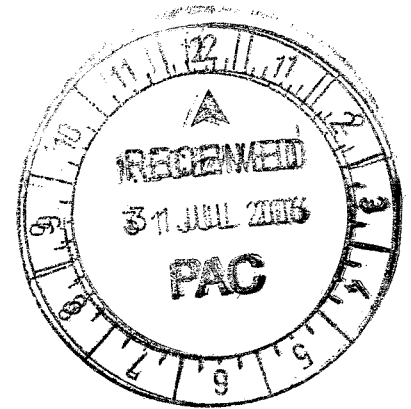


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28 July 2006

Jackie Ohlin
Senior Committee Officer
Legislative Assembly
Public Accounts Committee
Parliament of New South Wales
Macquarie St
SYDNEY NSW 2000



Dear Ms Ohlin

The Northside Community Forum Inc (NCF) is a community based organization that works in partnership with the community and local organizations to plan, develop and coordinate action to meet the community service needs of the people in the Northern Sydney region and to support community organizations to respond to those needs.

The Northern Sydney Region includes the Local Governments areas of:

Manly	Willoughby
Warringah	Hornsby
Pittwater	Ku-ring-gai
Mosman	Ryde
North Sydney	Hunters Hill
Lane Cove	

The Northside Community Forum sponsors the following projects:

- ❖ Northern Sydney Commonwealth Carelink Centre
- ❖ Northern Sydney HACC (home and Community Care) Development Project
- ❖ Regional HACC Volunteer Coordination Project
- ❖ Northern Sydney Commonwealth Carer Respite Centre, incorporating:
 - Respite for Carers of Young People with Severe or Profound Disabilities Initiative;
 - Respite for Ageing Carers of People with Disabilities

The Forum appreciates the opportunity to provide a submission to the Public Accounts Inquiry into HACC and the Home Care Service NSW.

Yours sincerely

Irena Liddell
Executive Officer

Home and Community Care Program Inquiry

(1) *The efficiency and effectiveness of the joint arrangements by the Commonwealth and NSW State Government for approval of the annual expenditure plan for the HACC program, with a focus on the timeliness of agreement of the plan and discharge of grants*

The Home and Community Care Development Project supports HACC services and community care networks in the Northern Sydney region. The Northern Sydney Regions covers 11 Local Government areas. The project supports this service development and planning through the 4 sub-regional forums in Department of Ageing Disability & Home Care Metro North Region. The forums are diverse in nature and activities; members include HACC funded services, non-HACC funded services, government agencies, 'for profit' organisations and HCS. Functions of the forums vary, for example community consultation; networking; input into DADHC planning process; opportunities for joint projects and education/training. Much of the information gathered for this submission has been collected from Metro North Sub-regional Forums and previous community consultation conducted by Northside Community Forum.

The Home and Community Care Program (HACC) is a joint Commonwealth/State program that provides support to frail aged people, younger people with disabilities and their carers to live independently in their own homes, so they enjoy quality of life for as long as possible, and to prevent inappropriate or premature admission to residential care. The Australian Government provides 60% of funds and the States and Territories provide 40%. In Northern Sydney people from the HACC target group receive services from a range of funded services providers ensuring diversity, creativity, flexible and responsive programs.

An area of concern raised by the community care sector in Northern Sydney is the length of time around the negotiation of agreements between different levels of Government. The delays in the signing of the HACC State Plans are seen to be associated with stalled negotiations between the Commonwealth Government and the NSW Government. It could be suggested that this is part of the political landscape; however it has a negative effect on the delivery of service to consumers, the sector and the community.

Bearing in mind HACC funding is tied to Annual State Plans, this effectively creates a two year planning / funding cycle, with the State Department simultaneously administering grants during a given year and working on planning for the following year. However, it appears the Department is currently undertaking the acquittal process and allocation funding from the financial year 2003/04. Clearly the Department of Ageing, Disability and Home Care (DADHC) is unable to meet its responsibilities to ensure that service agreements, acquittal processes etc are met within the Annual State Plans timeframe.

The trickle down effect of DADHC not being able to meet its timeframe is organisations preparing acquittals for unspent allocated funds (often small amounts) in December, followed by offers of 'one-off' – 'non-recurrent' grants before the end of financial year. Not only is this resources intensive for a under resources sector but results in a lack of continuity of service delivery for clients.

Recommendation

- i. Adequate resources to ensure that planning and funding processes are completed within agreed time periods.
- ii. A realistic planning and funding process timeframe.
- iii. HACC funding to be tied to Three Year State Plans
- iv. Yearly acquittals required for grants only over a certain amount (to be negotiated)

For many organisations submitting Expression of Interest (EOI) or Funding Submission for HACC funded projects experience delays of between 13-24 months before the grants are released. This practice poses a number of concerns as often unforeseeable circumstances have changed; changes in the sector and the community; needs and demands of the client group; structures in the organisation,

between the time of the original submission and the signing off of the Service Agreement. This time lapse can affect the stability and viability of smaller organisation. There also needs to be an acknowledgement of the resources required to not only develop submissions, but submit DADHC MDS, contribute to the yearly DADHC planning process, honour increasing demands of volunteers and document unmet needs. Services are not allocated resources to undertake these duties and they are an important part of providing an ongoing HACC service/s.

Transparency in DADHC planning process, EOI and selective tendering process was identified as being important along with adequate timeframes for consultation and community input.

There is a commonly held view within the sector that for 'one off' funded project or pilot project to be effective there needs to be a commitment from the funding body for a minimum of three years. This would ensure continuity of services, stability of workforce and maximisation of resources within organisations.

Often the sector sees HACC 'pilot' projects that produces positive outcomes for the community and creates sustainable partnerships across the sector. However, on completion the pilot funding ceases and the community is left without the services. This continuous pattern of service delivery leaves the community suspicious of DADHC and service providers. Reports or evaluations of DADHC funded pilot projects should be made available for public comments as a matter of accountability and transparency

Recommendation

- i. Shorter timeframes between EOI and release of funding grants
- ii. All pilot projects and 'one off' funded projects funded for no less then three years.
- iii. Pilot project reports be made available for public comment
- iv. Transparent and timely planning process
- v. Additional resources for service to undertake administration tasks associated with funding submissions, MDS, DADHC planning process
- vi. Transparent EOI and selective tendering process.

Industrial Relations should be seen as the joint responsibility of both Commonwealth and State Governments as HACC programs have 60% : 40% Commonwealth: State funding split. The 2006/07 3.3% increase for State-only funding programs to NGOs, commencing 1 July 2006, to date has been funded by NSW only. Many services were left unsure as to whether the increase was to be funded and by whom.

Recommendation

- i. Both levels of Government take responsibility of SACS wage increase within HACC funded programs in a timely manner

Home and Community Care Program Inquiry

(2) **A follow-up inquiry of the Auditor-General's review of the NSW Home Care Service in terms of:**

On the outset there needs to be an acknowledgment that NSW Home Care Service (HCS) provides an affordable, fundamental, efficient service throughout Northern Sydney in assisting people with a disability, older people and their carers to live independently in their own homes.

Like many community care services, HCS operates in a climate where demand outstrips limited resources. Whilst there are many criticisms to the timely and appropriate service delivery for the HACC target group provided by HCS it needs to be noted that some contributing factor are similar to other HACC funded services; limited resources; increasing demands; workforces issues. In Northern Sydney HCS is no different to other services in facing challenges of recruitment and retention of staff due to a range of factors including an ageing workforce, lack of careers paths and monetary rewards. This has resulted in a diminishing workforce where skilled, experienced and trained staff is highly sort after. This is an issue that needs to be address by all levels of Government very soon if the sector is to continue to provide a professional, timely and appropriate service.

a) Strategies for addressing unmet needs in the context of growing demand for services from eligible parties.

There is often a feeling of frustration from services providers, advocates and consumers when access HCS in Northern Sydney through the Referral and Assessment Centre (RAC) where waiting up to 50 minutes before speaking to an assessor is not uncommon. Many people choose to abandon the exercise prior to getting a service. The lost of localised assessment and initial face-to-face assessment has made people feel HCS has become

impersonal and unaccountable for decision making as to who gets a service and who doesn't.

It is generally believed that HSC decision not to keep a waiting list and the consequent need for referrers to re-activate referrals after 28 days disadvantages both consumers and services providers.

The system seems inequitable for consumers who do not have a case manager able to re-activate the referral or who are in the acute care interface period. This is particular so for people with dementia living at home without a carer.

Many services feel there is a 'battle neck' effect at the RAC when services are notified that local HCS offices are able to take clients but the RAC assessment process is unable to be completed in a timely manner.

CALD clients/potential clients and specific CALD services feel that older people, people with disability and carers from CALD backgrounds face disadvantages in accessing services due to lack of access to interpreters and information in appropriate formats.

Many clients are seen only as silos rather than in context of a family unit or the interaction across or within relationships. This often results in confusion and frustration for carers and the client. For example, HCS Domestic Assistance will only wash the dishes of the client. These guidelines appear frustrating for all carers, but in particularly those who take on roles the Department should be taking more responsibility for eg, young carers and ageing carers.

Recommendation

- i. Introduce and maintain comprehensive waiting list.
- ii. Provide adequate resources to ensure the community receives timely and appropriate assessment.
- iii. Provide cultural competency training to all HCS staff as part of employment orientation training program
- iv. Provide access to interpreters for HCS clients/potential clients from the beginning of the assessment process and ongoing service
- v. Provide bi-lingual worker where appropriate

- vi. Promote of HCS through a range of mediums including multicultural community radio and newspapers.
- vii. Promote of HSC through local and regional multicultural networks
- viii. The HSC guidelines are more flexible to enable service delivery that meets the needs of individuals in context to their family environment.

b) The effectiveness of Home Care Service processes for managing access to services, across services types

Service providers have reported that there is often different interpretation of HCS policies between HCS staff members. Inconsistencies in response for services have meant assessments have varied on a weekly basis for some clients with high care needs. The length of time taken for referrals and assessment to progress has seen clients' needs change and therefore not receive adequate service.

Case managers suggest that that better communication and co-ordination between HSC and other community care services would enhance the outcomes for HACC clients.

Service providers state there is little transparency in the assessment of referrals, no access to policies or understanding of fees policy.

Recommendation

- i. HCS could advise service providers of its fees policy.
- ii. HCS advise service providers on policy requirements and timeline targets between referral, acceptance of the referral, client notification, and assessment, commencement of service and re-assessment and outcomes of the monitoring of these targets.
- iii. Set up joint assessment or attend case conferences.

c) The extent of consumer input to Home Care Service design, management or delivery of programs and other mechanisms for assessing service quality

HCS periodically conducts consumer consultation groups in Northern Sydney and provides consumer feedback material. Although this strategy is a step in the right direction it fails to address the issue that the HSC client group is by nature one of the most vulnerable groups in the community, least likely to make a complaint for fear of losing a service. Although there needs to be a complaints mechanism to monitor equity and access to HCS it is equally important to provide a mechanism for complaints of service delivery at a local level. As HCS moved towards a 'brokerage' of service model there needs to be clear policy on who is responsible for compliance and complaints. Currently, there does not appear to be a policy on this model of service delivery.

Recommendation

- i. Establish a local complaints mechanism for HACC clients
- ii. Ensure that all Brokerage Services are aware of the HACC National Guidelines.
- iii. Ensure complaints mechanism is accessible to all HCS clients

d) The implementation by DADHC and Home Care Service systems and processes to plan, monitor, report on and improve accountability of the service

There appears to be a commitment by HCS to contribute in a meaningful way to the community care sector in Northern Sydney. There has been a marked increase in the interaction between community care services and HSC at monthly HACC sub-regional forum meetings through monthly reports and networking. HCS is actively involved in a number of projects and working groups.

Service providers generally feel there is a lack of knowledge about current HCS policies and practices and a general lack of communication with the rest of the sector. This includes HCS policies on fees, wait list, eligibility criteria, sub-contracting services,

Recommendations:

- i. Home Care could advise service providers on policy requirements and timeline targets between referral, acceptance of the referral, client notification, assessment, commencement of service and re-assessment and outcomes of the monitoring of these targets

- ii. Home Care should ensure that its policy on sub-contracting services is consistently applied by different branches.
- iii. Home Care could clarify the roles and responsibilities of sub-contractors and itself in relation to problems with sub-contracted service provision and inform clients and service providers about the protocols about who to contact for what at these times.
- iv. Home Care could advise service providers on the policy and practice on vacancies