant outcomes from the outcome's framework. Providers will have latitude to determine, in collaboration with ACTHD, which outcomes are relevant to their funded programs and must therefore be measured and reported against.

The following outcomes framework incorporates refinements suggested at and following the second CSS Commissioning Roundtable on 24 August 2022.

**Figure 2: The TACS program outcomes framework**

## 1. Healthy Participants

### Objective

Provide flexible low intensity supports, assistance and eligible low-cost equipment for eligible participants that: enable people to remain in their home, if appropriate and safe; facilitate safe and timely discharge from hospital to home; are person and family centred and delivered with cultural sensitivity; facilitate health and wellbeing goals, including recovery where applicable; and foster connection to family, friends, carers, and the community.

### Outcomes

1. Participants remain at home where appropriate and safe
2. Safe hospital discharges are supported, and unnecessary rehospitalisation is reduced
3. Supports and assistance are person and family/carer centred, culturally sensitive and human rights focused.
4. The health and wellbeing goals of participants, including recovery where applicable, are achieved.
5. Connection to family, friends, carers, and the community, is developed and continued, and social isolation of participants is reduced.

## 2. Supported Carers

### Objective

Provide supports for carers and family members that nurture the caring relationship and promote the health and wellbeing of the participant, carer and family member.

### Outcomes

1. Carers receive the supports and assistance they need to support their own health and wellbeing and enable them to deliver high quality care.
2. Carers are enabled to engage in leisure and meaningful activities beyond their homes and caring responsibilities
3. Carers can transition out of the caring role where appropriate or necessary.

### 3. Sustainable Delivery

#### Objective

Support sustainability in the subsector by enabling subsector capacity-building through such mechanisms as funding for indirect costs; reducing the cost of mainstream health services by minimising interactions between participants and hospitals, and by facilitating timely and safe hospital discharges for eligible people; and facilitating the transfer of participants to more appropriate Commonwealth programs (i.e., NDIS and CHSP) or other alternate services based on identified need.

#### Outcomes

1. Hospitalisations and average length of stay are minimised.
2. Participants are supported while they apply, or appeal rejected applications, for assistance through more appropriate programs such as the NDIS, CHSP or other alternative services based on identified need
3. Participants are successfully transferred to more appropriate programs where possible, and their rights are upheld throughout the transfer.
4. Service providers are adequately funded to deliver services, including for more complex participants.
5. Service providers are enabled to innovate and engage in organisational capacity building in the interests of participants.
6. Service providers have access to, and use, referral mechanisms for other services

### 4. Responsive Programs

#### Objective

Provide mechanisms for participants and their carers and family members to report feedback on providers' programs and services, thereby facilitating continuous evaluation and improvement, and enabling meaningful partnerships between ACTHD and its subsector partners in the 'deliver outcomes' phase of commissioning.

#### Outcomes

1. Participants and their carers and family members are empowered to report feedback on providers' programs and services.
2. The outcomes of provider's programs and services are accurately and thoroughly measured and reported.
3. Providers' programs and services are continually evaluated on the basis of outcomes data and refined to better meet the needs of participants.
4. Service design is participant led to enable participant choice and involvement in continuous improvement processes.
5. Service delivery responds to identified changes, gaps, and needs in the broader service system.

## APPENDIX B: TACS PROGRAM ELIGIBILITY CRITERIA

People who are proposed to be eligible for the TACS Program must:

- be a resident of the Australian Capital Territory; and either:
  - be clinically ready for discharge from hospital, but unable to access the bridging supports necessary to facilitate a safe and timely return to home through an existing program (e.g., NDIS, CHSP, Australian Government Transition Care Programme); or
  - have a mental health condition that is temporary and/or a health condition that is temporary or terminal, and which is not of a nature that would be likely to attract support or assistance through another program (e.g., NDIS and CHSP); or
  - have a health and/or mental health condition that is significant and permanent and be in the process of applying, or appealing an unsuccessful application, for supports through another program (e.g., NDIS and CHSP).

or

- be the carer or a member of the family unit of an eligible participant.

# APPENDIX C: NON-COMPREHENSIVE GUIDE TO ELIGIBLE AND INELIGIBLE SERVICES

