## **Standing Committee on Law and Justice**

## 2020 Review of the Lifetime Care and Support Scheme

icare responses to Questions on Notice from 26 May 2021 hearing

### QUESTION Page 12-13

**The Hon. DANIEL MOOKHEY:** On notice are you able to provide us with the amount expended by provider each year for the past three years, since the panel was formed?

**Ms LULHAM:** Yes. We have a few providers that probably have a large proportion of our business and some providers have very small amounts.

#### The Hon. DANIEL MOOKHEY: Why is that?

**Ms LULHAM:** We have left it to the participants to choose their provider, so a lot is the original conversations that they might have with the provider. It is where they live. A lot of programs are set up as people get discharged from hospital, so a lot of it is also which providers the hospital staff feel comfortable with in terms of their competence.

The Hon. ANTHONY D'ADAM: On notice, will you provide us with the list of providers—the 35? Ms LULHAM: Yes.

**The Hon. DANIEL MOOKHEY:** And the amount expended by each provider for each year for the past three years.

Ms LULHAM: And the costs, yes.

#### <u>ANSWER</u>

Please see **Tab A** and note that this information is commercial-in-confidence. The current list of providers confirms there are a total of 34.

#### **QUESTION Page 13**

**The Hon. DANIEL MOOKHEY:** Of icare's operating expenditure that has been attributed to the Lifetime Care and Support Scheme, how much has been attributed?

**Ms BANSAL:** I do not have a breakdown of that at hand, Mr Mookhey, as to the allocation of expenses.

Mr HARDING: We can provide it on notice.

Ms BANSAL: We can provide it on notice.

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#### QUESTION Page 14

The Hon. DANIEL MOOKHEY: Just before we unpack it, what you took on notice was— Ms BANSAL: Is a breakdown of— The Hon. DANIEL MOOKHEY: —that \$49 million between those two categories. Ms BANSAL: Yes, noted.

#### ANSWER

For the 2019/20 financial year, the breakdown of the \$49 million expenditure equates to \$34 million of direct service fees and \$15 million of indirect service fees and other expenses.

#### QUESTION Page 14-15

**Ms BANSAL:** At a very low level of detail to make sure we can get it as accurate as possible. We have also received legal advice from the Crown Solicitor on our ability to allocate costs to the scheme and our methodology to do so.

The Hon. DANIEL MOOKHEY: On notice, can we have access to that legal advice?

Mr HARDING: I think it is probably privileged, but I will investigate it for you.

The Hon. TREVOR KHAN: Well-

The Hon. DANIEL MOOKHEY: I can ask and they can dispute.

The CHAIR: Mr Khan, do you want to—

The Hon. ANTHONY D'ADAM: We could receive it confidentially.

The Hon. SCOTT FARLOW: Let us see what the response is.

Mr HARDING: I am happy to take it away and find out whether the privilege exists.

#### ANSWER

Please see **Tab C** and note that this advice is subject to legal professional privilege. icare is providing this advice to the Committee voluntarily and as such we respectfully request that the Committee maintains confidentiality of the advice.

#### QUESTION Page 15

**The Hon. DANIEL MOOKHEY:** On notice, when you come back to us as to the allocation of 49 to 50 of that within the two categories, is it possible that we can on notice get the same replicated for each of the years?

Ms BANSAL: Yes, I am happy to take that on notice.

#### ANSWER

Description	15/16	16/17	17/18	18/19	19/20
Total expenses	35	36	51	49	49
Total Direct	27	26	42	40	34
Total Indirect	8	10	9	9	15

\*Please note that these figures are drawn from icare's management account and may differ slightly from the expenses reported in icare's financial statements (statutory account).

#### **QUESTION Page 16**

**Ms BANSAL:** The actuals are provided to the board every month—so we update our allocation of expenses to the board every month. They are updated twice. The first, annually, as I said, is part of the budget process and also again as part of the half-year review process. Both of those are provided to the board as part of the approval of our budget and our financials forecast.

The Hon. DANIEL MOOKHEY: Does the board then exercise a proof of authority? Ms BANSAL: Yes.

**The Hon. DANIEL MOOKHEY:** On notice, are you able to provide us with the documentation that you say sets out this methodology?

Ms BANSAL: Sure, I can take that on notice.

#### ANSWER

See Tab B.

#### **QUESTION Page 22**

**The Hon. DANIEL MOOKHEY:** On notice, if you wish to provide any further detail about what the impact of these changes will be on the lifetime care division, it will be most welcomed by the Committee.

Mr HARDING: We can do that, absolutely.

The CHAIR: You may elect to request that we keep it confidential.

The Hon. DANIEL MOOKHEY: For a period of time.

The CHAIR: Yes.

Mr HARDING: Let me just be clear, in the next—

The Hon. TREVOR KHAN: Let us be clear: It is for the Committee to decide whether it is confidential, not for the witness.

The CHAIR: I know.

The Hon. TREVOR KHAN: I might be in favour but—

**The CHAIR:** I was going to indicate that you can indicate whether you believe it is confidential or should be held that way for a set period of time.

Mr HARDING: Thank you.

**The CHAIR:** It is for the Committee to determine that, but we do take those requests into consideration.

**Mr HARDING:** The only reason is that we are literally in the middle of that conversation with people yesterday and today. In a week it will be public. I am happy to provide it on notice, in which case you will get it in time—

#### **ANSWER**

The organisational changes being considered by icare are still in the consultation phase and subject to change. The following impacts for Lifetime Care are therefore only proposed at this stage:

- The roles of General Manager Care Services and General Manager Specialist Care do not continue in the proposed structure. Instead a new role, General Manager Frontline, is proposed which brings together the responsibility for frontline service delivery to Lifetime Care participants, Workers Care participants and Dust Disease Care clients.
- The Participant Support Officer roles in each of the frontline teams in Lifetime Care are proposed to repoint into an Operations area within the Lifetime Schemes division of icare. This will better enable the development of best practice across these supporting roles while leaving them embedded in the teams they support.
- Importantly there will be no loss of frontline roles in Lifetime Care. As the Scheme is still maturing and continuing to grow, there is growth in the number of frontline staff planned for Lifetime Care so the standards of support can be maintained for participants in the Scheme.

# icare Allocations to Schemes Methodology

- · Cost centre owners confirmed and approved the allocation basis for their costs
- Each GET member signed off drivers, methodology and allocations for their business unit
- The Group Executive Team signed off on the methodology and overall allocations to Schemes
- The key drivers used include FTE and resource consumption
- Allocations are direct to Schemes where possible. This avoids allocations within Enabling Services
- This detailed review process will occur as part of the annual Budget process going forward
- Crown Solicitors advice has been received re ability to allocate costs from the icare Service Entity to the Schemes

