

Submission

No 53

Outsourcing Community Service Delivery

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Director, Committees,
Legislative Assembly,
Parliament House,
Macquarie Street,
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Re: Inquiry into Outsourcing Government Community Service Delivery

We write as health care professionals who have been involved in disability health care in NSW for over 30 years. There is a huge crisis because of too many managers and too few hands on consistent staff. In that time the primary care (be it assessment, therapy, housing and/or psychosocial care) has been shunted across various departments and service providers. The reason for the change at each juncture has never been clear. Each change has been extremely costly and only token consultation has taken place with people with a disability, their family and carers and front line staff.

On this occasion a legislative assembly committee sadly will not receive information from those who will be most affected by a "super department" approach. In general, many will not be aware of the process, or will not have the time or resources to make their views known due to their disability, language barrier or their caring role or the sheer load of their hands on job working at the front line.

Our suggestions:-

- Comprehensive streamlined diagnostic and assessment teams under the joint health and community service sector in each area across the state. Referrals could be made by parents, therapists, nurses, doctors, education staff and weekly intake meetings (with the "hands on" staff) allocate cases for assessment/management. Many will not need further assessment in their lifetime as the disability is clear.
- Once an child/adult is deemed eligible (this should only need to be decided once in most cases) a clear case manager (preferably social worker or nurse) is appointed. The child/adult needs to have a life long involvement in most cases. Case closure is not an option, is costly and non productive. There are clear and sensible ways to allocate resources and ongoing case responsiveness.

- We would suggest an immediate clear summit with key players (with no political or financial stake) to provide urgent input to your committee
- It is time to really put in place an evidence based long term service with flat management structures which is viable and would cost a fraction of today's costs with its' duplication and endless reviews and restructures. There are models which work and could easily be adapted but would require huge co-operation and recognition of clinical expertise rather than management and political slogans.

We are more than happy to meet with the committee.

Helen Somerville
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