

**INQUIRY INTO THE EXERCISE OF THE FUNCTIONS OF
THE LIFETIME CARE AND SUPPORT AUTHORITY AND
LIFETIME CARE AND SUPPORT ADVISORY COUNCIL -
THIRD REVIEW**

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The Director
Standing Committee on Law and Justice
Parliament House
Macquarie Street
SYDNEY NSW 2000

To the Director

Third Review of the Lifetime Care and Support Authority

The Royal Rehabilitation Centre Sydney welcomes the opportunity to provide comment to the Standing Committee on Law and Justice of the Legislative Council in relation to the third review of the Lifetime Care Support Authority (LTCSA) under section 68 of the Motor Accidents (Lifetime Care and Support) Act 2006.

Royal Rehab provides inpatient, out-patient and home based rehabilitation services to clients of the Lifetime Care and Support Scheme (LTCSS), as well as long-term support to a number of LTCSS clients in community housing. Our comments are informed by experiences across this wide service spectrum.

Establishment of the LTCSS

The LTCSS is becoming an increasingly important funder of long term care for people suffering Traumatic Brain Injury, Spinal Cord injury or with complex co-morbidities resulting in significant impairment or disability as the result of a motor vehicle accident. Since its introduction, the expansion and improvement in the LTCSS guidelines, policies, eligibility criteria, models of care, and inter-agency collaboration have been significant and welcomed.

Operational and Transactional Issues

Since the last review, there have been significant improvements in receiving confirmation of approval for eligibility into the LTCSS and a substantial reduction in the administrative issues around invoicing.

New processes and procedures such as the Discharge Service Notification form have allowed for much faster approval of service needs for clients by the LTCSS coordinator, which in turn has improved the timeliness of equipment provision and the arrangement of post-discharge activities and support arrangements.

There have been significant improvements in communication and collegiate planning between coordinators and case managers, resulting in much better client support programs and outcomes.

However, there are still areas of tension which arise over the often conflicting roles and expectations of clinicians and allied health professionals in determining the nature and efficacy of the care and support program in consultation with the client, and the role of the coordinator in facilitating access to such services. These tensions are particularly evident in specialist areas of spinal cord injury care and management. Continued dialogue, education and mutual understanding of roles is to be encouraged by all parties, and the active involvement of service providers in the formulation of policies and guidelines is acknowledged and encouraged.

It is felt also that there is still room for improvement in streamlining or reducing some of the paperwork and forms required to be provided by care and support workers, particularly where this impedes the rapid responses often required in respect to community based clients.

Whilst falling outside the scope of this review, harmonisation of processes and procedures, and clinical guidelines between LTCSS and WorkCover, and other major 3rd party insurers would be most welcomed both from an operational perspective, and from an equity point of view, where clients with comparable impairment or disability receive differing levels of support or equipment depending upon the insurer.

Models of Care

Improvements to the Scheme should be pursued which:-

1. continue to provide active rehabilitation support to home-based or supported accommodation clients after an in-patient phase;
2. pay higher than attendant care rates for clients with complex needs in supported accommodation when staff with higher skills are needed

The LTCSS does not have established means to secure long-term accommodation for clients who cannot return to their former home, and does not have established models for transitional or 'slow to recover' care for clients where in-patient care is no longer available or is ineffective in a client's rehabilitation.

As a consequence, the LTCSSA only has fairly inflexible methods of dealing with slow to recover clients - eg clients with behaviour issues; complex physical needs or health fragility. In situations where NSW Health does not provide services or where established services are no longer adequate (eg where regional TBI services have been allowed to deteriorate due to funding or workforce issues) LTCSSA is not able to source alternative services.

LTCSSA appears to have only rudimentary links with many other State government departments such as Housing and Ageing, Disability and Home Care (ADHC) and few well established links with the large disability services sector. For example, ADHC has extensive systems to work with people with challenging behaviour but there is no evident sharing of expertise between the two agencies.

LTCSSA should be encouraged and empowered to develop alternative models of care, which engage more broadly with existing disability service providers, both government and non-government.

Funding and Payment Arrangements

Royal Rehab strongly supports direct funding and service purchase arrangements between LTCSS and the service providers, together with appropriate audit and reconciliation controls, rather than funding

through Area Health Services in respect to health related services, for reasons of greater transparency and efficiency in the application of funds to LTCSS clients.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'S. Lowndes', written in a cursive style.

Stephen Lowndes
Chief Executive Officer