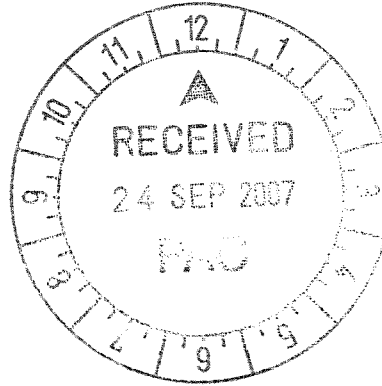




MINISTER FOR AGEING AND
MINISTER FOR DISABILITY SERVICES

Ref No. D07/1635

Mr Paul McLeay MP
Chair
Public Accounts Committee
Legislative Assembly
Parliament of New South Wales
Macquarie Street
SYDNEY NSW 2000



Dear Mr McLeay *Paul,*

I refer to correspondence from the former Chair of the Public Accounts Committee, Ms Noreen Hay MP, on 16 January 2007 inviting a response to the recommendations of the Committee's report titled *Inquiry into the Home and Community Care (HACC) Program*.

The report provided a useful review of the HACC Program and highlighted some of the challenges faced within the program, particularly in relation to funding and administrative issues. Since the tabling of the report, continued efforts have been made to address key areas of concern, work has already commenced on a number of recommendations in the report and significant progress has been made to date.

The renegotiation of the new HACC Agreement has been finalised and the new Agreement was signed by New South Wales on 27 February 2007 and counter-signed by the Commonwealth on 21 May 2007. The new Agreement will provide an improved framework and streamlined arrangements to better support delivery of HACC services in New South Wales. Key areas of improvement include the introduction of:

- triennial planning which will allow for comprehensive and evidence based planning and will greatly reduce annual levels of underspend;
- key performance indicators which will allow a stronger focus on results;
- simplified administrative arrangements and business processes, with earlier annual timeframes to enable timeliness of funds allocation to service providers; and
- clarification to the roles of the Commonwealth and State/Territory Governments to better support a collaborative approach to decision making and implementation of improvements in the program.

Please find enclosed a response to the recommendations in the Committee's report, prepared by the Department of Ageing, Disability and Home Care. This also includes input from the NSW Department of Health.

I trust this information is of assistance.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Kristina Keneally', written in a cursive style.

The Hon. Kristina Keneally MP

Encl.

21 SEP 2007

Recommendation 1

While the Committee is pleased to acknowledge the significant efforts of the NSW and Commonwealth Governments in expediting approval of the State Annual Plan for HACC, and welcomes the move toward a triennial planning and funding cycle under a new HACC agreement, it recommends that both parties retain a strong focus upon implementation of the Triennial HACC Plan as a matter of urgency to provide stakeholders with assurance and the community at large with confidence in a well-managed program that will meet its needs in the future.

The HACC Review Agreement was signed by the former Minister for Ageing on 27 February 2007 and the Commonwealth Minister for Ageing on 21 May 2007. Transition planning arrangements have been agreed to allow an early focus on the implementation of the Triennial Plan. The first triennium covers the period 2008-2011 with 2007/08 being the transition year.

The Triennial Plan will cover both whole-of-state and specific regional issues to set out a clear plan for total HACC Program funds. As well as a focus on strategic direction and priorities, the plan will cover planned outputs and funding, by region, including details on base and expected growth funding. Planning for the implementation of new arrangements is well underway to ensure a smooth transition in NSW. Regional Planning teams from across the state have met to discuss arrangements for the three-year planning cycle. Planning for the Triennial Plan will occur from July 2007 to March 2008.

Recommendation 2

That

- (a) in the process of responding to the Commonwealth Community Care Reforms and renegotiating the new HACC Agreement, the NSW Government work together with the Commonwealth Government and in consultation and partnership with HACC service providers and consumers to shift the focus for the HACC program from that of inputs and outputs to one of articulated outcomes for consumers; and***
- (b) that the HACC program be structured with appropriate benchmarks, measures of progress and improved flexibility for the allocation of funding to achieve these outcomes.***

The shift to an outcomes focus for the HACC Program is likely to occur over a medium to long term timeframe.

Under the HACC Review Agreement, Key Performance Indicators (KPIs) are being introduced for the first time for the HACC Program which will allow a stronger focus on results. Over time this information will assist in the development of benchmarks. The aim is to achieve a KPI framework that is outputs/outcomes focussed including the development over time of appropriate benchmarks, so as to encourage the use of best practice and ultimately improve the effectiveness and efficiency of the program. Seven KPIs are detailed in the Schedule to the Agreement as a starting point, five to be reported from 2007/08 and a further two to be reported from 2008/09. There is

also a commitment for the Commonwealth and States and Territories to work together, through the HACC Officials forum, to develop and refine additional strategic and outcome-focussed KPIs.

States and Territories will be required to report to the Commonwealth on KPIs in the HACC Business Report. State and Territory performance against the KPIs will then be included in the Commonwealth's consolidated annual report. It is intended that the reporting of performance information against the KPIs will improve the evaluation, planning and accountability of the HACC Program.

Recommendation 3

That the NSW Government continue to work together with the Commonwealth to develop a more robust and reliable methodology for estimating the HACC target population, including projections of growth. This should be applied expeditiously.

A program of work to explore an improved methodology for the measurement of the HACC target population has been agreed nationally. In the short term the current approach will still be used.

It should be noted that from 2005/06, the Commonwealth has made an ongoing adjustment in recognition of the significant variation in the estimation of the HACC target population in moving from the 1998 to 2003 ABS Survey of Disability, Ageing and Carers (SDAC). In order to reduce the variation in the estimates of the HACC target population based on SDAC 2003, the Commonwealth has applied the average disability rates from SDAC 1993, 1998 and 2003 (average rate methodology). The Commonwealth has advised that it will use the average rate methodology until 2008/09, at which point data from the 2006 Census disability module will be used to improve the estimation of the HACC target population.

Recommendation 4

That the NSW Government seek financial compensation from the Commonwealth Government to address the HACC funding shortfall generated as a result of the 2005 statistical anomaly.

This recommendation is not supported due to difficulties in implementation and alternative processes being in place.

As noted in the response to Recommendation 3, from 2005/06 an ongoing adjustment was made to NSW's allocation. Financial compensation from the Commonwealth would be sourced from the reallocation of the existing program budget and is unlikely to be supported nationally.

Recommendation 5

That the NSW Government propose to the Commonwealth Government that processes for joint administration of the HACC program be articulated and agreed, including targeted timeframes for the approval and public reporting through the announcement of HACC plans and the subsequent discharge of grants.

The HACC Review Agreement and revised Program Management Manual provide clear mechanisms for joint administration of the program and agreement on the strategic direction, priorities and allocation of funds. The HACC Review Agreement makes provision for timetables and release processes which will significantly improve performance. Regular liaison between the Department of Ageing, Disability and Home Care and the Department of Health and Ageing will be undertaken throughout the development of the Triennial Plan which will assist in avoiding any potential delays in approval processes.

Recommendation 6

That the NSW and Commonwealth Governments, in consultation and partnership with stakeholders, discuss and agree a method for disbursing unspent HACC funds in order that these can be efficiently and appropriately applied to identify and address consumer needs.

The introduction of triennial planning will greatly reduce annual levels of underspending in the program. Non-recurrent funds are generated when funds that are committed recurrently on a full year basis have a part year effect in the first year. The proposed timetable and release processes will reduce the part year effect and hence the availability of unspent funds in the triennium.

The Department of Ageing, Disability and Home Care will collaboratively develop the NSW HACC Program priorities for 2008-2011 which will provide a broad framework for the development of regional priorities and strategies over the triennium. The Department's Regional Planning process identifies present and emerging local priorities, areas of demand and gaps in service provision based on extensive consultation and data analysis.

While there is benefit in having an agreed set of priorities for any unspent or unallocated funds, such as capital purposes, it is also important to maintain some flexibility.

The existing planning process includes provision to jointly plan for funds which have not been spent in the current year or previous years. Improved approval processes will make this a more effective mechanism to gain joint approval for the allocation of unspent funds.

Recommendation 7

That the Department of Disability, Ageing and Home Care

- (a) proceed with investment in the electronic lodgement of funding acquittals for HACC program funds, encouraging voluntary lodgement by service providers and offering support and encouragement for the option, with offers of software packages, training and telephone support to service providers; and**
- (b) investigate ways of providing additional support for electronic lodgement of acquittals to service providers wishing to lodge acquittals electronically but not currently having the systems capacity to do so.**

It should be noted that the vast majority of HACC services already have the capacity for electronic lodgement of acquittals. The Department of Ageing, Disability and Home Care is implementing a range of IT improvements that will progressively enable it to move to an e-reporting environment.

The Department is working with other human service agencies to investigate ways of simplifying and streamlining the reporting requirements for service providers across a range of areas. This includes cross-agency work to standardise financial reporting and streamline administrative processes.

As part of the work to simplify and streamline reporting, the Department is currently building a service provider portal. This platform will enable work to be undertaken on an e-reporting environment. Initial development of the portal will focus on improving providers' usage of a web portal by sharing information and communication.

The financial reporting process including acquittals, which is one component of the Integrated Monitoring Framework, is also being reviewed to make it a more effective part of this broader quality, accountability and reporting framework. The outcome of this work will address training, ongoing support and IT requirements.

The Department has been assisting service providers to move to an e-reporting environment over the past few years. Computers and an internet connection to all HACC service providers without this functionality were provided at the time of implementation of the HACC Minimum Data Set (MDS) collection. The Department also provided free software, training and assistance including telephone support to enable all services to meet their MDS reporting obligations electronically.

Recommendation 8

That the NSW Government develop more effective processes and structures for dialogue, including information-sharing, problem-solving and, where appropriate, decision-making, between HACC program administrators and representatives of service providers and consumers in the non-government sector, in consultation and partnership with them, for continuous improvement of the HACC program.

An important element of the planning process in HACC is consideration of the outcomes of advisory and consultative mechanisms is to ensure that the HACC

Program benefits from effective input from the HACC target population and the wider community.

The Department's regions undertake extensive consultations to inform the HACC planning process. Consultative mechanisms will be outlined in the Triennial Plan and could take the form of committees, groups or other appropriate forums and will reflect an appropriate mix of and number of consumers, service providers, professionals, special needs groups and other stakeholders to ensure that the HACC Program benefits from input on needs and priorities. The Department has developed an Aboriginal Consultation Strategy to guide consultation with Aboriginal people and communities.

The NSW HACC Advisory Committee will be established in 2007 to provide advice to both Ministers on matters affecting the HACC Program in NSW. Members of the Committee will represent consumers and service providers.

The Department of Ageing, Disability and Home Care is presently developing a Consultation Framework that will guide HACC and specialist disability consultation at local, regional and central levels. The Consultation Framework is designed to foster dialogue by formalising processes in Central and Regional offices to ensure the involvement of relevant stakeholders. The Framework identifies that this will occur at a number of levels and for different consultative purposes at different times in the policy and planning cycles.

Recommendation 9

That the NSW Government encourage the Commonwealth Government to engage more effectively with non-government stakeholders in consultations about the Community Care Reform process, seeking their input and advice about proposals as a matter of priority to ensure that flexible and locally appropriate solutions can be incorporated.

The Department of Ageing, Disability and Home Care works in partnership with the Department of Health and Ageing to actively engage with stakeholders in consultative and information sharing processes. The Department supports the extension of existing advisory structures.

Recommendation 10

That the NSW Government encourage the Commonwealth Government to ensure that, in the process of acting upon Community Care Reforms, the HACC program retains its capacity for multiple entry points, appropriately coordinated to extend service access and encourage diversity of service choice.

The Department of Ageing, Disability and Home Care supports the review of access points and the simplification of pathways for HACC clients and potential clients currently underway as part of the Community Care Review.

The Commonwealth Government has funded a research study to determine how the frail aged and younger people with a disability currently access the Community Care system. This project will map entry points and client pathways in NSW and recommend ways in which access to Community Care services can be simplified. The project, due to report in late July, will also identify options for demonstration models and sites to be established as Access Points. An Access Point will be a visible and simplified entry point to Community Care, offering timely, relevant and consistent information, eligibility determination, intake assessment and referral.

A key feature of Access Points will be the separation of eligibility determination and intake assessment activity from service provision, and identification of visible pathways into and through the Community Care system for individuals based on their assessed need and priority of need. A decision about the number and type of Access Point demonstration sites will be made on completion of the research project. Demonstration sites will be established and their operation evaluated with a view to moving ultimately to full implementation. A measure of the success of the new system for entry into Community Care will include how it simplifies and extends service access and encourages diversity of service choice.

Recommendation 11

That the NSW Government work together with the Commonwealth Government and the HACC non-government sector to ensure the fair and equitable inclusion of all designated HACC target groups and that their inclusion needs to be achieved either through efficiency gains or the expansion of resources rather than contracting existing services to accommodate this aim.

There is currently significant provision for specific subgroups of the overall HACC target population, including carers and identified special needs groups.

In 2006/07, over \$6 million, or 36% of total growth funding, was targeted for increased services for special needs groups in NSW. In addition, a total of \$57.5 million or 12% of the total NSW HACC budget was allocated to respite care services for carers.

Service providers are typically funded to provide their services equitably to the whole target population. Within the overall target population, particular emphasis is given to special needs groups who may find access to services more difficult than most. To enable the Department of Ageing, Disability and Home Care to monitor equity of access to HACC services, provider performance and compliance reports (including the HACC MDS) and on-site service reviews contribute information and data in this area.

The Department is actively working towards improved identification of all subgroups of the HACC target population, including carers. The Department continues to consolidate the implementation of the HACC Minimum Data Set (MDS) by implementing initiatives to improve data quality and return rates. HACC MDS Version 2 contains a number of improvements including improved carer data and the addition of functional dependency data items.

Recommendation 12

That the NSW Government negotiate with the Commonwealth Government to apply an allowance for growth funding, indicated within the Home and Community Care Act 1985 to address identified unmet need within the HACC program in the future.

Growth funding in the HACC Program is approximately 7% annually and is already directed to new services to address unmet need identified through the HACC planning process. Initiatives designed to improve the capacity and capabilities of the sector are usually funded from non-recurrent funds. The matched budget allocation in 2006/07 included \$16.8 million growth for service expansion projects to address unmet needs identified through regional and State-wide planning mechanisms.

Recommendation 13

That the NSW Government urge the Commonwealth Government to jointly consider and agree to a quota of funds for statewide administration of the HACC program above the current, inadequate level of 0.79% and sufficient for appropriate governance of the program.

In response to a joint proposal from the States and Territories for an increase in administration funding for HACC, the Commonwealth has agreed to rebase the administrative allocation to a maximum of 1% of 2007/08 NSW HACC Program funds.

Additional funds will be available to assist with the additional work of implementing the new arrangements under the HACC Review Agreement.

The Commonwealth has indicated that this increase in administration funding is conditional on NSW not reducing its own unmatched funding for administration. While the increase in administration funding to 1% will address the erosion in the administration budget which has occurred over the duration of the previous HACC Agreement, NSW will seek to ensure that administration costs are jointly borne in future years.

Recommendation 14

That the Commonwealth Government meet its obligation to fund its share of increases legally granted to HACC workers under the Social and Community Services (SACS) Award and not paid to date, and that this funding include recompense to the NSW Government for ensuring that HACC workers have received their entitlements in full.

Non-government HACC service providers employing staff under the SACS Award have received additional NSW Government funding of \$4.056 million each year since 2002/03. This has been provided by the NSW Government to secure the future of community service organisations employing workers under this award.

The NSW Government will continue to urge the Commonwealth Government to match the NSW Government's commitment to supporting HACC service providers to meet the full costs of service delivery, including award increases.

As indexation is the primary mechanism by which service providers are assisted to meet employee- and non employee-related cost increases under the HACC Program, the NSW Government will also continue to request that the Commonwealth Government provide a higher rate of indexation for the HACC Program that is in line with the true costs of delivering services.

Recommendation 15

That the NSW Government work with the Commonwealth Government to ensure that an adequate level of indexation is provided to assist HACC service providers to meet their legal and administrative accountabilities, thereby ensuring that resources do not have to be diverted from service provision.

Adequate levels of indexation are critical to assist service providers meet cost increases and maintain existing services. Under Clause 6(5) of the HACC Review Agreement, the level of indexation applied to the program is decided by the Commonwealth Government and the State/Territory in respect of their own contributions. The State/Territory may set a higher cost indexation rate than the Commonwealth Government but not at the expense of outputs. For 2006/07, the NSW Minister for Ageing and Disability Services reached agreement with the Commonwealth Minister for the application of 3.3% indexation from the matched HACC Program budget. Since 2002/03 the NSW Government has allocated an additional \$4.056 million each year to secure the future of HACC service organisations that employ staff under the SACS Award.

Recommendation 16

That HACC program administrators within NSW and the Commonwealth Governments jointly discuss and develop a workforce plan for the HACC services sector in consultation with non-government service providers and consumers, and that this plan include access to training currently available to Government employees wherever appropriate and possible.

Workforce planning in community care and related sectors is a critical issue. Some elements are being taken up under the COAG Health Workforce project.

A HACC Learning and Development Framework is currently being developed in consultation with key stakeholders. The Framework will underpin workforce capability building for the public and non-government organisation sectors.

HACC Learning and Development is being provided in NSW through:

- the Department's funding of State-wide training initiatives;
- 21 HACC Development Officer projects with varying roles and resources regarding learning and development provision;
- 11 specifically funded Training Projects providing primarily, but not solely, non-accredited courses.

Additionally, some new State-wide training initiatives were identified in 2006/07 for non-government organisations such as HACC standards training, dementia training, carers education and the Community Care and Education project.

HACC providers are able to allocate a portion of their administrative budget to training and development. There are also currently 13 HACC peak bodies that are Registered Training Organisations and provide training to HACC non-government organisations. The Department of Ageing, Disability and Home Care funds several peak bodies and large service providers such as Uniting Care, Catholic Healthcare and Baptist Community Services who have internal Learning and Development Units.

Through its broader work within human services, the Department is aware of the workforce issues in the sector through its interface with service providers. The Department's current focus is on supporting the sector to improve its capacity and capability to be effective providers of services. An overall industry development strategy will guide and inform initiatives to build a strong, sustainable service system to meet the needs of clients.

Current initiatives include key projects to improve governance practices in non-government organisation volunteer boards, including improved financial governance and reporting of funded services and training to improve service providers' awareness and understanding of quality requirements of service provision in the funded programs. In addition, the Department will support providers in the development of resources for undertaking unit cost analyses and developing tenders.

The Department also directly funds a number of non-government organisation Regional Forums in both metropolitan and regional areas to provide training to service providers in their areas.

RECOMMENDATION 17

That the Home Care Service continue to maintain waiting lists for persons assessed as eligible for service, but ensure these lists are comprehensive, as a means of quantifying unmet need and assuring that a systematic approach is applied to referral of such persons to services elsewhere.

The Home Care Service of NSW (HCS) does not maintain waiting lists for any services other than for people seeking entry to the High Need Pool. In this case applicants are placed on a waiting list and are continuously reprioritised as vacancies become available.

DADHC has made the point on many occasions that waiting lists are not measures of unmet need, but of expressed demand for Home Care at a point in time. Waiting lists can therefore never provide a comprehensive picture of unmet need in the sector.

Further, the HCS is one of over 700 providers funded to deliver Home and Community Care (HACC) services in NSW making it difficult to get a clear picture of unmet need or expressed demand as individuals may be represented on a number of waiting lists at the same time. For example approximately 70% of referrals to the Home Care Referral and Assessment Centre (RAC) are made by professional staff

not by prospective clients, or their family, and there is evidence that these are made to a range of providers at the same time.

While there would be some benefit from implementing a waiting list in Home Care, there would be considerable additional costs. Funding the establishment and ongoing maintenance of a waiting list could only be achieved through either diverting funds from service provision or allocation of additional funds.

Maintaining an effective waiting list requires an ongoing reprioritisation of people on the list as new people enter the list each month. This becomes a very resource intensive process given the scale and volume of referrals made to Home Care's Referral and Assessment Centre. The RAC manages referrals from across NSW. During 2005/06 the RAC processed 28,548 referrals and recommended that 19,500 referrals proceed to assessment. These figures are similar for the 06/07 year with 21,130 referrals processed to March 07 and 16,500 proceeding to assessment. There can be up to 1200 clients per month who are either ineligible for service or not progressed to assessment due to a lack of capacity.

RECOMMENDATION 18

That, in addition to the maintenance of comprehensive waiting lists Home Care use unique client identifiers to ensure that clients assessed as eligible but unable to immediately access a service do not fall through cracks in the system but are identified and able to be contacted periodically to determine if service needs have changed

DADHC is deploying a new Client Information System (CIS) across all business streams of the Department during the 06/07 year. The HCS is due to go live with CIS from 3 September 2007. The CIS will allow a range of new functionality across all Departmental services including provision of unique client identifiers. After deployment of the new Client Information System all Home Care clients will have unique client identifiers.

The RAC has been live with CIS since November 2006 and is processing all referrals through this system. As mentioned above the HCS will review whether this increased system capacity provides scope for developing and maintaining a limited waiting list.

HCS will implement a survey of unsuccessful referrals into its client satisfaction survey cycle. Previous contact with three hundred (300) clients who were unsuccessful in gaining a service determined that 70% either no longer needed a service or had their needs met through other providers or informal supports. See also recommendation 31.

RECOMMENDATION 19

That DADHC, in consultation with the HACC services sector, further examine the concept of service entitlement as a means of allowing people with episodic conditions to access HACC services, provided such an entitlement process occurs in an environment in which service funds are being expanded to meet the requirements of specific needs groups.

Under the National HACC Program Guidelines, the provision of HACC services to eligible frail older people, younger people with a disability and their carers is based on assessed need, with priority of access based on relative need.

People with ongoing disabilities that require episodic rather than continuous support are not excluded from receiving HACC services. While eligibility for HACC services requires the presence of an ongoing severe or profound disability, it is recognised that some people with an ongoing disability may only need assistance on an episodic basis.

The Department of Ageing, Disability and Home Care is committed to improving processes for the efficient delivery of HACC services to ensure that they are provided in a timely manner and in accordance with a client's current needs.

The Department is currently reviewing access points and assessment processes for the NSW HACC Program as part of the Community Care Review, to simplify and extend service pathways and facilitate service choice (refer to the response to Recommendation 10).

As noted in the response to Recommendation 11, a significant proportion of the NSW HACC Program budget is allocated to specific initiatives for special needs groups. The Department is committed to maintaining this level of support and is working towards improved identification of special needs clients.

The CIS system in the NSW Home Care Service together with other reporting changes under the Integrated Monitoring Framework will enable the collection of more detailed information on the characteristics of clients receiving services. If the data shows certain population groups as being underrepresented in individual organisations or systematically then the Department will require all service providers to develop specific strategies to address these and funding will be linked to performance.

RECOMMENDATION 20

That DADHC, in consultation with service providers and consumers, participate in the review of access points in the community care system.

The Department of Ageing, Disability and Home Care continues to contribute to the review of access points. The Department currently chairs a steering committee of State and Commonwealth agencies which is looking to map client pathways into Community Care in NSW with a view to identifying possible models and options for Access Points.

See also the response to Recommendation 10.

RECOMMENDATION 21

That Home Care management work together with the Referral and Assessment Centre to continue to improve responsiveness of the RAC to the needs of those making contact, maximising human contact and ensuring people assessed as eligible for a service are provided either with contact details of other local HACC services or with a supported referral. Business proposals and staff training should be amended as a result.

Home Care is committed to continuous improvement in its referral and intake processes and has implemented several new procedures to improve the responsiveness of the RAC to client needs. Processes have been put in place for HCS branches to advise the RAC of organisations in their areas that have capacity, so that referrers can be provided with contact details of local services. The RAC will continue to work with organisations in the community care sector to improve onward referral.

The new Client Information System was deployed to the RAC in November 2006 and now provides an automated approach for Branches and the RAC to match client referrals to service capacity. Previously the approach was a manual process with capacity reported monthly. Utilising the CIS environment this can now be performed and actioned on a daily basis if required and provides greater responsiveness to changes in capacity.

During 2007/2008 Home Care will commence a comprehensive review of RAC processes, systems, reporting and performance.

RECOMMENDATION 22

That HCS management, together with the Referral and Assessment Centre staff, and in consultation and partnership with stakeholder groups

- a) continue to participate in the development of appropriate assessment tools to accommodate carers' needs; and***
- b) regularly review assessment tools to ensure they are appropriately addressing the needs of all special needs groups.***

The HCS has been an active participant in the development of appropriate assessment tools and will continue to do so through both management and RAC staff participation in future development activities. In recent times both HCS management and RAC staff have been actively involved in the development and testing of the Functional Screening Tool now widely used in HACC and more recently in the trial of the ACCNA, the proposed national assessment tool.

This participation has been widely recognised as an essential element of developing and testing instruments or tools as the RAC offers professional and well trained staff with a state-wide operational scale and a large volume of activity. This has been

coupled with a strong management commitment to providing professional assessment services to the full range of clients seeking HCS assistance.

The HCS will continue to work with DADHC and other HACC providers in the development or testing of tools. However ongoing review of these tools and their effectiveness is a matter for the HACC program through both the NSW and Australian Governments.

RECOMMENDATION 23

That HCS management and Referral and Assessment Centre staff regularly monitor the effectiveness of RAC intake and assessment processes.

HCS management monitors RAC performance on a monthly basis, looking at workflows, processing times, unmet demand and effectiveness in addressing Branch capacity. As stated in the response to recommendation 21, the HCS will conduct a formal review of the RAC in 2007/2008.

Implementation of the Client Information System has provided an improved responsiveness to monitor and match both Branch capacity and intake through the RAC.

The CIS also provides an improved reporting capacity and current reports will be reviewed by RAC and HCS management to ensure they capture all necessary information and are effectively utilised in monitoring performance.

RECOMMENDATION 24

That HCS management investigate instances of refusal of services to consumers based upon prejudice, misconception or fear about their lifestyles or conditions and improve staff and volunteer training in this regard.

Complaints processes are well established in both DADHC and HCS with clear access pathways through internal or external pathways. The HCS would actively investigate any such claim and would not condone service or intake decisions made on these assumptions.

Current complaints data does not indicate that the refusal of service based on 'prejudice' exists. However, DADHC and HCS are concerned that such perceptions exist and will ensure wide promotion of the complaints system and will improve information on eligibility criteria and assessment processes.

With regard to training, all new Home Care care workers receive orientation training that covers client awareness and communication skills with clients including cross-cultural communication. At the local Branch level, care workers receive on-going professional development. This will generally include awareness raising discussions and presentations on specific health issues that are relevant to the client profile. Some examples include presentations by the Mental Health Association, Alzheimers Australia, the Motor Neurone Disease association, geriatricians, etc. Where a branch has a client with a mental health issue they work closely with the case manager or

mental health team to develop appropriate procedures and ensure the care worker has specific training on how to work with the client.

RECOMMENDATION 25

That HCS management implement a standardised process for the reassessment of consumers of HCS services whose needs may have changed. This will provide better consumer responsiveness as well as ensuring that new service places can be provided as appropriate.

HCS implemented a Client Review policy in May 2005 in which all clients receive an annual review as a minimum. This ensures that service remains appropriate to clients' needs. Possible outcomes of the review include referral of the client to another service provider or funding program that is more appropriate to their needs, referral to RAC for a re-assessment and development of a new care plan or discontinuation of the service if the need has resolved. The policy is for Home Care clients and is not a sector-wide policy.

Additionally the HCS has always maintained a standardised process for reassessment to address the changing needs of clients. The current practice in HCS is that a client review can be triggered at any time. This might be through a request from the client or an incident which triggers the need to review a clients circumstance, for example a fall or illness.

In limited circumstances branches can increase services where it does not constitute a significant change to the level or type. Where a significant change in the numbers of hours required or service type is likely the case is referred to the RAC for reassessment to occur.

RECOMMENDATION 26

That HCS management expedite the implementation of a client fees policy for the service, in order to appropriately address capacity to pay, to overcome the problem of inherent unfairness where clients on similar incomes and receiving similar services are paying different fees and to allow automatic indexing of fees.

Home Care currently seeks a contribution from clients towards the cost of their service. HCS has undertaken a project to document and standardise fee collection practices and is has conducted a limited pilot of a revised fee scale. The outcomes of the pilot have been used to refine current practices. Full implementation will commence from 1 July 2007.

The work on fees should be finalised in the context of the Whole of Government project on fees for people with a disability. That work is presently underway.

RECOMMENDATION 27

That in recognition of its multiple roles in relation to the HACC program of administrator, funder and provider of services, DADHC ensure the highest

degrees of transparency and accountability for the separation of these roles and, accordingly, that DADHC ensure that the Home Care Service as a service provider is subject to the same standards and processes of accountability as required by the Department of other service providers.

The Home Care Service has been subject to the DADHC Integrated Monitoring Framework (IMF) since the beginning of 2007.

RECOMMENDATION 28

That HCS formally identify consumer representative positions on the Home Care Service Advisory Board.

This recommendation is partly supported.

The HCS seeks a range of skills on its Advisory Board including leadership experience, business and/or management experience and awareness of issues impacting on the delivery of human services. Experience in the management of and provision of services to people from CALD and Aboriginal backgrounds; disability services; aged services; commercial practices in the human services industry and quality customer service is highly regarded. The composition of the current board reflects this diversity. DADHC will ensure that the ability to represent consumers is always one of the key skills sought.

RECOMMENDATION 29

That HCS implement a supported process by which consumer input and issues are brought before the HCS Advisory Board for consideration and by which feedback can be provided to consumer organisations.

The Advisory Board currently receives indirect input on consumer issues through briefings and presentations to Board meetings. DADHC will present the Board with a range of options for a more structured engagement with consumer organisations.

RECOMMENDATION 30

That HCS support the appointment of a carer representative to the Home Care Service Advisory Board.

As stated in recommendation 28, the HCS seeks a range of skills on its Advisory Board. It will ensure that the ability to represent carers is always one of the key skills sought.

RECOMMENDATION 31

That, as part of better responding to consumer issues, HCS routinely survey unsuccessful RAC applicants as part of its consumer satisfaction surveys.

HCS will include a sample of eligible but unsuccessful applicants for its service in future client satisfaction surveys. Questions will be appropriately tailored to this

group to include such issues as the adequacy of the referral process, whether the person still has service needs, whether they are in receipt of an alternative service, etc.

RECOMMENDATION 32

That HCS clarify how it routinely analyses service wide complaint data to identify and respond to systemic issues and, as part of its analysis and response process, make service wide complaint data available to the Home Care Service Advisory Board.

Home Care follows the DADHC Feedback and Complaints Handling policy. Under the guidelines, data on complaints is reported on a quarterly basis. All complaints are recorded under the categories of Service Delivery, Service Access, Policy or Staff. Annual data is reported in the DADHC Annual Report.

HCS complaints information is compiled on a monthly basis by a dedicated Client Relations Coordinator and analysed by management. The HCS is in the process of reviewing complaints and trend information and linking service feedback to planning and performance evaluation.

DADHC will review existing client information to ensure that it clearly states how to make a complaint and how the complaint will be handled.

In future HCS complaints data will be reported on twice yearly to the Home Care Advisory Board.

RECOMMENDATION 33

That DADHC and HCS add to the reporting of performance in annual reports by reporting on service outcomes and, in particular, performance targets and service strategies for special needs groups and also report publicly on under performance.

Information on organisational performance will be collected and published for HACC providers under the DADHC IMF.

RECOMMENDATION 34

That HCS implement a regular program of assessing the quality of HCS services in the home.

In March 2006 HCS released a quality assurance good practice guide that summarises the practices that Home Care follows to ensure service quality. This was followed in December 2006 with the re-release of CARES 'A better way to work with our clients and each other'. CARES stands for Communication, Adaptability, Reliability, Empathy and Safety and embodies the values of Home Care. It is guide for action and in combination with the good practice guide provides a framework for quality service provision and strategies to assist in seeking and actioning feedback.

As an example HCS Service Co-ordinators currently contact clients in the local area to obtain feedback on service quality. At present, however, this process is largely informal. HCS will review this process and develop a consistent approach to monitoring service quality through a regular phone survey to a sample of clients.

RECOMMENDATION 35

That HCS develop measures of effectiveness to monitor the impact of services to determine what impact home-based care has on assisting people to remain living at home for longer than if those services were unavailable.

This analysis needs to occur on a national, program-wide basis rather than an individual service provider level.

Discussions and research on how to measure the effectiveness of community care interventions have been occurring at a national level over the past 12 months. DADHC will continue to participate in that work and implement any methodologies that are identified as effective. These would be applied across the HACC system, including HCS. The complexity of this task means that it is a medium term project.

At present HCS has included a question on the effectiveness of the service in helping the client to remain in his/her own home in its client satisfaction survey. The question asked "Do you think you (or the person you are caring for) would still be living at home if you did not receive Home Care service?" A third of all clients surveyed and nearly a half of all carers responded that they would not be living at home without the Home Care service support.

RECOMMENDATION 36

That, should further work be undertaken on the HACC benchmarking study, DADHC seek to ensure that services are differentiated according to type and location.

Any future benchmarking work will build on the lessons of the previous project and will include all relevant HACC providers, including the Home Care Service.

Future benchmarking work will benefit from improvements to the rate of return and quality of MDS information and the reviews of HACC service types. Reviews are being undertaken or are completed for the service types of Case Management, Respite Care, Centre Based Day Care, Social Support, Home Maintenance, Home Modification and Transport.

HACC non-recurrent funding is available for research projects to support the development of the HACC service system. \$540,000 has been allocated to establish a research grants program for areas of significance to HACC in NSW. One of the proposed areas of research is into the characteristics of the HACC service system in NSW and the implications of these characteristics on service provision. HACC Officials are also working toward a common methodology for unit cost across all Australian Government and State and Territory HACC Official jurisdictions.

RECOMMENDATION 37

That the Minister for Community Services consider amending the definition of child-related employment in the Child Protection (Prohibited Employment) Act 1998 to include home-based care.

This is the responsibility of Minister for Community Services.

The Executive Director, Home Care Service has been meeting with the Children's Commissioner to explore how this recommendation of the Auditor General might be applied.

In NSW, the *Commission for Children and Young People Act 1998* (the Act) requires employers to undertake a Working with Children Check for people intending to work in child-related employment. As defined in the Act, 'child-related employment' occurs in particular work settings only.

Currently, 'child-related employment' does not include home-based care such as the services provided by DADHC Home Care staff to children and young people under 18 in their homes.

The matters raised are being considered by the Children's Commissioner.

RECOMMENDATION 38

That, once the relevant legislation is changed, HCS expedite the implementation of the Auditor-General's recommendation relating to the development of 'child-safe and child-friendly policies and procedures and working with children checks', and that a schedule for the completion of these checks be developed for home care workers in homes where children are present or likely to visit.

Implementation of this recommendation is contingent upon legislative change.

If the legislation were changed, the Home Care Service would implement an appropriate checking system.

In the meantime, DADHC is developing a number of risk-minimisation strategies for implementation in Home Care. These include:

- Criminal Records Checks for all existing care workers
- Criminal Records Checks for all new care workers
- Prohibited Persons declarations for all new and existing staff.
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DADHC already has a 'Working with Children checklist' to ensure that all care workers who are placed with children are aware of the relevant conduct issues and reporting procedures.

RECOMMENDATION 39

That DADHC and HCS ensure that there is adequate and appropriate communication between themselves and the Aboriginal Community Care Gathering Committee about processes for service planning and provision for Aboriginal and Torres Strait Islander people now and into the future.

DADHC has developed a *Strategic Service Planning Framework* that guides HACC and disability consultation at local, regional and central levels. This will include consultations with Aboriginal communities and organisations.

A system of consultations already exists in each DADHC region to conduct annual stakeholders' consultation across all HACC target groups and special needs groups. The process includes focus groups, consultations at industry forums, meeting with carers groups as well as informal yarn ups and participation at significant community events locally throughout NSW.

Structured communication mechanisms already exist between DADHC, Home Care Service and the Aboriginal Community Care Gathering Committee through local Aboriginal HACC Forums in Northern, Met South and Hunter Regions. In addition, there are Regional HACC Forums where DADHC and Home Care representatives meet regularly with HACC service providers and community advocacy groups.

The Director General of DADHC wrote to the Aboriginal Community Care Gathering Committee in 2006 suggesting that local Aboriginal Home Care staff be eligible for nomination and selections on the Aboriginal Community Care Gathering Committee. The inclusion of locally based AHC staff would allow closer communication between the Gathering Committee and Aboriginal Home Care on service provision for Aboriginal clients. DADHC is awaiting a response from the Gathering Committee."

RECOMMENDATION 40

That DADHC examine and monitor the provision of community transport for instances where its availability and flexibility could be improved and make program/project changes accordingly.

DADHC is committed to ensuring that the community transport system is effective across NSW. It is presently working with the Ministry of Transport to develop details of a review of the program, to commence in 2007. This review will include recommendations on models of service provision, operational costs, connectivity with other transport initiatives, data reporting requirements, administrative arrangements and implications of legislative reform.