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NCOSS Submission to
The NSW Public Accounts Committee

Inquiry into HACC and Home Care

NCOSS

July 2006

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ABOUT NCOSS

The Council of Social Service of New South Wales (NCOSS) is the peak body for the social and community services sector in New South Wales. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in this State.

NCOSS provides an independent voice on human services policy issues and social and economic reforms and is the major co-ordinator for non-government social and community services. It was established in 1935 and is part of a national network of Councils of Social Service, which operate in each State and Territory and at Commonwealth level.

NCOSS membership is composed of community organisations and interested individuals. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 85,000 consumers and individuals. Member organisations are diverse; including unfunded self-help groups, children's services, youth services emergency relief agencies, chronic illness organisations, local indigenous community organisations, church groups, and a range of population-specific consumer advocacy agencies.

NCOSS appreciates the opportunity to provide submit to the Public Accounts Inquiry into HACC and the Home Care Service NSW.

Should further information be required, please contact NCOSS Christine Regan on 02 9211 2599 ext 117 or chris@ncoss.org.au

Yours sincerely,

MICHELLE BURRELL
ACTING DIRECTOR
NCOSS

A PICTURE OF HACC IN NSW:

The population of older people and people with disabilities in NSW is escalating. DADHC estimates[1] that between 2000 and 2011, the population of NSW will grow by 8%, compared to the growth in the numbers of people with disabilities during that time of 18% and older people by 26%. Community care services are an important avenue of support for people wanting to remain within the community, especially for those with little access to the support of family and friends.

Some of the features that characterize the provision of Home and Community Care in NSW include:

- NSW has almost exactly 33% of Australia's population but reports only 25% of Australia's HACC clients, while Victoria has approximately 25% of the entire population but reports 29.5% of the national total of HACC clients.
- NSW has 35% of Australians aged 70 or more years, including 35% of 70+ years people from non-English speaking backgrounds and over 30% of Aboriginal and Torres Strait Islander people aged 50+ years[2]. By comparison, Victoria has 24.7% of the total Australian population aged 70+ years.
- NSW[3], at $690 in 2004-05, reported lower than national average ($707) government expenditure on HACC services per HACC target population, dramatically lower than Victoria ($794)
- NSW[4] reports the lowest proportion (9.7%) of people aged less than 50 years using HACC services. These would generally be people with non-aged related disabilities and a very small number of carers. The national average is 12.2% and Victoria reports 13.7%.

According to the ABS[5], in 2003, NSW had 30.5% Australian total of people aged 65+ years needing assistance with at least one everyday activity, and of these 35.2% self-reported total or partial unmet need.

The NSW HACC Issues Forum regularly receives anecdotal reports of unmet need for HACC and other community care services.

The HACC program is measured nationally using the HACC Minimum Data Set (MDS) which is a regular national data collection. Every year the Productivity Commission publishes a Report on Government Services which provides a comparison on a range of data, including the HACC MDS. In recent years, MDS returns from NSW have been unacceptably low; in 2005 NSW returned 73% while the national average was 82%. This has made it difficult to compare HACC performance in NSW against either the national average or other states and territories.

Figures in the Productivity Commission Report[6] suggest that there is significant under-reporting in NSW by allied health providers, centre-based day care, home maintenance, nursing and domestic assistance. [The same is true for the service group of counselling/support/information/advocacy but the anomaly is that many of these providers are not required to return an MDS report.] Another explanation would be that the rate of service provision in these areas is considerably lower than the national average.

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[1] DADHC Future Directions document, August 2004
[2] Productivity Commission Report on Government Services 2006 Table 12A.2
[3] Productivity Commission Report on Government Services 2006 Table 12A.50
[4] Productivity Commission Report on Government Services 2006 Table 12A.32
[5] Productivity Commission Report on Government Services 2006 Table 12.6
[6] Productivity Commission Report on Government Services 2006 Table 12A.26

Looking at quality assurance, the Productivity Commission[7] also reports that NSW HACC services scored consistently higher (at an average of 17.2 out of a possible 20 points) than national average (16 points) in the HACC National Service Standards Appraisals over the three years to 2003-04.

This information serves to demonstrate that the HACC Program is a quality service greatly in need by older people, people with disabilities and their carers in NSW. However, there is significant unmet need.

The Public Accounts Committee is to consider and report on the Home & Community Care (HACC) program, with particular reference to:

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 discharging of grants;***

Impacts of the delays

In each of the past three years, the release of HACC growth funding in NSW has been delayed by at least eleven months. This has resulted in several serious and negative impacts, including:

a. Delayed services to consumers. Given the considerable unmet need, any delay in the release of designated funds is unconscionable.

b. Unacceptable delays in the release of much needed funding to extend and expand home support services, creating difficulties for planning and management of service provision

c. Unplanned accumulation of large amounts of money that can only be spent on purposes which do not have ongoing funding implications ie non-recurrent purposes.

d. Urgent releases of relatively large amounts of funding to often unaware providers for purposes that were sometimes neither previously planned nor consulted.

e. Confusing implications for the financial acquittals processes of funded organisations due to the near end-of-financial-year release of grants

f. Delays have been so extensive that one funding round has collided with the next, as in 2004-05.

g. Some planning cycles have begun before the outcomes of the previous funding round have been approved and made public. This makes strategic planning for HACC growth unreasonably complex and difficult as well as creating confusion within the HACC sector. Further, sometimes providers have been asked to participate in the next planning cycle while simultaneously preparing funding applications for the previous funding round.

[7] Productivity Commission Report on Government Services 2006 Table 12A.65

These delays have occurred due to an inability of the Australian and NSW Governments to agree on and then to approve the annual expenditure plan, referred to in NSW as the HACC State Plan in a timely manner.

The discharging of grants has usually occurred quickly once the HACC State Plan is approved by both Ministers and announced.

HACC Planning and Funding Cycle in NSW

In NSW, the usual annual planning and funding cycle involves HACC services in local and regional consultation planning processes, conducted either or jointly by regional DADHC Project Officers and non-government HACC Development Officers and other workers. Consumers are often included in these processes.

This and other population and provision information is collated into a regional HACC planning grid which sets out the funding priorities for the following year in each of the DADHC regions. This entire process occurs before the federal and state budgets so the regional grids are assembled without knowledge of the amounts of funding available.

After the federal and state budgets are announced and the amount of HACC growth funding is determined, the regional grids are costed and compiled, along with state-wide priorities, at DADHC Central Office into the HACC State Plan. The HACC State Plan is the annual expenditure plan for the HACC program and it sets out the actual priorities which match the available growth funds. This HACC State Plan goes to the state Minister responsible, currently Minister Della Bosca, for approval before submission to the federal minister, currently Minister Santoro. After approval and announcement, the NSW Government then releases the funding according to the agreed Plan.

In the HACC funding cycle, every year there is a predictable time lag between the handing down of federal and state budgets and the release of funding. This time period provides an amount of unspent money that can be planned for necessary one-off expenditure. In past years this period has been approx 6 months and therefore the unspent funding for this 6 months can be allocated towards planned capital expenditure. Currently this would amount to around $15 million if it was limited to one half year. The problem has been that the time lags have extended beyond anticipated periods, resulting in unexpected significant unplanned accumulation of funding.

In the 1990s under a previous HACC Agreement, federal and state Ministers agreed on and delivered a ten day turn around for HACC State Plan approvals. Effectively this meant that the federal Minister would undertake to finalise Ministerial approval within ten days of submission from the state. This was an effective mechanism and allowed a measure of transparency and efficiency into the approval process.

Reasons for the delays

In past years, NCOSS has made inquiries into the hold ups in the approval of HACC State Plans. There has been a plethora of reasons given by both levels of government.

These include:

- the HACC State Plan had accounting errors and was returned for correction
- amendments were required which sent the approval process back to the beginning
- state or federal elections were imminent so governments were in caretaker mode, thus not signing new submissions

- agreed priorities were not followed so the Plan had to be re-drafted
- questions surrounding outstanding issues from previous HACC Plans or funding rounds deferred the current approvals
- Long unexplained delays when the Plan was "sitting on the Minister's desk"
- Other states had priority for approval
- The Plan was delivered late to either or both governments
- Disagreement about what can or should be included in the HACC State Plan
- Disagreement on the wording of media announcements

NCOSS acknowledges that tracking the approval of the HACC State Plan is not transparent so HACC providers have been unable to find where in the approval process the current Plan is up to. NCOSS has no information on which to assess the truth of any of the claims listed above and so makes no comment on where responsibility for the delays resides.

Improvements

An improved process for the more efficient approvals of HACC State Plans could involve several features:

1. Australian Government and State Government sign off on core elements of the HACC State Plan in advance of federal and state government budgets. These core elements would include the agreed criteria for program approvals and a range of broad priorities. The State Government would apply the criteria for approvals, then the HACC State Plan could then be immediately implemented and funding discharged. The HACC State Plan should be publicly available within one month of joint approval.

   Results:
   a. unnecessary duplication in the approval process would be prevented
   b. planning could more closely and sequentially align with predicted funding timeframes
   c. Core approved elements could be known in advance of planning cycles
   d. Jurisdictional delays would be minimized

2. Australian Government and State Government could negotiate and commit to a memorandum of understanding about the process and timeframe for approvals of HACC State Plans. This memorandum of understanding could be negotiated as part of the next HACC Agreement, due in 2007.

   Results:
   a. Avoid needless complexity of process
   b. Tracking the approval process would be more transparent
   c. Newly appointed Ministers could become familiar with the approval process more quickly
   d. reduction in the impact of external factors, eg elections
   e. HACC planning and funding processes could synchronise with those of related community care programs

3. HACC State Plans should be implemented on a three year funding cycle

Results:

a. planning could be undertaken on a three year basis but refined annually
b. this could synchronise with a three year funding agreement cycle
c. greater certainty for providers and certainty within the HACC system
d. allow more time for program administrators and service providers to focus on quality improvement, performance monitoring, data improvements, program enhancements, linkages with other community care programs
e. HACC State Plan could be publicly available to support the local and regional planning processes
f. Planning and funding timetables could be publicly released in advance

4. A parallel mechanism could be developed and implemented for planned and fully consulted contingency strategies for the allocation of accumulated unspent funds from delayed approvals.

Results:

a. Unexpected delays would automatically defer to appropriate expenditure processes and priorities
b. Last minute unscheduled allocations to providers could be avoided.
c. Clashes in obligations on providers (ie planning, funding applications and financial reporting/acquittals) could be avoided

Please note that The NSW HACC Issues Forum developed a list of non-recurrent priorities for any accumulated funding. This is attached at appendix 1.

5. Indexation levels should automatically include state industrial relations funding obligations as part of the joint funding arrangements eg SACS award).

Results:

a. State industrial relations rulings would not delay the release in growth or other funding
b. Approvals would automatically include appropriate maintenance funding levels to all HACC providers
c. Each jurisdiction would shoulder its share of appropriate wage rises.

2. *A follow-up inquiry of the Auditor-General's review of the NSW Home Care Service...*

The Home Care Service of NSW[8] has a third of the HACC budget, and is the largest single HACC provider. It has 42 branches around the state and serves 40,000 clients a month. Analysis of calls to the Referral and Assessment Centre suggests that many people think of Home Care as a one-stop shop.

NCOSS contributed to the Auditor-General's review of the NSW Home Care Service (HCS) through meetings with review officers to discuss both the process and proposed content of the review. After the Auditor-General completed the performance review of the HCS, the NSW HACC Issues Forum developed an initial response. This is attached at appendix 2.

NCOSS acknowledges that the Performance Report contained some good lessons for all community care services and indicated that the HCS should become more transparent in its management and accountability and involvement with the community. At its meeting in April 2005, the NSW HACC Issues Forum discussed a number of HCS issues with a DADHC Senior Officer.

NCOSS cannot assess any improvement in HCS practices etc because there has been no public reporting against the Performance Review recommendations. There has been little improvement in the transparency of HCS processes since the review. NCOSS continues to receive local and regional reports of ongoing problems.

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

Coordination

There is pressure on all HACC service providers to meet escalating demand within existing resources. HACC service providers have often maximised their service provision through coordination, open information exchanges and productive working relationships. Generally the HCS has not pro-actively engaged with other service providers in this way. At the local levels, there have been widely varying results in local engagement between local HCS branches and HACC service providers, some with good ongoing involvement in local processes, others with no improvement at all.

Waiting lists

The Auditor-General's Report recommended that waiting lists be established particularly for applicants for whom no other service was likely to be found. NCOSS suggested that, like many other HACC services, comprehensive waiting lists be established and maintained. This could negate some of the inequity of access (ie daily calls) to the Referral and Assessment Centre (RAC).

DADHC explained to the NSW HACC Issues Forum that HCS maintains a waiting list for the High Needs Pool but not for its other services, advising that maintaining waiting lists is resource-intensive. DADHC cited research that found when RAC callers were re-contacted six months after their initial refusal, 50% no longer required a service. NCOSS is concerned

[8] NSW HACC Issues Forum Minutes, April 2005: Guest Presentation from DADHC on Home Care

for the remaining 50% of callers who still required a service but presumably were not receiving one. Clearly the reasons given for no longer requiring a service would also need to be analysed.

Unmet need

Unmet need for HCS must be quantified and documented. NCOSS believes that the recently completed Actuarial Report for DADHC would have provided valuable information on the size of the potential target population and possibly indicators of unmet need. This report has not been publicly released. HCS should adopt a policy for measuring and monitoring unmet need for all people, not just those in crisis.

Access policies

HCS should be required to report publicly on any policies that affect access to its services. Many local HACC services refer people to the HCS as part of their suite of support services. The flow-on effects of a change in HCS policy always significantly impact other HACC service providers. Clarification is needed on HCS service provision to people with mental illness, people with HIV/AIDS, people with episodic conditions etc.

Further, HCS should be required to report publicly on its activities, achievements and practice issues, especially against performance reviews and any monitoring that is conducted.

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

Balance of high and low needs clients

DADHC has reported that the High Needs Pool which currently supports HCS clients with very high support needs is quarantined at $20 million and will receive no future growth funding. NCOSS is concerned that people with very high support needs may have no alternative providers to HCS. HCS has stated that its benchmark of 80% service provision to people with low support needs will be maintained. If this status quo for the High Needs Pool remains, neither HCS or DADHC have not explained what happens for others requiring more intensive levels of home support services.

Constant calling

HCS will not take referrals if there is no spare capacity available on the day of the phone call. NCOSS has been advised that a person is more likely to successfully access HCS if they have a service provider that can call the Referral and Assessment Centre on a daily basis. Many people in need do not have the capacity or resources to call HCS every day in the hope that capacity becomes available and services can be arranged.

Access by diverse communities

NCOSS understands that clients from culturally and linguistically diverse communities comprise 9% HCS total clientele but that they use higher average levels of service. One explanation put to NCOSS was that CALD clients wait longer before accessing HCS and are therefore more acute when entering. Greater transparency and easier access could enable people from CALD communities to more equitably and appropriately utilise HCS services at an earlier stage.

Transparent Policies

DADHC reported to NCOSS in April 2005 that HCS was rolling out a policy on client review, that draft guidelines had been developed for the High Needs Pool, that a fees policy was under development. DADHC are in a process of publishing its practice policies on the website. HACC service providers would benefit from a clearer understanding of the limitations and capacities of HCS for appropriate referrals etc. NCOSS knows of no HCS policies that have been publicly released, despite assurances to the NSW HACC Issues Forum that the completed policies would be made public. NCOSS could find no HCS policies on the website.

NCOSS also understands that a policy on the position of the HCS within the HACC sector was developed but was not released and that a new Targetting policy has been proposed. This is especially important in light of Australian Government Community Care Reforms and their impact on the provision of HACC in NSW.

Timely access

A recurring access issue has been for people with rapidly deteriorating conditions eg Motor Neurone Disease or similar. The condition might be stable for long periods then the person enters rapid decline, quickly in need of home support services such as HCS. Due to the extended Referral and Assessment process, people may be compelled to unnecessarily enter residential aged care facilities when they could have been more desirably supported at home (probably at lower cost).

Other service types

HCS receives the bulk of its funding from the HACC program. HCS also receives funding from other sources which enables HCS to extend the range and nature of its service provision. This is not well understood by other service providers and can add to their frustrations surrounding inconsistencies in HCS entry criteria. Clearer and transparent details on *what funding will do what job for whom* would reduce misunderstandings.

Auspiced projects

HCS has also played the role of auspicing agency for a number of HACC projects. In the early years, the intention was to auspice a project for a set time period after which the project would be alternatively auspiced within the community. There is considerable concern that HCS has, over time, absorbed many of these projects into the mainstream HCS provision. Additionally, some auspiced projects are thought to have been significantly limited or restricted due to inappropriate or misunderstood HCS directives. Clear and open reporting would clarify this situation.

Aboriginal Home Care auspices a number of Aboriginal Access Workers whose role is to improve the access of Aboriginal people to HACC services. Many of these workers interpret their role differently, in response to local area needs and characteristics. NCOSS provides secretariat support to the NSW Aboriginal Community Care Gathering Committee. The Gathering Committee has been concerned that the roles of Access Workers are not well understood or supported within HCS. NCOSS understands that DADHC is currently conducting a review of these workers including the Aboriginal HACC Development Officers, and urges DADHC to consult extensively and publish the results.

Aboriginal and Torres Strait Islander people

Both mainstream HCS and Aboriginal HCS have responsibility for providing services to Aboriginal and Torres Strait Islander people in NSW. While there is a need for specific services, Aboriginal people should be free to choose whether to use mainstream or culturally specific services. An appropriate balance between mainstream and Aboriginal specific provision of service supports to Aboriginal people should be determined and mainstream HCS should be aware, like other HACC providers, of its obligation to respond to the needs of the Aboriginal community. HCS should publicly report on its service provision to Aboriginal clients.

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

HCS Board

The HCS Advisory Board provides the largest provider of HACC services in NSW with an opportunity to capitalise the energy and expertise of eminent supporters. Accordingly, NCOSS believes the HCS Board should be pro-actively involved. NCOSS understands that the HCS Board meets every quarter and that a Physical Disability Expert Advisory Group was also convened.

Local consultation

As part of the National HACC Standards, HACC services are required to consult in their local communities and with consumers. As a HACC provider, HCS would be expected to conduct local consumer consultation on critical issues and at appropriate times. Finding out about any local or consumer consultations appears to be obscure at best. Such consultations could serve to create better awareness of HCS services and limitations, while possibly gathering useful feedback towards service improvement.

Complaints

DADHC have reported that HCS clients express a high degree of satisfaction with HCS service provision. Other HACC providers have also supported this view. DADHC[9] did however admit that most of its complaints centred on problems with access. NCOSS would be concerned if the complaints process was the only non-user input into HCS.

NCOSS supports the better integration of complaints handling and service improvement within HCS as recommended in the Auditor-General's Report. The progress of this activity remains publicly unreported.

[9] NSW HACC Issues Forum Minutes, April 2005: Guest Presentation from DADHC on Home Care

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

Aboriginal Home Care

The Auditor-General's Report did not specifically address the Aboriginal Home Care Service. Problems with Aboriginal Home Care Services seem to mirror those of the mainstream service. DADHC has recently prepared a *Concept Report* which sets out proposed structural changes to Aboriginal Home Care. Despite the publication of its 2005 Aboriginal Consultation Policy Statement, DADHC has not released the *Concept Report* nor consulted with the Aboriginal HACC and community care sectors. Copies of the Report, however, have been circulating widely.

One hundred Aboriginal community care workers attended the Gathering Committee Conference in Dubbo in late June 2006 and the Aboriginal Home Care *Concept Report* was the most hotly discussed topic. However, no DADHC representative directly engaged on this issue, despite previous requests from the Gathering Committee.

The Gathering Committee had also identified other concerning issues regarding Aboriginal Home Care including:

- Differing levels of involvement with other HACC services at the local level
- No clear process for the gathering and distributing information from and to local Aboriginal communities. This is especially important during any consultation processes.
- Aboriginal HCS responsibility for consultation with the local community is vague
- The role of Aboriginal HCS in general planning processes and planning specifically for Aboriginal service provision is unclear
- Workforce issues: there are too few Aboriginal community care workers available to support Aboriginal communities.
- The process of referrals by Aboriginal HCS to other local services is difficult. This could result from sometimes poor local coordination.

Monitoring and Reporting

The DADHC Integrated Monitoring Framework is a new mechanism currently being rolled out for the quality assessment and governance/provision monitoring of all DADHC funded services. NCOSS understands that the HCS will be subject to the same monitoring standards as other funded services. It remains unclear how the Framework will be applied to HCS. Similarly, HCS is subject to the National HACC Standards but there has been no information on how these have been applied.

DADHC monitors funding and contracted outputs for all funded HACC services. The 2005 State Government budget papers report that HCS was allocated an additional $10.5 million increase to deliver a 10.5% increase in hours of service. In the 2006 State Budget papers, HCS reportedly spent $5.5 million (possibly due to the late release of the funding?) but delivered only 0.4% increase in hours. DADHC would be requiring serious explanations if this occurred within a funded service, so the same rules and transparency should equally apply to HCS.

3. Any other relevant matters.....

Community Care Reforms

The Australian Government is conducting an extensive reform process for the plethora of community care programs funded directly by the Commonwealth and the HACC program. The reform process began in mid-2004 and has mostly focussed on Commonwealth only programs. The proposed changes however will have significant impact on HACC services, both in service provision as well as financial implications for funded organisations. DADHC has reportedly been a partner in the reform process and is commencing negotiations for the next HACC Agreement due in 2007.

The Reform process is complex and contains many seemingly separate projects, all of which could result in practice implications for HACC providers. Given the difficult history of Commonwealth state relations surrounding the HACC program in NSW, NCOSS recommends that close analysis of the possible implications for both government and non-government HACC providers be immediately undertaken before and negotiations are settled.

Interest from unspent accumulated funding

NCOSS requests the Public Accounts Committee to examine the allocation and expenditure of any interest accrued from unspent funding. NCOSS is interested in knowing the amount of interest that was accrued particularly in the last three years, how this was allocated and whether it has been spent.

HACC Growth Funding

NCOSS recommends that the NSW Government negotiates for an increase in funding to the HACC Program of 20% per annum (as allowed by the HACC Act) until unmet need is addressed.

Program Improvement Strategies

NCOSS supports the recommendations of the Aged & Community Services Association NSW & ACT regarding the call for

- a NSW Workforce strategy for community care services
- consistency and transparency in HACC Fees Policies and those across the community care sectors
- immediate improvements to NSW HACC acquittals processes for funded organisations.

CONCLUSION

NCOSS appreciates the opportunity to provide submit to the Public Accounts Inquiry into HACC and the Home Care Service NSW.

Should further information be required, please contact NCOSS Christine Regan on 02 9211 2599 ext 117 or chris@ncoss.org.au

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APPENDIX ONE:

Extract from HACC Issues Forum Letter to Deputy-Director, DADHC, June 2005:

"Following the Minister's Discussion Forum and the State Budget briefing, the Forum would like to encourage DADHC to consider innovative and creative ways to apply some of these non-recurrent funds, to the benefit of older people, people with disabilities and carers in NSW.

The meeting decided to covey some of the identified suggestions for innovative projects and initiatives for your consideration, in advance of grants and expressions of interest.

This is the compiled list:

- More work and updates on the progress of Comprehensive Assessments
- Linking Comprehensive Assessment with IT upgrades accompanied by appropriate training (consider a voucher or other system). Perhaps including a CD for self-directed learning.
- TRAINING e.g. in MDS, use of improved IT, on the Integrated Monitoring Framework etc
- Revisit the MDS, ongoing development of tools for valid reporting – another stage in this process could be achieved with the non-recurrent funding
- Funding for HACC Development Workers in areas not presently covered by this resource e.g. Orana, Far West, Illawarra etc.
- Trial innovative projects; e.g. respite, transport including development of improved software etc.
- Workforce issues:
  - Research sustainable workforce strategies
  - Workforce investment strategies
- HACC Infrastructure development projects
- Research into how to support people with very high support needs, especially in light of the possibility of capping HACC services.
- OH&S practice policies and findings; promote these amongst the HACC sector; provide ongoing training on these OH&S policies
- HACC orientations to new workers and to update existing workers. These can be provided by HACC Development Officers and funded through the HDO Network
- Provide assisted strategic planning for funded organisation; this will enable professional advice and facilitation for forward service and organisational planning
- Aboriginal Community Care Infrastructure projects. The meeting identified this as a very high priority. This could deliver improved Community Care infrastructure in the forms of:
  - More Aboriginal specific services
  - Better supports to services
  - Improved training to Aboriginal specific services
  - Available cultural awareness training for mainstream services which is locally appropriate and delivered
- Specific one-off projects for carers and consumers e.g. Pilot Alzheimer's Conference
- NSW Community Care Conference possibly focussing on Interface issues i.e. who does what?; followed by a series of repeated regional conferences

This is a list solely for your consideration and possible development for the non-recurrent HACC funding. This finding presents a unique opportunity to create sustainable improvements in delivery, structure and viability of services under the HACC Program."

APPENDIX TWO:

NSW HACC ISSUES FORUM

Address for correspondence: Council of Social Service of NSW, 66 Albion Street, Surry Hills NSW 2010

Initial responses to Home Care Service Performance Audit, DADHC

An overview of the Performance Audit for Home Care Services NSW, DADHC was discussed at the October 21 Meeting of the NSW HACC Issues Forum .

The following issues were raised:

- The report includes some good lessons for all community care services
- The report does not include an explanation of the exclusion of ATSI communities and Aboriginal Home Care Service. Any proposed improvements to HCS must include these communities after proper consultation.
- ONI (assessment tool) does not reach or identify the people with low to moderate needs. Categories of need do not match service targets.
    - Is it about the screening tool used or is it about the PROCESS eg phone assessments which are unacceptable to clients and other community people.
- The language of the audit report contains "disability people" and " suffering dementia" is not current usage.
- Waiting lists:
    - Should be established for all eligible people who apply for HCS with NO additional qualifications ie not just for people who are in danger of receiving no other services.
    - Must be kept in accordance with HACC standards
    - Must be maintained according to identified waiting lists protocols
    - The changing needs of a person must be monitored while on a waiting list
    - People should receive services according to eligibility criteria / priority
    - There should be an available appeals mechanism
    - HCS should also provide other options to applicants where possible, including other community services and use appropriate referral processes.
- HCS must live by same rules as other HACC services eg keeping waiting lists, quality assurance

- Complaints – informal and formal complaints must be acceptable and monitored for trends and opportunities for services improvement. The complaints process must include advocates.
- Emphasise that the HACC standards MUST apply equally to the HCS as to other NGOs.

Benefits of the HCS:

1. Rural areas – HCS as existing and only provider. In-service training for workers
2. HCS generally pays higher wages than in other community care services
3. Provides workers with a guaranteed minimum number of hours
4. Provides workers with Career pathways
5. Provides important Rural employment
6. Increased expertise of workers
7. Is big enough to overcome insurance restrictions/impacts

Where Alternative Providers are proposed:

- Providing alternative providers to HCS may be simply duplication in rural or regional areas
- Alternative providers will not necessarily deliver improvement to either clients of the community care system.

Problems with HCS:

- HCS is becoming more restrictive in service provision.
- HCS has a monopoly. There has been no expansion in hours in some places despite increased funding.
- If HCS provides only to lower needs clients, what will happen to higher needs people?
- Most of the higher needs HCS clients are people with disability. If older people are mostly lower needs clients, does HCS intend to become a provider only to older people?

Proposed HCS Business plan

1. HCS must ensure proper community participation in business plan development.
2. **Reporting of this business plan must be to an external (to DADHC) body/bodies & to the community.**
3. Financial management – external financial reporting and to the community

Fees:

Must take into account the following:

- Bigger issue than just for HCS, implications in any HCS fees policy for other service providers.
- Capacity to pay
- Means tests do not always account for the extra costs for some people eg expenses, drugs, mobility
- Inform clients of rights

- Fees to clients often depends on the skills of the assessor
- Beware of an assets assessment

Client reviews / re-assessments:

- Must meet HACC standards
- Process must be clear, appropriate, client focused, culturally responsive and have client consent, must include significant others and advocates
- Implemented **not** by field workers, but by service coordinators
- Must be consistent
- Must not be used as a rationing tool but must focus on client needs

Carers:

Those with carers have lower priority – assessment issue, need full information

NSW HACC Issues Forum supports criminal checks for all existing and new employees of HCS.

Funding allocations have not been transparent. New England HCS dollars have been re-directed to central HCS.

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