

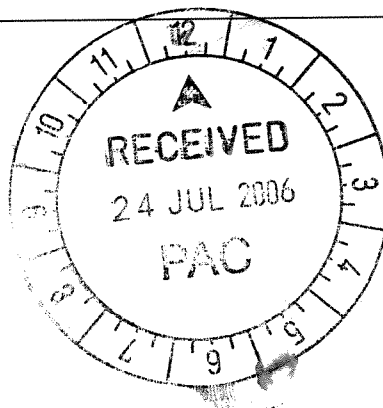
Central West Community Care Forum inc.



"Working Together"

Secretary: 286 Lords Place ORANGE NSW 2800

The Committee Manager
Public Accounts Committee
Parliament House
Macquarie Street
SYDNEY NSW 2000



Submission re. HACC and Home Care Service Inquiry

This response represents the views of members of the Central West Community Care Forum as has been collated by Central West HACC Development Officer.

The Central West Community Care Forum (CWCCF) is a collective of providers of Community Care Non-Government and Government Services, private, for-profit and benevolent groups. The forum has a membership of over 70 agencies in the Local Government areas of Bathurst regional, Bland, Blayney, Cabonne, Cowra, Forbes, Lachlan, Lithgow, Oberon, Orange, Parkes, Rylstone and Weddin. The forum's primary objective is to address regional issues that affect frail older people, people with disabilities, people with chronic illnesses, their carers and providers of Community Care services.

1. HACC program joint approvals

Since the inception of the HACC program, the approval of NSW HACC State plan by both Ministers has been delayed and held up by political processes many times. This severely impacts on the viability of HACC-funded services, disadvantages the HACC-target group and creates a level of distrust of the bureaucracy.

The inability to release funds has become a blame game between NSW and the Australian Government that is not understood, or now believed, by HACC clients and/or service providers, who are desperately waiting for more funding to be made available. Often, when HACC funds are released, this is done so just prior to the end of financial year and then has to be hastily spent or returned.

Sometimes service providers have no knowledge that they are to be allocated additional funding until a Funding Agreement suddenly appears, or on occasions, when funding is deposited into a provider's bank account without the providers knowledge. This creates a huge paper chase through the bureaucracy which is very time consuming, frustrating and inefficient.

Case Study: A Food/Neighbour Aid service provider in a rural town, received HACC funding to provide a respite service in 3 different Local Government areas that they currently did not provide service to and that was not even in close proximity to their area. The service was not aware that they were the preferred provider until the funds were mysteriously deposited.

The competitive tendering process has disadvantaged many organisations in that they frequently have short timeframes to prepare submissions and have limited human resources. Competitive tendering has also impacted on the collaborative processes that existed in the community care sector.

2. Home Care Service NSW Review

- a) *Strategies for addressing unmet need* – There is no knowledge of Home Care Service collecting data on unmet need. Home Care staff now advise if they are/not in “replacement mode” which means new clients are accepted only when a client is discharged. Home Care coordination staff in this region attend the local coordination/interagency meetings and advise if they have places available or not and whether to refer or not.

However, it appears that there is still no waiting list or that clients are prioritised according to need. If a referral is made, following advice from Home Care that there is a vacancy, then it appears that it is a case of first in, first served. The peaks and troughs in Home Care Service’s access still seem to apply.

Eligible clients are not advised that if Home Care does not have availability for a service and that they need to maintain contact with their local office. Clients who have tried to receive Home Care are unaware that they are not on a waiting list.

- b) *Access to other services* - there is no evidence of an improvement to referrals to other HACC-funded services. In this region the local branches sometimes make inappropriate referrals when they do not have any vacancies eg. referral to Community Options (which provides case management) when they need other services.

Similarly, Home Care assessment staff still refer people to the Commonwealth Carelink Centre and advises this in their brochure, when they should have local knowledge about the services so they can refer people directly to the actual service they need. The staff that completes the assessments rarely attends community forums, Interagencies or networks so that they can find out about the range of services and refer effectively.

- c) *Consumer input* – Home Care Service established a NSW Advisory Board that meets in Sydney. There is limited knowledge of consumer input in regional NSW other than client surveys and through the Branch manager’s attendance at planning days and the Western Region HACC Consultative, at which there are consumer representatives.

- d) *Improvements in accountability* – Home Care branches were validated against the National HACC Service Standards in 2005 in Central West. Home Care staff are now undergoing police/working with children checks.

Home Care's accountability can only be assessed through the publication of the Annual Report as written regional reports are not available. Home Care branch managers often attend the Central West Community Care forum. Community Care services would be valued being consulted in the development of the business plan for the Western Region and this could be undertaken via the Western Region HACC Consultative Committee or Central West Community Care Forum.

The HACC services in Central West agree that a majority of the local and regional branch staff of Home Care Service are very helpful and cooperative, however, administrative and resource limitations are sometimes a barrier to effective service coordination and access.



Robyn Sharp
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FOR CENTRAL WEST COMMUNITY CARE FORUM
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