

July 28, 2004

The Secretary
Senate Community Affairs References Committee
Suite S1 59
Parliament House
CANBERRA ACT 2600

Dear Sir/Madam

RE:
Submission to the Senate Community Affairs References Committee
Inquiry into Aged Care

This is Lismore City Council's Community Services' submission to the above Inquiry. I would like to respond to items (d) and (e). In the context of this I need to provide some background information to you.

As the Northern Rivers region two years ago (Feb. to July 2002) we undertook a consultation process to ascertain the top five social and community needs in each of the Local Government Areas in the Northern Rivers and then to determine the top five issues for the region. In order to do this we held consultations with each of the Interagency groups and in Lismore this included the Older Person's Interagency and the Disability Interagency. We asked groups to name the issue, say whether it was a local or regional issue and then to provide ideas for solutions/actions. The information from these were presented and discussed at a Lismore meeting of the Community Services sector to finalise the top five issues for the Lismore LGA.

From the Older Person's Interagency in May 2002 the following relevant issues emerged in the top five issues:

2. Dispersed Rural Area

This area has huge distances to cover. Lismore LGA is one of the most rurally dispersed councils in NSW. There is no public bus transportation system here. It is all private. The biggest group for transport by Northern Rivers Community Transport (NRCT) is specialist surgery away from Lismore (eg. Gold Coast, Tweed, Brisbane). Even if they are a HACC client NRCT doesn't have a budget to do this. There is a real need between medical and social needs for transport. Even if there is a service locally, people are unable to access it due to lack of transport.

It is a local and regional issue.

The stated solution was: *Services either have to have outreach to communities, or provide efficient, flexible transport to their service. For example Dept. of Veteran's Affairs pays 85% of transport costs for their clients.*

More transport dollars for services.

More outreach of services to outlying areas

3. Home Care. The issue is that funding continues to diminish despite a growing client group. It is a local and regional issue. The stated solution was *for funding to be provided, rather than diminished*.

5. Need for Low Level Support

Increasing need for low level support for people who are staying in their own home up to CACP level. More and more need for case management of these people. No organisation does this. Desperate! Sometimes the Dr. will case manage. ACAT has a case management brief, but they are not funded, have no time. COPS has this brief as well, with the same issues. It is a local and regional issue.

The stated solution was *Protocols developed that the service people are accessing the most becomes the defacto case manager. They might have to lobby for funds to do this.*

Extend the COPS service model beyond high need for people with low level need. (COPS gets calls all the time for this).

From the Disability Interagency in April 2002 the following emerged in the top five issues:

4. Services are working at capacity. There are no growth funds. The gaps have been filled, but it is the capacity of the services that is at issue. Numbers of people with disability are growing. When creating new services (rather than adding to existing services) there is a need for new committees and there is duplication. The suppressed needs are no longer being identified as the issue is about the changes to the methodology in receiving and keeping requests for services. Once the service is full services don't keep a waiting list, therefore it appears that there isn't one. When, in fact, there is now no ability to know how many people aren't receiving service in order to argue for more funds for service.

It is a local and regional issue.

The stated solution was *Rather than creating new services, existing services need to have funding increased to recognise the growth in their service. Need to be proactive, rather than reactive. The HACC round 17 did have growth funding and worked well. It did meet the needs of services.*

5. Ageing Parents with Children with a disability

It is a local and regional issue.

The stated solution was that *SAS funds should be permanent, not short-term. Some people think that SAS is the whole answer but it isn't. Be proactive, so that people/services do not hit rock bottom. Give \$ to existing services.*

6. Lack of independent Aboriginal HACC services in the Far North Coast. The other issue is that if funds were found for a service a model would need to be found that will work across the region with different communities.

It is a regional issue.

The stated solution was that Support, and development of current Independent (Non-Government Organisation) Aboriginal services with a view to expanding their organisation objectives into HACC service provision and to Develop a new Aboriginal HACC service

The above is in response to the terms of reference below.

(d) the adequacy of Home and Community Care programs in meeting the current and projected needs of the elderly

As a member of the Richmond Valley Interagency this issue has been raised at meetings throughout the past few years as funds to HACC have been declining in

terms of real growth. Attached is a letter that was sent a few years ago with regard to this issue. Rather than repeating it here it is attached.

(e) the effectiveness of current arrangements for the transition of the elderly from acute hospital settings or back to the community.

As a member of the Richmond Valley Interagency this issue has been raised at meetings throughout the years. There is a short-term pilot project in this area that is currently underway. However, funds are for the short term and do not resolve the issue in the short term. The problem with discharging patients from the hospital is that, with next to no public transport, people are reliant on being taken home by family or friends. This isn't always feasible. There are many Older persons, lone person households in the Lismore Local Government Area. The Tweed Byron Ballina Community Transport has closed its books to new clients. The Northern Rivers Community Transport is looking to do the same soon as they cannot service any new demands. Lismore is a very decentralised, rurally dispersed council area. Public Transport does not exist outside of the city area. What we call public transport isn't public transport as in the city, eg. state run bus services.

If you have any inquiries regarding this or would like anything clarified please call me on 02 6625 0547.

Regards

Tricia Shantz
Community Project Officer

April 18, 2000

State Minister for Aged Care
Faye Lo Po
Parliament House
SYDNEY 2000

Dear Mrs. Lo Po

RE: Changes to Home Care

At the recent Lismore Interagency of Older Persons (the peak body) the proposed changes to Home Care, re: the centralised referral and assessment centre to be located at Parramatta, were discussed.

While our group acknowledges that all organisations are subject for review and accountability processes, the following points of concern were raised and the group would like to point out the following issues, which we believe will compromise access for consumers of Home Care.

- Centralising the referral point in a metropolitan setting will remove immediate, local access contact, and diminish the strengths that local rural networks have in responding promptly to local consumer needs.
- Staff located in a metropolitan area will not have the knowledge of local issues, local services or rural and remote issues, with regard to the management of decision making of deployment of resources across large geographic areas with sparse population settlement patterns. In addition rural people face cross regional issues when accessing direct services, for example a family living in a town that gets assessed to receive a service from Home Care in one region but is in fact geographically much closer to another region's Home Care Service. This can lead to a waste of resources ie. Travel by staff, and assessment from Parramatta is unlikely to be aware of these rural issues.
- There are cultural issues for the client groups of Home Care in contacting 1800 numbers when consumers are aware the person receiving the call is not located in a rural setting to where they live. Older people in particular will be placed in a more vulnerable position as they are hesitant to contact 1800 numbers away from their communities and prefer and need a personal contact, this is part of the culture of rural communities.

- There is concern over how the number of assessors was determined on a formula that was implemented at a time when Home Care in this region is already only meeting 23% of the need. Having two (2) Assessors for the region we are concerned for Occupational Health & Safety issues relating to the Assessors in regards to lengthy travel, and responding to need across the breadth of the region.
- This small number of Assessors will inevitably lead to delays in the response to referrals. And, given that many referrals are made to Home Care at a point of crisis we are concerned that the vulnerability of people will be increased and the access to service will be compromised. Home Care has been, to date, in many rural areas, the only service that consumers can access. This is particularly crucial given the shortage of rural General Practitioners and limited or no other social care and support infrastructure.
- It will become discriminatory if people who are geographically isolated are refused assessment because services are not available. Again, this will increase the vulnerability of people in rural areas and especially in our remote areas.

In summary the Lismore Older Person's Interagency have great concerns in relation to Home Care changes and seek a prompt response to these issues expressed above.

Yours Faithfully

Tricia Shantz
On behalf of the Lismore Older Person's Interagency