

Standing Committee on Social Issues.: Inquiry into Services provided or funded by AHDC

Blue Mountains HMMS Response to Additional Written Questions on Notice.

Questions drawn from Submission No.28

1. Client contribution to HMMS

(a) How much are clients asked to contribute?

The client contribution is used to extend service provision to more clients. In the Blue Mountains the clients are asked to make a contribution which covers the cost of the materials and a \$20 hour contribution to the labour. (The labour component is calculated on the time spent in the client's home not on travel, preparation work etc). It is calculated this way to ensure equity of cost.

A client who cannot make the contribution is offered interest free payments, further labour subsidy (if the job is being carried out by staff) and finally waiting for the service to accumulate enough money to fully subsidise the job. Contractor costs are subsidised in a similar way.

(b) How can the system be better managed to ensure clients receive home modifications in a more suitable time frame?

In general, eligibility for service and client expectations of service delivery are areas that need attention. Clear guidelines as to who is eligible for the service and what can actually be provided will result in funding being used more effectively and equitably. Some clients want a different quality modification to that which the service can provide (ie. safe, low maintenance and functional). Sorting out these issues consumes service time which could be better spent providing service to another client.

As the demand for all levels service can vary considerably form year to year a state- wide fundholder to whom the local service could go to both for larger modifications and for extra subsidy for minor modifications would be effective in several ways.

This fundholder would also have a permanent panel for assessing jobs/clients on needs and effectiveness of modifications requested. (as well as having a role in quality control) . This would be more effective use of funding.

Questions drawn from Submission No.34

1. Data Collection.

The data collected via the Minimum Data Set reflects information around work carried out for clients who applied to the service. There is no formal means of counting how many eligible people have been unable to access the service for whatever reason.

The general community is mainly unaware of the HACC program. Any advertising/information usually results in a considerable rise of eligible inquiries for service which the service cannot deliver as it does not have the capacity (ie financial resources) to pay for extra contractors or subsidise even more clients who cannot make a contribution . The outcome is this need does not register via the MDS as the extra need is not met.

The rapid uptake of any non recurrent funding for reducing waiting lists is also an indication of unmet need as the waiting list is only reduced. Also providers do not increase advertising their Service at these times as the funding is only a one-off and cannot support future need.

In some ADHC regions indications around unmet need from waiting lists and general inquiries are passed on by service providers to ADHC staff at planning consultations (also at community care forums).

However there does not appear to be a regular structured assessment of real unmet need.

The provision of lawn mowing is another excellent example of providing funding without measuring need. A research project funded by Metnorth region of ADHC into existing and recommended models of lawn mowing service provision in Cumberland/Prospect was contracted to BMHMMS . The research found that demand was extremely high, the type of service required was not being effectively assessed and relatively few clients were receiving the service. The full report is available on the ADHC website.

Attachment 1. (HACC Research Project :Service Models for Lawn Mowing and Garden Maintenance Cumberland/Prospect and Nepean LPAs)
Executive summary from Final Report.

2. Funding

Non recurrent funding (ADHC)to reduce waiting lists was available for part of 07-08 and 08-09. Blue Mountains HMMS is a Level 1 service and when non recurrent funding to reduce waiting lists was available it increased the service provided by a third (to the existing waiting list only – no extra promotion of the service). When OT brokerage non recurrent funding (ADHC) was available last financial year, an additional 48 clients , an increase of 20%, self referred .

3. ADHC's current tender process;

Panels assessing tenders for HMMS must have a builder experienced in HMMS.

3. Problems arising from HACC administration split between Commonwealth and States.

As neither administration is reliably and effectively aware of either client need or the true nature of the services delivered it can be anticipated that the situation will have a negative outcome for the client if administration and, consequently, service delivery, becomes even more remote.

The effectiveness of the HACC program is largely attributable to local service delivery by local providers who know their community, the other local services and the local area. This is further enhanced by a local ADHC office with a similar focus.

A state-wide specialist HMMS service operating through local specialised providers would also function well for the client.

Lack of information and a cohesive approach

Attachment 2: Comments on "State Consultation of HACC/Ageing to Commonwealth" presented by consultant from Aged and Community Services Assoc who have "entered into a partnership agreement" with ADHC to "support and lead a state-wide consultation process for the community care sector. This process will provide information and advice, consultation forums and activities to support the sector during the transition phase to ensure continuity of services for existing and new clients." ACS Brief Update Issue 226 June 2010.

5. Transition of people with acquired disability from hospital to home.

There are 2 main issues:

- (a) There is a significant lead time for home modifications, from at least a month for small minor modifications (under \$1000) to 6 months or more for major modifications.

In some cases the client's current home may not be appropriate for the modifications and another one has to be purchased. This time frame is also dependent on the availability of an appropriately qualified OT.

- (b) Many clients are being discharged from a hospital remote from their home. Frequently modifications are designed by an OT who is not aware of local services /conditions etc and this can slow down the process while other assessments are done.

This has been avoided when the OT contacts a local OT and the local HMMS builder for a joint assessment. This is not always possible as the OT often has time constraints.

Attachment 1 :

HACC research project, 'Service models for lawn mowing and garden maintenance: Cumberland Prospect and Nepean Local Planning Areas'

Executive summary

The HACC research project, 'Service models for lawn mowing and garden maintenance: Cumberland Prospect and Nepean Local Planning Areas' was contracted in June 2009 to the Blue Mountains Home Modification and Maintenance Service by the NSW Department of Human Services: Ageing, Disability and Home Care Metro North region.

The project was designed to address conditions specific to Western Sydney, including geographical diversity and residential land use patterns which include unlevel bush blocks in bush-fire prone areas and large semi-rural properties. In addition, general issues which impact on the capacity of service providers to meet the needs of the community, particularly increasing demand associated with an ageing population and rising service delivery costs, were to be considered. The scope of the project was to investigate and propose cost effective and appropriate models for enhanced service delivery in the area, and to investigate the response of the target population (people eligible for HACC-funded lawn and garden services) to these proposals.

The research was conducted in two phases:

Phase 1: Investigation of current service delivery in the area, identification of key issues, and proposal of new models

Phase 2: Consultation with the target population of people eligible for HACC-funded services to determine the levels of acceptance of the proposed models.

Research methods for Phase 1 involved background research; in-depth interviews with service providers in the Cumberland Prospect and Nepean areas and other areas of Sydney Metropolitan Area and regional NSW; and in-depth interviews with contractors who work for HACC-funded providers in the two areas.

Findings of the investigation into current service delivery were:

- Five organisations currently provide 12 programs of community based lawn mowing and garden maintenance services in Cumberland Prospect and Nepean LPAs to approximately 3,000 clients.
- Only two of these programs offer garden maintenance service in addition to lawn mowing, to approximately 10% of total number of clients in the region. This differs from other programs in the Metro North region, where most clients have access to garden maintenance ('Easy Care' programs) as well as garden re-design to low maintenance, largely supported by volunteers.
- Features of service delivery vary considerably across service providers, with variations in the frequency of service; the average rate of client contribution; and the average contractor subsidy.

Key issues that emerged from discussion with providers and contractors were:

- Ongoing problems with increasing demand and higher costs
 - Limited choice available to clients in terms of service types
 - Perceived lack of culture of volunteering in the area to support services
 - Untapped opportunities for partnering with other agencies and cross-sector service providers to assist with cost effective service delivery
 - A need to consider more effective methods for the assessment of prospective clients
 - Often unrealistic expectations of clients about scope of HACC-funded service
 - Relative advantages or otherwise of the 'voucher' system of administration
 - A need to improve quality control measures in regard contractors' work
 - General lack of consistent monitoring and evaluation of services
 - A need for more co-operation and co-ordination amongst service providers.
- Research methods for Phase 2 involved consultations with 268 HACC clients and HACC-eligible people at seven venues across the area, and a survey of people with

disability and their carers. Key issues that emerged from these discussions were:

- Few participants knew about HACC-funded lawn and garden services, and HACC service in general.
- The small proportion of participants who were current clients of HACC-funded lawn and garden services generally reported high levels of satisfaction.
- A majority of participants expressed the need for garden maintenance as well as lawn mowing service.
- Gutter clearing was identified as a major problem.
- Participants generally felt that \$20 was a fair client contribution for lawn mowing; most were prepared to pay \$25 for garden maintenance.
- Participants had no particular preference for a 'voucher' (choice based) system or a 'direct allocation' system; and participants preferred the idea of paying the contractor direct, as this was easier.

Proposed service delivery models

Three models were proposed with the aims of:

- promoting the HACC principles of *wellness, participation and independence* of clients
- encouraging some movement away from repetitive-only services to services that promote sustainability
- extending the range of services available in Western Sydney, with more choice and flexibility available to clients
- responding to some of the challenges of service delivery in Western Sydney.

1. A lawn mowing only service, *Neat 'n' tidy*, offering up to 15 services per year, with an average client contribution of \$20 and an average contractor subsidy of \$21 (total cost to service provider per year: \$389)

2. A combined lawn mowing and garden maintenance service, *Four seasons*, offering up to 15 services per year, with an average client contribution of \$25 and an average contractor subsidy of \$25 per hour (total cost to service provider per year: \$589)

3. An innovative garden re-design to low maintenance scheme, *Eco+Plus*, which significantly reduces the need for repetitive upkeep (total cost to service

provider in first year: \$575; in subsequent years: \$202).

Analysis of costs over a three-year period indicate clear cost benefits for the low maintenance alternative.

Underpinning these models is the need for:

4. Enhanced methods of assessment, including on-site assessment for (2) and (3), and development of an Assessment Checklist
5. Client education about the relative benefits of each, in particular the low maintenance model
6. Clear Contractor Guidelines to support more effective quality control
7. Systematic evaluation of service, and reassessment of clients at intervals to assess their level of priority.
8. Removal of high risk, high cost gutter clearing from the garden maintenance program, and rethinking of ways to provide this service.

During consultations, participants were asked to vote for their preferred service type using a ballot sheet. With a total of 138 votes cast, 30.5% preferred the *Neat 'n' tidy* service; 31% preferred the *Four seasons* service, and 25.5% opted for *Eco+Plus*. This indicated a high level of support for all three, and a higher than anticipated acceptance for the low maintenance model.

A number of **recommendations** were proposed to enhance the quality of service provision and improve cost effectiveness. These include stricter prioritising of prospective clients; using on-site assessment for two of the models; developing materials including educational materials for clients, an Assessment Checklist and Guidelines for Contractors; establishing a forum of lawn mowing and garden maintenance in the area to promote collaboration; and trialling of a volunteer-based garden maintenance scheme.

Attachment 2 : Comments from a State Consultation on Transition of HACC/Ageing to Commonwealth

GENERAL QUESTIONS/ISSUES FOR INCLUSION

COAG AGE SPLIT

TRANSFER OF AGED CARE RESPONSIBILITIES TO THE COMMONWEALTH FROM HOME & COMMUNITY CARE PROGRAM/SPLIT OF DISABILITY SERVICES AND UNDER 65 YEARS TARGET GROUPS TO STATE RECOMMENDATIONS

The proposed changes in line with the COAG recommendations raise a number of issues and questions that have the potential to impact on the ongoing provision of quality care of vulnerable population target groups across NSW.

NSW is undertaking a state wide round of consultations commissioned by ADHC and being undertaken by ACS around the COAG Age split and population split. 17 consultations are planned statewide, the first pilot consultation occurring on 7/10/10 in Western Sydney.

Issues & questions raised in this forum but unanswered or unanswerable for the participants were:-

1. The consultant facilitating the forum repeated that she was unable to answer the majority of specific questions asked from the floor as there was as yet no specific detail around the models of service necessary to be implemented as a result of the age and population split to create a "unified Aged Care System"
 - If there is no information or detail available from the Commonwealth on givens, potential service models, then has the consultation process begun to early?
 - Can this process be seen as transparent and meaningful in the absence of context to inform the process?
2. It was stated in the forum that this consultation process would not involve consumers as they did not want to alarm consumers, however participants in the consultation were asked to supply consumer stories
 - How can the absence of consumer input in a statewide consultation based on the services provided to them be justified?
 - Can the use of consumers and carers stories be considered as ethically reasonable for use in reports generated from the consultations, when the consumers opinions and inputs are not directly being sought or included?
 - Is the absence of consumer involvement related to the March 26 election within NSW, given the implications of services being split between State and Commonwealth?
 - Can evidence please be supplied that consumers will be engaged as an equal partner in these Statewide consultations
3. Generally a number of questions issues came from the floor that were not able to be answered satisfactorily
 - What is the nexus between this consultation, the information and data gathered and the formal recommendations formulated in the proposed papers to be released in February, and a number of significant other model reviews occurring nationally and at state level that should feed into and inform this process ie; the HACC Home Modification Model Review occurring currently, the development of the State/National Volunteer Strategy

- How will age related illness be managed and where does it fit in an age split
 - The apparent Commonwealth requirement for a Single Point of Entry, one size fits all entry point for unified aged services and disability services, does not work for marginalised, special needs groups eg; CALD and ATSI communities – what provision will be made for soft entry points for these communities and will funding to provide information and referral services be assured
 - Overwhelmingly people expressed fear that large faith based organisations would be focussed on to provide services into the future to the detriment of smaller local services delivering care and service provision
4. It was stated that NSW agreed to the COAG process and age split on the grounds that NSW older residents would not receive a changed or diminished level of service
- What evaluation processes will be put in place to ensure that these changes do not result in poorer levels of service quality and access?, and
 - If they are evaluated poorly what mechanisms will be employed by the Commonwealth and the state to redress unacceptable levels of care and service provision?