

Submission
No 65

**INQUIRY INTO SERVICES PROVIDED OR FUNDED BY
THE DEPARTMENT OF AGEING, DISABILITY AND
HOME CARE**

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Legislative Council Standing Committee on Social Issues

Inquiry into Services Provided or Funded by the Department of Ageing, Disability and Home Care

Terms of Reference:

1. That the Standing Committee on Social Issues inquire into and report on the quality, effectiveness and delivery of services provided or funded by the Department of Ageing, Disability and Home Care (ADHC), and in particular:
 - (a) the historical and current level of funding and extent of unmet need;
 - (b) variations in service delivery, waiting lists and program quality between
 - (i) services provided, or funded, by ADHC,
 - (ii) ADHC Regional Areas;
 - (c) flexibility in client funding arrangements and client focussed service delivery;
 - (d) compliance with Disability Service Standards;
 - (e) adequacy of complaint handling, grievance mechanisms and ADHC funded advocacy services;
 - (f) internal and external program evaluation including program auditing and achievement of program performance indicators review; and
 - (g) any other matters.

NSW Health's comments in relation to the Terms of Reference of the Inquiry:

Scope of Comments

Comment from the NSW Department of Health addresses the following Terms of Reference:

- (c) flexibility in client funding arrangements and client focussed service delivery;
- (f) internal and external program evaluation including program auditing and achievement of program performance indicators review; and
- (g) any other matters.

Home and Community Care (HACC)

The HACC Program is a jointly funded Australian Government and State and Territory initiative established under the Home and Community Care Act 1985. The program aims to prevent premature or inappropriate admission to long term residential care by providing funding for community support services for frail older people, people with disability and their carers.

The Program forms part of a broader framework of community care services. In NSW, ADHC is responsible for the administration of the program, in partnership with NSW Health and NSW Transport and Infrastructure. NSW Health receives approximately \$75 million per annum in HACC funding. Services provided are predominantly community nursing, allied health and centre based day care.

To facilitate a strategic, long term approach to planning for the HACC Program, three-year planning was introduced in 2008 culminating in the development of the 2008-11 HACC Triennial Plan.

As an outcome of the National Health and Hospitals Network Agreement, COAG has established the Australian Government as the level of government with full funding, policy, management and delivery responsibility for a national aged care system. These reforms include a transfer to the Commonwealth of current resourcing for aged care services including the component of the HACC program that provides services to those over the age of 65.

To inform negotiations with the Commonwealth in the devolution of the HACC program and to ensure community care services to people with disability are appropriately funded the following will need to be determined:

- the cohort of HACC clients with disability (under 65 and 50 for people who are Aboriginal)
- anticipated fluctuations in this figure;
- the proportion of funding service usage pattern in supporting these clients (who may require costlier services due to differing need).

NSW Health will work together with ADHC and the Commonwealth to ensure service reforms maintain effective support for older people and people with disability.

Home and Community Care (HACC) – Access Points (NSW Hunter Access Point)

ADHC has been working with the Commonwealth Department of Health and Ageing (DoHA) for two years to develop a centralised access point for all HACC services in the Hunter Region. All Jurisdictions have developed Access Points and DoHA is of the opinion that the NSW Hunter Access Point has been one of the most successful nationally and is keen to use this model to pilot certain anticipated functions of their new One Stop Shops under the National Health and Hospitals Network reforms.

ADHC (lead agency) is keen for NSW Health's continued involvement in developing the scope, model and costing for a business case to be submitted to DoHA to expand the Hunter Access Point to include the Hunter ACAT.

NSW Health sees this example of interagency collaboration to pursue an initiative of potential benefit to NSW under the National Health and Hospitals Network reform agenda as an important opportunity to work with ADHC to help ensure that the implementation of One Stop Shops in NSW builds on strengths in the existing health and community care sectors and improves outcomes for the citizens of NSW.

ENABLENSW and AIDAS

EnableNSW is responsible for the administration of the NSW Health disability support programs including the Program of Appliances for Disabled People (PADP). This includes provision of aids/equipment services to residents of ADHC funded services operated by a Non Government service providers.

Aids for Individuals in DADHC funded Accommodation Services (AIDAS) provides aids/equipment to residents of ADHC owned and operated group homes. NSW Health has no data on AIDAS services.

Interdepartmental Committees

ADHC/NSW Health Senior Officers Group (SOG).

NSW Health and ADHC maintain strong links in addressing the needs of people with disability. Issues requiring escalation are discussed at biannual meetings between Directors-General of NSW Health and Department of Human Services NSW. ADHC also contributes to interdepartmental committees and co-chairs some of these with NSW Health.

SOG on Intellectual Disability and the Criminal Justice System (SOGIDCJ)

ADHC is lead agency for the SOGIDCJ which has established protocols to guide the individual and collaborative work of partner agencies with the goal of improving general community well-being and the quality of life of individuals with an intellectual disability by:

- reducing the prevalence in the criminal justice system of people with an intellectual disability by helping them succeed in the community; and
- ensuring that criminal justice and supporting processes respond appropriately and equitably to their circumstances.

NSW Health participates in the SOGIDCJ, a group that has faced significant challenges in meeting its objectives. NSW Health remains committed to continued work in the interests of the target

group. It should be noted that services provided by Justice Health will not be affected by the COAG agreement and service provision through Justice Health will remain a State responsibility.

ABI Interagency Steering Committee (ABISC)

ADHC co-chairs (with NSW Health) the ABISC which oversees the implementation of the *Interagency Agreement on Care and Support Pathways for People with an Acquired Brain Injury*. Since the establishment of the Agreement ADHC has taken responsibility for services to people with Acquired Brain Injury. ADHC has worked closely with NSW Department of Health and the Agency for Clinical Innovation to ensure services and ADHC policies and procedures address the needs of people with acquired brain injury.

Interagency Protocol for Responding to Abuse of Older People within NSW Health 2007 – Steering Committee

NSW Health participates as a member of the Steering Committee which undertook review, revision and publication of the revised *Interagency Protocol for Responding to Abuse of Older People within NSW Health 2007*. This protocol published by the NSW Department of ADHC is one of the strategies in place to ensure NSW Government agencies are able to respond appropriately to abuse of older people living in community settings.

Together with representatives of other NSW Government agencies, Health staff work with ADHC as members of a Working Group convened to undertake a review of the effectiveness of implementation of the Protocol and make recommendations on follow up action to the Justice and Human Services Chief Executive Officers Group (JHSCEO). This task is being led by the ADHC Office for Ageing.

Boarding House screening arrangements – Aged Care Assessment Teams

NSW Health also actively participated with ADHC in reviewing the Boarding House screening arrangements which had existed for over a decade and relied on cooperative involvement of Aged Care Assessment Teams (ACATs) in the assessment of eligibility process. As this was not core business for ACATs and other agencies were deemed better positioned to fill this function, it was agreed that this function would be transferred to another agency and this was achieved (from 1 April 2010) through successful collaborative efforts. One action involved organizing for selected ACATs to participate in a pilot of a revised Screening Tool for Entry to Licensed Residential Centres (Screening Tool).

Younger People in Residential Aged Care (YPIRAC) Program

NSW Health contributed to ADHC's work on the Commonwealth's Younger People in Residential Aged Care (YPIRAC) program as NSW Health has a strong shared interest in facilitating access to suitable long-term care and accommodation options for younger people with disability. Further joint work is being undertaken to develop a NSW protocol around the involvement of ACATs in assessing and approving younger people within the Australian Government's eligibility criteria for residential aged care. This is a complex issue requiring considerable negotiation to balance the needs of frail aged clients with achieving the most appropriate outcome for younger people with disability.

Towards 2030: planning for our changing population strategy

The NSW Department of Health is one of 16 agencies working with the ADHC Office for Ageing on implementation of the NSW Government's whole-of-government *Towards 2030: planning for our changing population* strategy. NSW Health is playing a significant role as lead agency in a number of strategic priority areas and is responsible for coordinating and collating Health reporting on *Towards 2030* actions. It collaborates actively with ADHC and other agencies on the *Towards 2030* Interdepartmental Working Group convened by the Department of Premier and Cabinet to drive and monitor implementation of the *Towards 2030* actions.

Joint Protocol on Hospitalisation

NSW Health and ADHC are currently developing a protocol for addressing the needs of residents of ADHC funded facilities attending or admitted to hospital. The aim is to promote the use of local protocols between hospitals and disability service providers and will address the relative roles of nursing and support staff during a person's hospital stay.

NSW Health's policy on hospitalisation of people with disability is the Policy Directive: *People with disabilities: responding to their needs during hospitalisation*, revised and reissued in February 2008. This document describes the responsibilities of all staff working in hospitals when caring for people with a disability and provides a framework for the provision of care during hospitalisation.

This policy directive should be used in the development of local policies and procedures relating to improving the care provided to people with disabilities when they are hospitalised and in the review, monitoring and evaluation of Disability Action Plans. The revised policy emphasises the importance of discharge planning, the role of carers, the use of local protocols between hospitals and disability service providers, patient consent and the use of various communication tools to ensure people with a disability have better experiences with health services.

ADHC's policy is *Health Care: Policy and Procedures* which was released in March 2007. The NSW Health policy acknowledges the need to negotiate roles with carers and support people. The NSW Ombudsman has maintained an interest in the development of the protocol as a guideline for the implementation of these policies and ADHC and NSW Health are working collaboratively to ensure both relevant policies are better implemented at the local level.

Support for Carers

The *NSW Carers Action Plan 2007-2012 (CAP)* outlines a whole of government policy commitment to recognising and supporting carers over 5 years. It includes strategies to increase the respect and recognition of carers, reach out to family members who may not see themselves as carers, improve service to carers and the people they care for, encourage agencies to view carers as partners in care and support carers to combine work and caring.

NSW Health has been the lead agency in implementing the CAP since 2007. Nine Non Government Organisations are funded to provide Statewide services to carers, including the peak body, Carers NSW.

In addition Area Health Services have developed Area Health Service Carer Action Plans that demonstrate NSW Health's implementation of the whole of government policy.

Monitoring and evaluation of the CAP has been the responsibility of NSW Health. A key partner in implementing the CAP, ADHC has taken the lead role in addressing the needs of young carers and carers from Aboriginal communities.

ADHC and MHDAAO (NSW Health) Memorandum of Understanding (MOU)

A MOU between ADHC and the Mental Health Drug and Alcohol Office, NSW Health (MHDAAO) is near completion. It has been developed to provide guidance in the provision of services to people with an intellectual disability who also have a mental illness.

The MOU commits the parties to work in cooperation to promote a safe and coordinated system of care. This will occur within a framework of continuous improvement to ensure the effective and efficient delivery of services to meet the needs of individuals with an intellectual disability and a mental illness.

Evidence shows that the prevalence of mental illness in children and adults with an intellectual disability is higher than that of the general population, and that this group often encounter barriers in accessing appropriate and adequate services. This agreement therefore is to facilitate this group in gaining access to services from both agencies if eligible. The overriding principles of this Agreement are that of choice and autonomy for service users.

NSW Health is committed to the MOU to ensure services offered are appropriate to meet individual needs.