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The Director
Standing Committee of Law and Justice
Legislative Council, Parliament House
Macquarie Street
SYDNEY NSW 2000

Attention: Mr. Samuel Griffith

Dear Mr. Griffith,

RE Law and Justice Committee hearing - MAA and LTCSA

Thank you for the opportunity to answer Mr. Shoebridge's question about the best examples of discharge planning in other jurisdictions.

Traumatic Spinal Cord Injury (SCI) often causes profound physical impairment which predominantly affects young[1] men[2]. Their successful discharge from hospital and reintegration into the community requires funding from a number of government agencies[3], each with their own budget. As funding is limited, each agency spends considerable time and energy in ensuring that the requests fall within their guidelines and that they have the budget to assist. Meanwhile the person waits in hospital sometimes long after their treatment has finished[4]. As hospitalisation is much more expensive then community care, the overall cost to the taxpayer is increased without any benefit to the patient. Although such delays predominantly affect uninsured patients, even those with LTCSA support can be delayed by a lack of housing. The need for a "whole of Government" response has been recognised in a number of jurisdictions and to my knowledge Queensland has best developed response.

The system in Queensland has two components:

1. The SCIR (Spinal Cord Injuries Response) program[5] which has been running in Queensland since 2005/6. It is a cross government program that provides a co-ordinated approach to meeting the needs of newly injured people on discharge from the Spinal Injuries Unit thus aiming to reduce unnecessary delays to discharge. The core components of the program are:

[1] Peak incidence at age 25 to 34
[2] 80% male
[3] e.g. Housing NSW, Enable NSW, Aging Disability and Home Care, Attendant Care Program and High needs Pool, (shortly to be fused into the Community Support Program)
[4] For example in my unit, this year (1st Jan to 30th April) 295 bed days were used by patients waiting for care/accommodation.
[5] Please see Attachment 1

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- Dedicated funding for private home modifications, which are co-ordinated by a single state-wide service provider[6]. (The service has access to a dedicated Housing and Home Modifications Occupational Therapist who facilitates these processes.)
- SCIR participants have the highest priority for Social Housing which is co-ordinated by the local Department of Housing Service Centre
- Dedicated funding for necessary aids and equipment, (based on clinical justification).
- Dedicated funding for personal care support (up to 65 hours per week)

  Oversight of SCIR is through the Queensland Department of Communities (Disability Services) with the aid of a steering committee that meets quarterly and an operational group that meets every 2 months.

2. People with newly acquired SCI in Queensland also have access to the Transitional Rehab Program (TRP) which offers accommodation, free of charge, to non-Brisbane clients undertaking community-based transition programs in Brisbane. The program is limited to a maximum period of 6 to 8 weeks. Patients entering TRP accommodation must have a discharge plan in place that ensures that they move out of the TRP houses in a timely manner.

Victoria

The Victorian DHS has just concluded and is evaluating a pilot programme "Spinal Interim Packages (SIP)". I understand that the components of the package were:

- Identification of the level of care needed and agreement by the usual funding agencies that this person is eligible for funding for these services were "packages" available.
- Funding of an interim care package (personal care support) rather than the patient occupying a hospital bed waiting for approval of the permanent care package.
- The patient is able to choose the attendant care agency with proviso that selected agency agrees to accept the DHS rate and a service agreement is developed between Austin and agency.
- Facilitation of housing and equipment provision also occurs.

The number of SCI in NSW is not high, about 110 per year only a proportion of whom will need complex packages and the number can be predicted. There would be significant cost savings for the hospital with improved health outcomes with reduction of anxiety and institutalisation if a programme such as the one in Queensland is implemented. The crucial elements of such a programme must be cross-agency cooperation for **timely availability of accessible housing and personal care support and equipment packages.**

Thank you again for the opportunity to provide this response,

Yours sincerely

Dr S Engel
Director Spinal Medicine

[6] Please see evaluation of the program presented at the 2013 Australian and New Zealand Spinal Cord Society ASM