# **Submission to Senate Community Affairs References Committee**

Inquiry into Aged Care



### **INTRODUCTION**

Following please find Ashfield Council's submission to the Senate Community Affairs Reference Committee Inquiry into Aged Care. The submission relates specifically to Section D of the Terms of Reference and is in two parts. Part One discusses issues relating to Health Related Transport and Part Two relates to the Home Care Service of NSW.

### PART ONE: HEALTH RELATED TRANSPORT

Health Related Transport (HRT) has been identified as a need in Ashfield Council's Social Plan and Home and Community Care (HACC) Planning Rounds 18 & 19. Further to this Ashfield Council's Community Services staff have receive anecdotal evidence via telephone or in person from HACC clients and service providers. As such, Ashfield Council staff have great concern about the inability of clients in the Ashfield local government area (LGA) and Inner West region of Sydney to access HRT.

In 1999 funding for the HRT service was \$25,000. In 2001 it was \$15,729 and subsequently remained at this level, increasing only by CPI. Due to the decision by NSW Department of Health to reduce funding, HRT has been reduced from three days to one (every Friday). Thus, residents of the Ashfield Council Local Government Area (LGA) can be transported to medical appointments only if they are on a Friday and booked well in advance. Feedback from HACC services in other regions is that this level of HRT funding seems very low.

#### WHY IS THIS A PROBLEM?

- With three days of service now collapsed into one the current HRT service is not meeting demand. Inner West Community Transport (IWCT) advised that in the past financial year approximately 40 people have been unable to receive the service.
- The HRT service is limited as the service provides transport only to the clinics at Concord Hospital. Hospitals such as Royal Prince Alfred (RPA) and Balmain Hospital are not included in the current HRT service. This is restrictive, as a person with complex needs may need to access different specialist services & clinics located at such hospitals.
- A one-day per week service impedes treatment for people requiring physiotherapy and/or other rehabilitation services. Clients may not be able to attend their second day of treatment, as it is difficult to get there. This results in a longer recovery period.
- Clients who require chemotherapy or dialysis treatment are not currently accommodated by IWCT, thus raising the issue of how such people are getting to hospitals to receive their treatment (unmet need?).

 Social Workers from RPA are often in contact with IWCT requesting transport assistance other than health related. This indicates a wider gap in community transport services generally.

### **EVIDENCE OF NEED**

### Ashfield Council Social Plan

In 1999 Ashfield Council conducted a number of public forums with people over 60 and local HACC service providers. Discussion focused on the lack of accessible community transport for health related visits to and from clinics and hospitals.

### Round 18, 19 & 20 HACC Planning Process

In the past three HACC Planning Rounds for the Inner West region of Sydney, HRT was identified as an unmet need. Issues raised were:

- Health Related Transport needs extension of funding and drive time hours.
- Health Related Transport experiences demand to hospitals other than just Concord (current funding only allows Concord Hospital)
- External pressures eg growth, ageing of population, providing service to people from a culturally and linguistically diverse communities.

#### Inner West Community Transport

Staff from IWCT have previously reported the above circumstances to representatives from Central Sydney Area Health Service (CSAHS), including the General Manager of Balmain Hospital. This indicates the issues are not new and previous attempts have been made to resolve them.

#### Ageing Population

Data recently distributed by the Australian Bureau of Statistics indicate that the population of the Ashfield LGA is ageing. In 1991, the median age was 34 years while in 2001 it is 37 years. As such, the need for HRT will only increase from current demand as people age and require HACC services to support them remain in their home and prevent early admission to an aged care facility.

### **URGENCY / IMPACT**

- The issue is an urgent one. Ashfield Council regularly receives calls from people who require transport to Royal Prince Alfred Hospital for chemotherapy or dialysis. These are certainly immediate concerns for people who cannot wait weeks to receive a service.
- As specialist appointments are often booked months in advance, notification of future funding agreements will need to happen well before the end of each financial year.
- To meet the demand for HRT, the individual transport service is often booked for medical appointments, leaving clients who need individual transport to visit a friend or other personal matter without a service.

### **POPULATION GROUP**

- Older people, particularly people who are frail aged
- People with disability
- Carers

### **SPECIAL NEEDS GROUP**

- People with dementia
- People from CALD communities
- Aboriginal and Torres Strait Islander people

### **LOCATION**

This report is based on the Ashfield Council LGA.

### **POSSIBLE RESPONSE**

- The NSW Department of Health must provide IWCT with more realistic funding to operate a <u>minimum</u> service of 3 days per week in the HACC Inner West Planning Region, including the Ashfield Council area.
- Such an increase in funding should be in accordance with the consumer price index and include GST.
- The increased funding must be recurrent.
- IWCT must receive early notification of any increase in funding, as time is needed for service planning.
- The funding must be paid to IWCT at the beginning of each funding agreement.
   Previously payments have been received some months after the agreement was signed.

#### **HOW DO WE ACHIEVE THE ABOVE?**

 It is suggested that representatives from the Department of Ageing, Disability & Home Care (DADHC) begin immediate negotiations with representatives from New South Wales Department of Health to advocate for increased funding for HRT.

#### PART TWO: HOME CARE SERVICE OF NSW

Home Care Service of NSW is a service in high demand and currently unable to guarantee a service to new clients. This is partly linked to funding, as staffing levels are inadequate to meet the current demands on the service.

Following please find Ashfield Council's submission to the Senate Community Affairs Reference Committee Inquiry into Aged Care. The submission relates specifically to Section D of the Terms of Reference.

## WHAT IS THE PROBLEM?

It is our understanding that only new clients who are deemed "at risk" will receive an assessment and follow up service (eg. someone who is unable to prepare their own meals). New clients deemed "not at risk" are not guaranteed an appropriate support service and left to manage alone. This is poor preventative practice as without such support services clients could be likely to deteriorate quickly and soon be considered "at risk". Furthermore, what is the criteria being used to determine if a client is "at risk".

Should a person's circumstances change, there may be a need for a new assessment and possible increase in service support hours. However, due to current constraints, Home Care Service of NSW cannot guarantee clients will receive a service review and increase in support.

Information received by Ashfield Council is that Home Care Service of NSW waiting lists are kept only a few months and then deleted, leaving people unaware of this and without a service. Furthermore, if a client requires more than 16hrs service per week there is a two-year "waiting period".

It is understood that Home Care Service of NSW does not provide services to people with intermittent needs, such as short-term illness or post hospital discharge.

#### **EVIDENCE OF NEED**

#### Ashfield Council Social Plan

In 1999 Ashfield Council conducted a number of public forums with people over 60 and local Home and Community Care (HACC) service providers. Discussion focused on the need for increased Home Care Service of NSW support services to support people to remain in their homes at a decent standard.

### **Home and Community Care Planning Process**

In Rounds 18, 19 and 20 of the Home and Community Care planning process, lengthy waiting lists for Home Care Service of NSW were identified in the Ashfield local government area (LGA) and Inner West region of Sydney.

### **Ageing Population**

Data recently distributed by the Australian Bureau of Statistics indicate that the population of the Ashfield LGA is ageing. In 1991, the median age was 34 years while in 2001 it is 37 years. As such, the need for Home Care Service of NSW will only increase from current demand as people age and require support to remain in their home and prevent early admission to an aged care facility.

### **URGENCY / IMPACT**

• The issue is an urgent one. Ashfield Council regularly receives calls from people who require services from Home Care Service of NSW. A recent example is a 90 year-old woman living in Ashfield whose Carer died suddenly. Advice received by Council staff was that an assessment for service would take some weeks. Advice was given that an admission to hospital could result in faster access to HACC services, such as those from Home Care Service of NSW, than if the resident were referred via the central intake process. This seems an extreme measure to have to be admitted into hospital in order to avoid waiting weeks for an assessment and then for service to begin.

### **POPULATION GROUP**

- Older people, particularly people who are frail aged
- People with disability
- Carers of people who are frail aged and/or with a disability

#### **SPECIAL NEEDS GROUP**

- People with dementia
- People from culturally and linguistically diverse communities
- Aboriginal and Torres Strait Islander communities

#### **LOCATION**

This report is based on the Ashfield Council LGA.

### **POSSIBLE RESPONSE**

#### General

In accordance with previous budget recommendations of the NSW Aged Care Alliance we suggest:

- A 20% increase in funding for Home Care Service of NSW across NSW as an initial re-injection to enable a more appropriate level of care to be offered to existing clients.
- Maintenance of sufficient growth funds to match future growth in demand for services of at least 6% per annum.

# **Inner West specific**

- Increase funding for Home Care Service of NSW Inner West Metropolitan
  Branch to recruit additional direct service and administration staff to adequately
  meet the need of constituents living in the Electorate of Lowe with complex care
  needs.
- Increase funding for Home Care service of NSW Inner West Metropolitan
  Branch for constituents deemed "not at risk" but still requiring some at-home
  services to support their living at home and prevent admission to an aged
  care facility.

## **Enquiries:**

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