Submission No 102

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

Organisation:	Maitland City Council
Name:	Ms Mary Dallow
Position:	Community Planning Co-ordinator
Date received:	23/08/2010



Ian West Committee Chair Our Ref.

Your Ref.

Phone Enquiries:

16/8/10

Dear Mr West

Re: Item 11. Inquiry into Ageing, Disability and Home Care Services

The historical and current level of funding and extent of unmet need

Maitland Council participates in the planning process of the local Home and Community Care Forum. The planning process identifies unmet need for the HACC target group and forwards this to relevant government departments. For a number of years the funding levels have been identified as not sufficient. Agency waiting lists or referral rejections are evidence of this unmet need. The inquiry that was undertaken into the Home and Community Care Program in 2007 identified for the ADHC/Home Care Service declined one in four applicants in 03/04. In 2010 applicants are being declined on a regular basis .Please find attached the planning grid of unmet need for Maitland which identified 'respite" as the number one priority.

It is also important to note that many services for younger people with disabilities and frail aged persons through ADHC are dependent on volunteers to provide this service e.g. mows social support, telecross, and respite in home and out of home, peer support. So whilst service types are funded there are many community members who are unable to access the services as there is not a volunteer available to support them. The feedback from agencies is it is now challenging to recruit suitable volunteers who are able to provide the services needed with the funding they receive.

Variations in service delivery, waiting lists and program quality between: - services provided or funded by ADHC

- ADHC Regional Areas

The issue that has been identified by community members is that a service user package of care is not portable between one ADHC region and another. The service user needs to be referred on if they move and once again commences the referral/assessment process if they move from one region to another region. There is no guarantee the service user will receive service let alone the same level or quality of service.

Services funded by ADHC are monitored by ADHC . For example ADHC fund a community based provider for MOWS and ADHC carry out the monitoring of the

Ph: (02) 4934 9700 Fax: (02) 4933 3209 DX21613 Maitland Email: mcc@maitland.nsw.gov.au www.maitland.nsw.gov.au All correspondence should be addressed to: General Manager P.O. Box 220 Maitland NSW 2320 Administration Building 285-287 High Street Maitland NSW 2320 the services as there is not a volunteer available to support them. The feedback from agencies is it is now challenging to recruit suitable volunteers who are able to provide the services needed with the funding they receive.

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Services funded by ADHC are monitored by ADHC. For example ADHC fund a community based provider for MOWS and ADHC carry out the monitoring of the service. Whereas ADHC provided services are monitored by ADHC - how is their process transparent and open and able to ensure service users have an equitable and quality service.

Flexibility in client funding arrangements and client focused service delivery

At present there is no flexibility in client funding arrangements for ADHC services or ADHC funded services. A number of ADHC services are funded by LGA and if a service user relocates 5 kilometres away and it happens to be in another LGA all the services cease and they need to apply in the area they are now residing. There is no guarantee they will receive service or if they do receive service the hours of service can differ.

ADHC services do not have a service user focus when it comes to the service user having input into how they would like their service delivered. For example the Maitland Home Care Service have put parameters on how they will provide their respite service that do not take into account the carer or service user needs. They will only provide respite in the home even though for a number of years they have been taking the service users out to access community facilities whilst the carer has respite at home.

The explanation to the service users and carers can often be related to occupational health and safety. Servicer users are confused as there have been often been no incidences reported. They have not been involved on how they could assist with problem solving any safety risks. It becomes even more confusing as ADHC can fund another provider for example "Temporary Care" who can offer the same service user flexible respite that can be in home or out of

home and the OHS risks are identified and strategies put in place to eliminate or minimise.

There are many examples that could be given. Council feel it is important to note that the constraints agencies put on service provision do not have positive benefits and outcomes for the service users, it does not strengthen and maintain the primary carer relationship with the person they are caring for. Service providers are not consistent with providing flexible and responsive alternatives to the usual care arrangements.

Compliance with Disability Service Standards

Service Providers and service user's interpretations of the standards at times can differ. Whilst service providers policy and procedures documents confirm they are complying there are people with disabilities that would not a agree.

Adequacy of complaint handling, grievance mechanisms and ADHC funded advocacy services.

ADHC services and ADHC funded services have identified complaint handling processes that depend on a service user having literacy skills to be able to lodge the complaint in writing before it will be considered. This is a barrier that prevents many people who they service from commenting.

Service Users have identified that they are concerned they will lose their service if they complain.

Council Recommendations

- That all programs be funded with a unit costing that is benchmarked across the same/similar industry that can enable effective, efficient and quality service provision and meet the demands for their service.
- Government identify a referral intake system that can prioritise referrals that does not require the service user to refer themselves each week for months and months etc until they are accepted for service.
- ADHC developed a priority of access tool that all ADHC and ADHC funded services are required to apply to all new service users and existing service users when capacity has been reached to ensure priority of access on functional ability.
- Service Users to have funding allocated to them after a comprehensive assessment of need. Funding that is portable wherever they choose to live in Australia. This would empower service users to have the opportunity to have input into how they require their support to be provided instead of

service users telling them how and when it will be provided, also ensuring continuity of service.

- That a funding body i.e. ADHC are not service providers and funders of service they should only have one role.
- When service providers decline a service due to occupational health and safety discussion needs to occur with the service user of how the risk can be minimised or eliminated. Written documentation outlining the steps that have been taken in partnership with the service user to reach a safe solution. If no solution can be found for an independent agency to evaluate this information and determine the action plan for the service agency and service user.
- A fees policy be introduced that is across the board and not for individual services that is directed to one bucket of funds. These contributions to be used for service provision when the demands peak e.g. domestic assistance and all providers are at full capacity. These funds could be accessed until the mainstream funded service can accept the service user. This proposed system would reduce waiting lists and time frames for service users to have intervention.

Regards

Mary Dallow Community Planning Co-ordinator Community and Recreation Services

2009/2010 Maitland Home and Community Care Forum Planning Grid of identified unmet need for the HACC Target Group (Frail Older Persons and Younger People with a moderate to severe disability)

UNMET NEED	POPULATION GROUP	LOCALITY (LPA & LGA)	EVIDENCE OF NEED	URGENCY	POSSIBLE RESPONSE	POTENTIAL LEAD AGENCY/PROVIDER
Access to guaranteed long term Flexible Respite Options In-home Out of home (one on one carer) Centre Based (Younger People with a Disability) Social Recreational Host family Out of home/overnight Direct care to be provided by skilled paid workers for Younger People with disabilities, frail older people and people with dementia or a related illness.	HACC Target group i.e. younger people with a disability & frail older people	Maitland	 Home Care Service is capped at 59 hours per client per 4 week period. After 59 hrs client needs to apply for the High Needs Pool which is a maximum of 140hrs. Home Care Service will no longer provide out of home respite to new clients. All new respite allocations are provided in the person's home. Flexible Respite Options at full capacity unable to meet referrals received 21 applications in 09 & only 8 packages available Aged Parents Respite Options received 18 applications & only 7 packages available not recurrent funding. Families must apply each year Host family provided 12,000 hours, still has extensive waiting list. Saturday Fun Club provided 1680 hours, 	Priority ONE	 Recurrent funding for Flexible Respite Options Recurrent funding to access transport 	 Mai Wel Group Lower Hunter Temporary Care (YPWD) Home Care Service (frail aged)

UNMET NEED	POPULATION GROUP	LOCALITY (LPA & LGA)	EVIDENCE OF NEED	URGENCY	POSSIBLE RESPONSE	POTENTIAL LEAD AGENCY/PROVIDER
Access to guaranteed long term Flexible Respite Options (Continued)	HACC Target group i.e. younger people with a disability & frail older people	Maitland	 still has extensive waiting list. i.e. 10 Children 13-17YO service at full capacity & waiting list for each activity. Integrated Vacation Care at full capacity, waiting list for each activity. HVRO has a waiting list families must apply each year. Community Participation clients exiting program and families require respite Residential Respite not available to children under 7yrs Commonwealth Carer Respite emergency (3 days) and short term respite only. Increased fuel costs limits flexibility of respite service Limited respite options for people with physical disabilities Leap Frog Abilities fund short term / one off when other key providers are unable to provide COPS brokerage being used for this 	Priority ONE	 Recurrent funding for Flexible Respite Options Recurrent funding to access transport 	 Mai Wel Group Lower Hunter Temporary Care (YPWD) Home Care Service (frail aged)

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Access to guaranteed long term Flexible Respite Options (Continued)	HACC Target group i.e. younger people with a disability & frail older people	Maitland	 service type Mai Wel provides an unfunded out of home respite facility at the lodge mostly crisis respite. 6 persons where unable to receive respite from July 08 June 09. No nursing home respite beds available in Maitland for frail aged persons. Few Low level respite bed available in Maitland for frail aged persons. 	Priority ONE	 Recurrent funding for Flexible Respite Options Recurrent funding to access transport 	 Mai Wel Group Lower Hunter Temporary Care (YPWD) Home Care Service (frail aged)
Transport Wheelchair accessible vehicles that can accommodate HACC client inclusive bariatric clients. After hours/ evenings/weekends Individual Medical appointments Group activities/social support	HACC Target Group i.e. younger people with disabilities and frail older people and carers	Maitland	 Increasing fuel costs reduces outputs Increased maintenance costs Viability of volunteers continuing with the fuel costs. No bariatric equipment policy and bariatric equipment available Volunteers are now accepting funding for fuel reimbursement due to the increase of fuel costs. Previously they declined reimbursement. Volunteers are not currently asked to provide support to 	Priority	 Recurrent funds Range of flexible options e.g. Expansion of taxi voucher system to meet the need for after hours/evening /weekend. Capital funding for accessible vehicles or increased licensing for additional wheelchair accessible taxis 	 Maitland Community Care Services Volunteers for Palliative Care Inc. Mai Wel Group

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Transport (Continued)	HACC Target Group i.e. younger people with disabilities and frail older people and carers	Maitland	 high need clients. MCCS receive requests to support high needs clients and unable to meet these requests. Volunteer recruitment is challenging due to organizations requirements & volunteers capacity of hours available. Only transport disadvantaged eligible clients can access the MCCS taxi voucher system. Due to fuel costs & driver hours transport support is now only available once a week instead of twice a week for MCCS social outings. Increase from 2006/2007-257, to 2007/2008-388 Increase in referrals for clients with complex needs 	Priority	 Recurrent funds Range of flexible options e.g. Expansion of taxi voucher system to meet the need for after hours/evening /weekend. Capital funding for accessible vehicles or increased licensing for additional wheelchair accessible taxis 	 Maitland Community Care Services Volunteers for Palliative Care Inc. Mai Wel Group
Availability of Assistance with showering, dressing, personal needs i.e. bowel care) 7	HACC Target Group i.e. younger people with disabilities and frail older persons	Maitland	 Home Care Service High Needs Pool hold 480 places, all referrals are scored to the priority needs list and due to needs and 	Priority	Recurrent & one off funding for personal care service provision,	 Home Care Service Southern Cross Community Care Health Other non-

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Availability of Assistance with showering, dressing, personal needs (Continued) days x 24 hours i.e. • High Needs Clients • Younger People with Disabilities • Frail Aged	HACC Target Group i.e. younger people with disabilities and frail older persons	Maitland	 demand may not receive service. Home Care Service clients capped at 59 hours per 4 week period. Home Care does not keep a waiting list so rejected clients are not followed up to identify need. COPS brokerage \$ being used for this type of service. Retaining skilled staff Increased fuel costs HACC Community nurses not available on an ongoing basis when health is assessed as stable. HACC Community nurses provide personal care assistance short term and restricted to prioritisation Southern Cross Community Care HACC nursing is currently at full capacity and has a waiting list Staff declining work due to increased fuel costs / and being offered broken shifts. 	Priority	staff & coordination. • Recurrent funding for travel expenses	government agencies • Hunter New England Area Health Services– HACC Continence nurse for bowel & continence assessment & intervention.

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Availability of Assistance with showering, dressing, personal needs (Continued)	HACC Target Group i.e. younger people with disabilities and frail older persons	Maitland	 Integrated Living Australia have 35 CACP 16 EACH and 1 EACH Dementia clients on waiting list to receive personal care assistance. Calvary Silver Circle have 15 CACP on waiting list that are waiting for personal care support. Clients assessed by ACAT not eligible for CACP are unable to access personal care through HACC because they are at full capacity. 	Priority	 Recurrent & one off funding for personal care service provision, staff & coordination. Recurrent funding for travel expenses 	 Home Care Service Southern Cross Community Care Health Other non- government agencies Hunter New England Area Health Services– HACC Continence nurse for bowel & continence assessment & intervention.
Case Management and Crisis Response Case Management for Younger People with Disabilities and Frail Aged Priority Younger people with disabilities.	HACC Target Group i.e. younger people with disabilities and frail older persons	Maitland	 Maitland COPS waiting list for YPWD DADHC referring for case management for YPWD as at full capacity 	Priority	 Recurrent funding Capital funding 	 Maitland City Council/COPS Project Integrated Living Australia
Social & Recreational Activity Availability of guaranteed coordinated	Younger People With Disabilities, especially high level complex	Maitland	 Waiting list for Mai- Wel Community Access program. Lower Hunter Dementia Options have a 6-8 week 	Priority	 Recurrent funding for coordinator, skilled staff (out of normal office 	 Mai-Wel Group Lower Hunter Temporary Care (LHTC) Maitland Community Care Services

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social Social & Recreational Activity (Continued) • recreational activities provided out of working hours and on the weekend operating 52 weeks per year including transport and food provision • Supported Shopping to enable clients to access nutritional food	 GROUP needs clients with challenging behaviours 16-64 years old HACC Target Group inclusive of high needs clients. i.e. dementia, younger people with disabilities and frail older persons 	(LPA & LGA) Maitland	 waiting list. LHTC: 13-17YO service at near capacity (approx 1800 hours per year) Using paid workers. However disputed service description outputs of 3,600 hours per year using volunteers. COPS funding service types due to waiting lists and not being able to meet client demand. Increased referrals for clients with complex needs please note MCCS volunteers are unable to support this target group. Peers Support is not funded for paid workers, operates with volunteers are unable to meet all client needs with challenging behaviours which results in the HACC client unable to access Peer Support. At capacity 7 on waiting list. Client's hours reduced from 30hrs to min 6hrs. 	Priority	RESPONSE hours), food, & transport provision and equipment • Capital Funding and recurrent funding for access to appropriate vehicles to provide transport for evenings and weekends.	 AGENCY/PROVIDER Lower Hunter Peer Support Lower Hunter Dementia Options Baptist Community Services Members of a consortium Telecross/Australian Red Cross ParaQuad
		<u> </u>	• At times there are up			

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Social Recreational Activities (Continued)	 Younger People With Disabilities, especially high level complex needs clients with challenging behaviours 16-64 years old HACC Target Group inclusive of high needs clients. i.e. dementia, younger people with disabilities and frail older persons 	Maitland	 to 22 clients on waiting list for an activity with Peer Support. MCCS waiting list (5) for shopping assistance. MCCS Social Support referrals have increased from 20 on 2006/2007 to 33 in 2007/2008. Para quad Life Choices Day Program and Active Aging places in the Hunter have been taken up. Mai-Wel had number of referrals who did not receive funding because they were not considered a priority. ACAT commented when a HACC client becomes high level they are refused access to programs or exited from current program due to staff skills and staff resources. 	Priority	 Recurrent funding for coordinator, skilled staff (out of normal office hours), food, & transport provision and equipment Capital Funding and recurrent funding for access to appropriate vehicles to provide transport for evenings and weekends. 	 Lower Hunter Peer Support Lower Hunter Dementia Options Baptist Community Services Members of a consortium Telecross/Australian Red Cross ParaQuad
Home Maintenance There is a need for the following services that are currently not	HACC Target Group i.e. younger people with disabilities and frail older	Maitland	Home Care has reduced the service due i.e when a client is exited the service is not offered as Home	Priority	 Recurrent funding Capital Funding 	 Home Maintenance & Modifications Other non government agencies

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 provided Home Maintenance (Continued) cleaning windows and curtains cleaning gutters at a high level Regular lawn mowing Unable to source contractors for lawn mowing 	people HACC Target Group i.e. younger people with disabilities and frail older people	Maitland	 Maintenance Service have been funded for this service type. Home Care Service does not clean windows or wash curtains High level gutters client is asked to pay full cost of service for financial disadvantaged clients this is a barrier 120 clients waiting for various works most requests have been rejected for windows blinds etc. 	Priority	 Recurrent funding Capital Funding 	 Home Maintenance & Modifications Other non government agencies
Strengthen the single point of Entry to services that includes younger people with disabilities and frail aged (Note: 65+ have access to information through ACAT the current assessment tool being used by the CCAP is lacking for YPWD.	HACC Target Group	Maitland	 Clients confused as to how to access services. Carelink only give out phone numbers do not refer the client to the Service provider unless the person has no carer then Carelink will do the referral. DADHC Community Care Access Point Demonstration Project established since March 08. ACAT commented that when the Hunter Access Point are unable to source 	Priority	• Recurrent for coordination and assessment	 Maitland City Council Carelink

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Single Point of Entry to services (Continued)	HACC Target Group	Maitland	 service support required for clients they are referring to ACAT for ACCR when the client is not eligible. Miscommunication of information i.e. ACAT are not referring referrals for clients as access point are assuming the clients have already made contact. 	Priority	 Recurrent for coordination and assessment 	 Maitland City Council Carelink
 Food Services Responsibility to educate clients on Food Preparation Shopping Services Education of Care Workers to identify nutritional risks and healthy food choices Assisted shopping & Meal Preparation & support for Clients who have special needs whilst they complete their meal to ensure 	HACC Target Group i.e. younger people with disabilities , frail older people	Maitland	 Home Care Service will only reheat a pre prepared meal. MOWS resources limited to address need. MOWS only able to provide chilled meals Healthy Shopping Service Program not available regularly COPS using brokerage dollars to support clients to ensure nutrition needs recommended by Dietician are being met. Benhome CACP has 23 clients on waiting list to receive a CACP package that require meal preparation 	Priority	 Recurrent Funds Capital Funding Recurrent funding for education 	 Meals On Wheels Maitland Community Care Services Integrated living Australia- Dementia Specific Home Care Service Lower Hunter Dementia Options Mai Wel Group

UNMET NEED	POPULATION GROUP	LOCALITY (LPA & LGA)	EVIDENCE OF NEED	URGENCY	POSSIBLE RESPONSE	POTENTIAL LEAD AGENCY/PROVIDER
nutritional needs are Food Services (Continued) being met. Appropriate Meal Provision for People of Culturally and Linguistically Diverse backgrounds	HACC Target Group i.e. younger people with disabilities , frail older people	Maitland	 support. No follow up by Meals on Wheels Program whether the client has eaten the meal and did this meal get spread over lunch and dinner. 	Priority	 Recurrent Funds Capital Funding Recurrent funding for education 	 Meals On Wheels Maitland Community Care Services Integrated living Australia- Dementia Specific Home Care Service Lower Hunter Dementia Options Mai Wel Group
Co-ordination, Information, emotional support and Counselling for specific illness groups	 HACC target group i.e. younger people with a disability and frail older persons and their carers Inclusive of MS, ME/CFS support groups 	Maitland	 Groups closing (stroke, ME/CFS) due to exhausted volunteers. Coalfield Stroke Club at Kurri Kurri supporting Maitland members. Lack of resources information specific to requirements Commonwealth Carers Respite Centre is restricted to providing support to carers only. Younger children with a disability at school with limited access to support, especially children with autism spectrum disorder and behaviour problems. Disability Advocacy NSW Waiting list- timeframes approx; 	Priority	 Recurrent funding Promote the Commonwealth Carelink Promote the Commonwealth Carer Respite Centre to support group/carers Promote Educare – Hunter New England Health Centre Based Day Care – linking client carers to established identified care support groups 	 Commonwealth Carers Respite Centre/Carelink Educare – Hunter New England Health HACC Development Officer Respite Volunteers for Palliative Care in Maitland e.g. Volunteers for Palliative Care Inc. Disability Advocacy NSW Inc.

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	· ···· ··· ····		2 weeks.			
Recruitment of Volunteers requires resources to conduct training, the amount of information that volunteers require due to legislation and the impact this has on systems and the ongoing costs of volunteers re imbursement costs.	HACC Target Group	Maitland	 Lack of volunteer registration Host family respite volunteers unable to be sourced. 	Priority	• Recurrent funding	Multiple local agencies
Community Nursing Provided 7 days a week • Monitor Medication • BSL assistance • Monitor Insulin • Injections • Long term nursing support	HACC Target Group	Maitland	 COPS using brokerage for nursing tasks Increase in referrals to the HNEH community nursing service has led to an increase in occasions of service by 1,062 from 2008 to 2009 A waiting list of 3 months for service from the continence nurse. Occasions of service for continence nurse increased from 2008 to 2009 by 71. No availability of nurses to carry out Medication monitoring as a stand alone 	Priority	• Recurrent Funding	 Hunter New England Health Southern Cross Community Health

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UNMET NEED	POPULATION GROUP	LOCALITY (LPA & LGA)	EVIDENCE OF NEED	URGENCY	POSSIBLE RESPONSE	POTENTIAL LEAD AGENCY/PROVIDER
			ongoing service.			
Occupational Therapist	HACC Target Group i.e. younger people with a disability and frail older persons	Maitland	 12 week wait for a generalist OT assessment Level 1 & 2 there is a 12 week wait for assessment for home modifications. 6-8 weeks wait for the Home Care Service 	Priority	 Recurrent funding Capital funding 	 Hunter New England Area Health Home Maintenance & Modifications
Podiatry Clinic/service s for health care card holders (Bench Mark: 1 service/4-6 weeks)	HACC Target group i.e. younger people with disabilities and frail older people	Maitland	 Currently clients only receiving podiatry services three times a year. Waiting list for foot clinic is 2 months. Occasions of service have increased in the clinics from 2008 to 2009 by 33. Foot care & education clinic have a 8 week waiting period Primary care plan vouchers being accessed. 	Priority	Recurrent funding	 Hunter New England Area Health Integrated Living Australia
Physiotherapist	HACC Target group i.e. younger people with	Maitland	 COPS using brokerage dollars for physiotherapy Hospital 	Priority	 Recurrent funding Capital funding for a vehicle 	Hunter New England Area Health

UNMET NEED	POPULATION GROUP	LOCALITY (LPA & LGA)	EVIDENCE OF NEED	URGENCY	POSSIBLE RESPONSE	POTENTIAL LEAD AGENCY/PROVIDER
Physiotherapist Continued	disabilities and frail older people HACC Target group i.e. younger people with disabilities and frail older people	Maitland	 physiotherapist unable to carry out home visits No HACC position in Maitland. Exists in Port Stephens and Lake Macquarie ACAT being approached to fill gap and undertake mobility reviews by GPs. 	Priority	 Recurrent funding Capital funding for a vehicle 	• Hunter New England Area Health
Speech Therapy	HACC Target group i.e. younger people with disabilities and frail older people	Maitland	 Waiting list at hospital approximately 6 -8 weeks. Not able to carry out home visits. 	Priority	 Recurrent funding Capital funding 	Hunter New England Area Health
Access to ongoing aids that meet the individual client needs i.e. pads	HACC Target Group i.e. younger people with disabilities and frail older people	Maitland	 PADP waiting list Allocation does not meet need of client e.g. 30 pads per month and client require 60 pads per month. Health at risk Flexibility of suppliers does not apply to all clients. 	Priority	Recurrent funding	• Hunter New England Area Health

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 Dietetics O.8% of a full time position dietician working in the community, 75% of clinical work is HACC clients, Dietetics unable to service more due to her primary care activities. – 30 hrs/week 	HACC Target group i.e. younger people with disabilities and frail older people	Maitland	 The Lower Hunter cluster HACC Dietetic Service has >5 weeks in all LGAs with Maitland LGA having the greatest waiting time (6 -7 weeks & the greatest clientele number. Approx 90% of the Maitland LGA are being referred fro nutrition support for the prevention & treatment of malnutrition. A 6-7 week waiting time for these clients further heightens the degree of malnutrition along with additional co morbidities, hence increasing the chance of hospitalisation. 	Priority	 Recurrent funding Capital funding Transport funding to access service Recurrent funding for 1.4 full time Dietician and a vehicle HACC Providers to provide ongoing education and also nutritional training for care workers 	• Hunter New England Health
Domestic Assistance	HACC Target group	Maitland	 12 people on the waiting list at all times. Declining clients every 2nd day from Hunter Access Point because they are at full 	Priority	Recurrent Funding	MCCSHome Care Service

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			capacity.			

New Funding 2009-2010

- NSW COPS has received funding for Episodic Case Management for June 2009-June 2010 this will be offered to Maitland COPS and Intergrated Living Dementia COPS which covers Maitland LGA.
- Mai Wel Funding for Leisure Links for social activities for group activities and one on one. Funding will be available for 3 years. Funding was for 10 packages, <u>already at full capacity</u>.
- Lower Hunter Temporary Care received funding Ascare, Teen Time \$100, 800.00 pa After school care/vacation care High School age students with a disability who have Parents working/studying
- Disability Advocacy NSW Inc recurrent funding and one off funding for 3 new advocates for the Hunter and Great Lakes LGA's,
- ParaQuad recurrent funding received for Life Choices Program 25-54 years and Active Ageing 55-64 years. All referrals go through ADHC. ADHC will keep the waiting list.
- Funding received from the Cancer Council to MCCS for transport when a client is unable to schedule into existing timetable. The client is not within the target group of transport and is not well enough to travel with others
- Red Cross currently has additional funding to increase capacity of Telecross in all Hunter LGAs.