

**RESPONSE TO THE RECOMMENDATIONS OF THE
HOUSE OF REPRESENTATIVES STANDING COMMITTEE
ON COMMUNITY AFFAIRS INQUIRY INTO THE HOME
AND COMMUNITY CARE (HACC) PROGRAM**

CHAPTER 5 - Focus and Targeting

1. The Committee recommends that the Commonwealth Department of Human Services and Health, in consultation with the States and Territories and the HACC community, amend the HACC Program objective and target group to:
 - . increase the focus on the need of individuals of all ages with functional disabilities and their carers for support to maintain their independence and quality of life in the community;
 - . ensure that the target group encompasses the range of functional disabilities and removes the distinction between groups on the basis of age; and
 - . provide a clear statement of eligibility criteria for the HACC Program. (para 5.12)

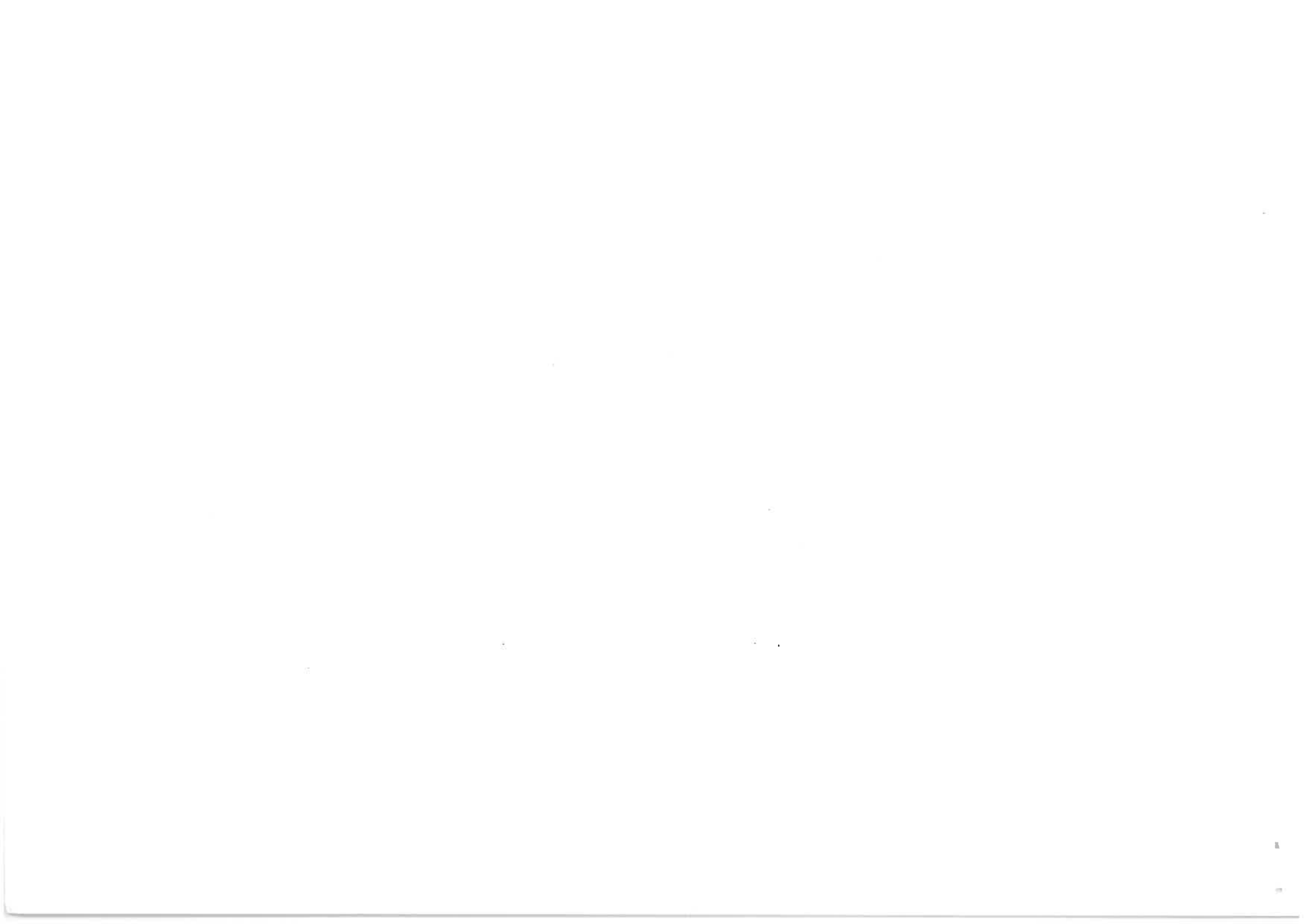
GOVERNMENT'S RESPONSE

It is important for the HACC Program to use the available resources for those most in need. In the current HACC Agreements this has been identified as those persons within the target population in their own homes who, in the absence of maintenance and support services, would be at risk of inappropriate or early admission to institutional care, and a reduced quality of life.

However, the Commonwealth has commissioned further research to identify the relative costs and social benefits of providing HACC services to people at different levels of dependency and with different levels of informal support. This research will focus on both frail aged and younger people with disabilities.

When this research has been finalised, the Commonwealth, in conjunction with the States and Territories, will consider further the most appropriate objective and targeting strategy for the HACC Program.

2. The Committee recommends that the Commonwealth Department of Human Services and Health give a high priority to the completion of work on point of intervention to enable clarification of the Program's rationing policy. It is further recommended that this work include an investigation of the impact of the unavailability or withdrawal of services on individuals with lower level needs and on their carers and families. (para 5.26)



GOVERNMENT'S RESPONSE

As noted against Recommendation 1, the Commonwealth has initiated research into the relative cost and social benefit of providing HACC services to people with different levels of dependency and informal support. As a first part of this research, the Commonwealth commissioned the Social Policy Research Centre of the University of New South Wales to conduct a literature review of this issue. This review is currently being published.

3. **The Committee recommends that the Commonwealth Department of Human Services and Health, in conjunction with State, Territory and local governments and the community, develop priority of access guidelines which state clearly HACC eligibility criteria and the basis for rationing services, to facilitate a consistent and equitable approach to decisions about access to HACC services. (para 5.27)**

GOVERNMENT'S RESPONSE

Commonwealth and State/Territory Governments agrees there is a need for developing priority of access guidelines. It is proposed that these should be completed after the intervention consultancy, discussed above, is completed. The guidelines would be based on research information on the level of benefit consumers gain from receipt of various HACC services.

In the interim, HACC services are to be surveyed on the priority of access guidelines they currently use. These will be analysed, and interim guidelines developed or best-practice approaches published.

4. **The Committee recommends that the Commonwealth Department of Human Services and Health, in consultation with State and Territory governments, develop a marketing strategy for the HACC Program to encompass:**
 - general information for consumers and potential consumers;**
 - dissemination strategies, involving appropriate peak organisations, to ensure that general information reaches members of the target group;**
 - local level marketing strategies;**
 - appropriate information strategies for people of non-English speaking background and Aboriginal and Torres Strait Islander people, developed in consultation with relevant organisations;**

targeted campaigns, involving appropriate organisations, to provide information to potential referrers; and

the use of advertised single telephone numbers for HACC services within a region to assist consumers in locating and contacting HACC services. (para 5.45)

GOVERNMENT'S RESPONSE

The Commonwealth is working with State and Territory governments to ensure effective strategies are in place to provide and disseminate information to consumers and potential consumers. HACC Officials recognise the benefits to the Program of an integrated information strategy. In general, the Commonwealth has responsibility for national publications and State and Territory governments for specific information relevant to the local area.

In this context, the Special Needs Working Group, a sub-committee of HACC Commonwealth and State Officials is currently discussing the information needs of Aboriginal and Torres Strait Islander consumers of HACC services and, on the recommendation of the Working Group, the Commonwealth is co-ordinating the development of a set of culturally appropriate Aboriginal and Torres Strait Islander HACC national posters.

The next priority target group for the Special Needs Working Group is people of non-English speaking background. To provide a basis for identifying national priorities in this area, a national survey of HACC Policy and Service Provision for people of non-English speaking background will be co-ordinated in the second half of 1995 by the Commonwealth.

The National HACC Education and Training Support Framework provides a strategic approach to the education and training of Home and Community Care service providers. This framework identifies specific national priorities and the need to ensure that services are well equipped to deal with the changes. HACC training for service providers and publicity for Aboriginal and Torres Strait Islander people have been identified as key priorities and specific initiatives are in place to undertake this work.

5. The Committee recommends that, while continuing to develop services to meet already identified needs, such as respite, education and counselling, the Commonwealth Department of Human Services and Health, in consultation with States, Territories and the community, initiate research into the possible size of the target group of carers, service needs of carers and the extent to which carers are able to access needed services under the HACC Program. (para 5.51)

GOVERNMENT'S RESPONSE

The Commonwealth Department of Human Services and Health is coordinating a workshop in August 1995 which will bring together key academic, government, non-government and community groups to discuss the needs of unpaid carers. Discussion will focus on key issues and will aim to set directions for new national government policy and research which meets the needs of carers.

This workshop will build on the work already undertaken by the Australian Bureau of Statistics. In March 1995, the ABS released a report entitled "Focus on Families: Caring in Families - Support for Persons who are Older or have Disabilities", which provides an analysis of data collected on carers.

6. The Committee recommends that the Commonwealth Department of Human Services and Health, in consultation with States and Territories:
- . promote the role of carers in all HACC Program material;
 - . ensure that promotional material for HACC services clearly identifies carers as members of the HACC target group; and
 - . continue to support the role of the Carers Association of Australia and State level organisations in assisting and informing carers. (para 5.53)

GOVERNMENT'S RESPONSE

The Government wholeheartedly supports this recommendation. Carers are the linchpin of community care.

Funding of \$10 million has been allocated in the 1995 Budget for carers of frail older people, chronically ill people and people with a disability. This funding builds on the \$93 million Carers' Support Package introduced in the 1992-93 Budget and reaffirms the Commonwealth's commitment to carers.

Over the next three years the new Carers' Support Strategy will:

- . **support carer associations in each State and Territory;**
- . **develop information specifically for Aboriginal and Torres Strait Islander carers and carers of people from non-English speaking backgrounds; and**
- . **implement a communication strategy to raise the awareness of carers.**

Funding for the Commonwealth Respite for Carers (CRC) Program will increase by 10% or \$1.3 million in 1995-96, taking the total available funds for CRC to \$14.5 million.

7. The Committee recommends that the HACC Program ensure that guidelines for assessment and for priority of access specify that the needs of carers are legitimate needs and must be taken into account in those processes.
(para 5.56)

GOVERNMENT'S RESPONSE

Carers are specified as a target group for the HACC Program in the HACC Agreements between the Commonwealth and the States and Territories, and in the National Guidelines. This focus on carers will be maintained in the priority of access and assessment guidelines, as they are developed. The Client Information, Assessment and Referral Record (CIARR), which is currently being implemented in some 28 regions across Australia, also includes information on carers. This reinforces the need for services to also consider the needs of carers.

8. The Committee recommends that the Commonwealth Department of Human Services and Health in conjunction with States and Territories and in consultation with carers, review existing approaches to respite care including the CRC Program, identify areas of deficiency and develop a range of flexible respite care options to meet the needs of carers and frail elderly people and younger people with disabilities. (para 5.61)

GOVERNMENT'S RESPONSE

In the 1995 Federal Budget the Government made a commitment to review respite care programs, especially in relation to the support needs of carers. The review will focus on the delivery of respite care through the Home and Community Care (HACC), Commonwealth Respite for Carers (CRC) and residential care programs. The review is expected to be completed by June 1996.

9. The Committee recommends that:
 - the HACC Program retain the current multiple target group approach;
 - the HACC Program liaise closely with the Disability Services Program, at both Commonwealth and State/Territory levels to minimise gaps and to maximise the extent to which HACC services can provide appropriate services to younger people with disabilities;

the review of the CSDA take into account the relationship between the CSDA and the HACC Program;

the Commonwealth and the States and Territories investigate fully as a matter of urgency, the reasons for low levels of access to HACC services by younger people with disabilities and develop approaches to service delivery to address those causes; and

that all HACC training material and publicity stress the place and relevance of younger people with disabilities within the Program and the necessity for service providers to respond to their needs.
(para 5.72)

GOVERNMENT'S RESPONSE

The Government agrees with the points made in this recommendation, and there are a number of initiatives being taken in this area.

The Commonwealth/State HACC and Disability Officials are working together to ensure the identification and reduction of any gaps between the Programs, and the identification of examples of best practice of co-ordination between the Programs. Such an example is available in Victoria where the State Government identified children with disabilities that required the support of both HACC and disability program funded services. The co-ordination of funding in regard to the clients facilitated the provision of a package of care for these disabled people.

The question of providing HACC services to younger people with disabilities will be one of the core components of the intervention study discussed above. This research will allow the development of appropriate access guidelines and training material for service providers that will not only cover the frail aged, but also the younger disabled.

Finally, the relationship between the Disability Services and HACC Programs is being examined by the Commonwealth/State Disability Agreement (CSDA) Review, including the establishment of an Aged and Disability Linkages group.

10. **The Committee recommends that all States and Territories recognise the right of veterans and war widows to access HACC services without discrimination and advise HACC service providers of this right without delay.
(para 5.76)**

GOVERNMENT'S RESPONSE

At the June meeting of the Health and Community Services Ministerial Council, Health and Community Services Ministers agreed to support action to ensure that members of the veteran community have equitable access to community care services, particularly those provided through the HACC Program.

CHAPTER 6 - Access by Special Needs Groups

11. The Committee recommend that the Commonwealth Department of Human Services and Health in conjunction with States and Territories and in consultation with appropriate organisations including the Ethnic Community Councils (ECCs), develop and implement a national policy on access to HACC services for people of non-English speaking background (NESB). The policy should include:
 - . Evaluation of the adequacy of existing data collection and analysis of the reasons for the current under-utilisation of HACC services by people from NESB;
 - . Strategies to improve the involvement of NESB groups and individuals in HACC planning processes including representation on regional, State and national advisory structures;
 - . Improvement of information strategies for people of NESB including information dissemination, appropriate forms of information and appropriate use of language to ensure that information is accessible taking into account issues such as literacy levels in the original language, particularly among older people of non-English speaking backgrounds;
 - . A clearinghouse to consolidate and co-ordinate the significant amounts of research being conducted into the needs of people of NESB and ensure that work with broader applicability is available across States;
 - . Evaluation of existing approaches to service delivery for people of NESB including methods employed in mainstream services to enable the development of more effective approaches; and
 - . Ensure that people of NESB have access to culturally appropriate assessment through the Regional Community Assessment Agencies recommended in Chapter 9. (para 6.14)

GOVERNMENT'S RESPONSE

The Government supports this recommendation in principle and is already implementing much of it.

The HACC Program recognises the need for services to be culturally appropriate if these are to be beneficial to people from special needs groups. HACC has adopted three specific strategies to provide culturally appropriate services to people from non-English speaking backgrounds. These are:

- . the encouragement of service providers to make their services culturally appropriate;**
- . the funding of advocacy workers to increase access of people of non-English speaking backgrounds to HACC funded services; and**
- . the funding of ethno-specific services.**

A "First Alert" pamphlet which provides basic introductory information about services for carers of people with dementia has been produced and distributed by HACC with funding from the National Action Plan for Dementia Care (NAPDC). This pamphlet has now been translated into eighteen community languages and will be printed and distributed through ethnic community groups and relevant service providers and carer associations.

A number of Aged Care Assessment Teams (ACATs) are currently exploring the reasons people from non-English speaking backgrounds are not accessing assessment services. This includes obtaining information from General Practitioners and community groups regarding the lower level of contact/referral of these groups. This information will be beneficial to the HACC Program, and will improve access to HACC through the assessment services.

The Aged Care Program is planning to provide information in a number of languages about assessment services. This will include reprinting already available material, as well as providing other material for use in the ethnic media.

The Commonwealth and States and Territories have agreed to review the data requirements of the HACC Program. This will include an evaluation of the adequacy of the existing data collection on use of HACC services by people of non-English speaking background.

12. The Committee recommends that the Commonwealth Department of Human Services and Health, in conjunction with States and Territories and appropriate Aboriginal groups:

- . review its data regarding Aboriginal and Torres Strait Islander access and investigate the extent to which HACC services, both mainstream and specific, are meeting Aboriginal and Torres Strait Islander needs;
- . ensure that Aboriginal and Torres Strait Islander people are represented in HACC planning processes including representation on regional, State and national advisory structures;
- . review the relationship between HACC and other Aboriginal and Torres Strait Islander agencies and Programs; and
- . ensure that Aboriginal and Torres Strait Islander people have access to culturally appropriate assessment through the Regional Community Assessment Agencies recommended in Chapter 9. (para 6.22)

GOVERNMENT'S RESPONSE

Aboriginal and Torres Strait Islanders

A sub-committee of HACC officials, the HACC Special Needs Working Group met in May 1994 and July 1995 to identify priorities and progress matters of national importance for special needs groups including people of Aboriginal and Torres Strait Islander background.

The Special Needs Working Group has identified several initiatives to help ensure that services are culturally relevant, that appropriate information about the Program is widely available and that the viability of service provider organisations is increased through training.

Following agreement of HACC Officials in July 1994, December 1994 and May 1995, the Commonwealth is, on recommendation of the Special Needs Working Group, co-ordinating a range of education and information activities targeting Aboriginal and Torres Strait Islander HACC service providers and consumers. These activities include:

- . **development of a culturally relevant version of the Carer Support Kit, completed July 1995;**
- . **production of a "Managing HACC Complaints" training video for Aboriginal and Torres Strait Islander service providers and consumers, expected to be completed August 1995;**

- . production of a culturally appropriate OH&S training video for Aboriginal and Torres Strait Islander service providers, completed in 1994;
- . a national survey of HACC policy and service provision for Aboriginal and Torres Strait Islander people has been undertaken;
- . the development of a Financial and Management Training package and materials for Aboriginal and Torres Strait Islander organisations providing HACC services to Aboriginal and Torres Strait Islander people; and
- . the development of culturally appropriate national HACC publicity posters for Aboriginal and Torres Strait Islander groups by early 1996.

There is strong State and Territory Aboriginal and Torres Strait Islander representation on the Special Needs Working Group. Aboriginal and Torres Strait Islander representation is also sought for Older Australians Advisory Councils(OACCs), Home and Community Care Committees (HACCACs) and Aged Care Advisory Committees (ACACs.)

Since the 1994 Federal Budget, aged care issues for this target group, including HACC, are being co-ordinated through the Access Section in the Aged and Community Care Division, Commonwealth Department of Department of Human Services and Health. This unit is developing links within the Division and the Department, especially with the Office for Aboriginal and Torres Strait Islander Health Services, with the Aboriginal and Torres Strait Islander Commission (ATSIC), the Department of Housing and Regional Development (HARD) and State and Territory health and community services areas.

ASSESSMENT

The Commonwealth is currently working with State and Territory government HACC areas to develop a national framework for assessment which will provide avenues for HACC assessment independent of service provision. In developing this framework, the needs of particular target groups in the HACC Program, including Aboriginal and Torres Strait Islander people, will be specifically considered and steps taken to ensure that processes are developed which are culturally appropriate for the target group.

13. The Committee recommends that all HACC service provider training material include material relating to the special needs of people with dementia and approaches to service delivery which address those needs. (para 6.30)

GOVERNMENT'S RESPONSE

The Commonwealth has undertaken initiatives to help ensure training for service providers includes material specifically on dementia. Initial Commonwealth funding of \$370,000 was allocated under the National Action Plan for Dementia Care (NAPDC) to develop training for HACC workers providing services for people with dementia and their carers. A further \$104,000 in NAPDC funding was approved for training materials and to ensure the availability of quality data for the evaluation of the project.

States/Territories are currently implementing the training with service providers. Steps have also been taken to ensure that the training is integrated into existing training structures to ensure its ongoing availability to service providers.

14. The Committee recommends that the HACC Program continue to develop the case management model, using, for example, Community Options Projects and that people with dementia be identified clearly as a special needs group for those services. (para 6.33)

GOVERNMENT'S RESPONSE

The Government supports this recommendation and is keen to see case management models expand within the Program.

Initiatives undertaken to extend the case management model include:

- the development of resource documents and discussion materials to equip HACC service providers to use a case management approach for people with complex needs, including people with dementia. Development of the materials during 1994 was funded by the Commonwealth through the National Action Plan for Dementia Care.**

People with dementia are recognised as a group within the HACC target population with special needs in accessing all HACC funded services including community options projects.

15. The Committee recommends that the Commonwealth Department of Human Services and Health ensure that the development of innovative and flexible respite care options as recommended in Chapter 5, pay particular regard to the needs of carers of people with dementia and the development of suitable forms of respite for people with dementia. (para 6.36)

GOVERNMENT'S RESPONSE

The Government fully supports this recommendation.

The Commonwealth has been supporting the development of more flexible and responsive respite care options for carers through the Commonwealth Respite for Carers (CRC) Program, the HACC Program and Respite Options Pilots. A number of CRC projects have been specifically funded to support carers of people with dementia.

Under the National Action Plan for Dementia Care two important initiatives to help support carers in the community have been funded.

Firstly, \$350 000 over three years has been allocated to develop a national education program for carers of people with dementia. The program has been developed to the draft stage and is currently being pilot tested with a broad range of carers and organisations in the community. The program comprises the following:

- Part One: a self paced educational and resource book;**
- Part Two: a flexible group education program for use in carer support groups; and**
- Part Three: an instructor led, more intensive education program.**

This program will be finalised before the end of 1995 and implementation of the program will take place during 1996.

Secondly, \$70 000 was also allocated to develop and distribute a 'first alert' pamphlet for carers of people with dementia. An English version was produced and distributed through Alzheimer's and Carers Associations during 1994. The pamphlet was subsequently translated and produced in eighteen community languages, and is being distributed through appropriate carer and ethnic organisations.

16. The Committee recommends that the Commonwealth Department of Human Services and Health, in conjunction with State and Territory governments, pilot a user charging system with the following features:

a simple sliding scale of fees which takes into account the generally low disposable incomes of HACC consumers with discretion to waive fees where consumers are unable to pay;

the Regional Community Assessment Agency having responsibility for the assessment of the capacity of each consumer to pay for HACC services and possibly for the collection of fees (fees could be paid to the individual service provider for the convenience of the consumer and forwarded to the assessment agency);

revenue generated from fees to be distributed within the region in line with regional needs based planning as recommended in Chapter 12; and

an evaluation strategy for the pilot to be implemented to assess the effectiveness of the model in terms of the impact on consumers, any unintended consequences and the cost of assessment for fees and collection compared with the revenue raised. (para 6.47)

GOVERNMENT'S RESPONSE

Commonwealth and State/Territory Ministers have agreed on the need to develop a consistent national fees policy.

Commonwealth and State/Territory Officials are currently re-drafting a national fees policy. This policy will include the establishment of a sliding fee scale, a maximum charge for multiple services, and the use of fees to extend the provision of HACC services. Once developed, there will be widespread consultation on the policy before it is finalised.

The national policy is not expected to prescribe the collection method to be used, as it is proposed that different models of collection be trialed.

17. The Committee recommends that the Commonwealth Department of Human Services and Health work with States and Territories to develop and implement nationally consistent definitions of the terms rural, remote and isolated. (para 6.52)

GOVERNMENT'S RESPONSE

The Commonwealth acknowledges the difficulties in developing definitions that accommodate the many geographical and structural differences between the States and Territories. Nevertheless, the Commonwealth is committed to working to improve the definitions currently in use and, wherever possible, establishing common sets of terms.

18. The Committee recommends that the Commonwealth Department of Human Services and Health, in conjunction with the States and Territories, investigate the effectiveness of various approaches to service delivery in rural areas and, particularly, in remote and isolated areas and develop a rural and remote area policy which encourages the funding of flexible approaches to service delivery including multiple service outlets with flexibility in the allocation of funds between service types. The policy must address the particular needs of remote and isolated areas. (para 6.65)
19. The Committee recommends that, consistent with recommendations in Chapter 10, case management projects be established in rural, remote and isolated areas to ensure full geographic coverage of these areas. It is further recommended that case management projects funded in remote and isolated areas receive funding which recognises the particular difficulties inherent in providing services in sparsely populated remote and isolated areas. (para 6.70)
20. The Committee recommends that guidelines for these projects in rural, remote and isolated areas take account of the particular needs of these areas and allow greater flexibility in terms of target groups and that staffing levels for the projects recognise the greater demands involved in remote and isolated areas where there are few established services. (para 6.71)

GOVERNMENT'S RESPONSE TO RECOMMENDATIONS 18-20

The Government recognises the particular problems associated with providing services in rural and remote areas.

In the context of the HACC National Strategic Plan for the triennium 1993-94 to 1995-96, States and Territories have agreed to develop and implement strategies to improve the equitable access to services for people in special needs groups including people living in remote and isolated areas. These strategies include the development of a policy basis for service provision, information/training to improve access to services and training strategies to improve service responsiveness.

In addition, it is expected that the implementation of the HACC unit cost framework and the regional service provision planning framework will clarify the service and funding levels in rural and remote localities and their needs.

21. The Committee recommends that the Commonwealth Department of Human Services and Health in consultation with the States and Territories investigate the additional costs of providing community care services in rural, remote and isolated areas in order to develop funding models for these areas which recognise any additional costs identified. **(para 6.73)**

GOVERNMENT'S RESPONSE

The Commonwealth and State/Territory Departments will be conducting a survey/census of the costs of service providers. The data from this survey/census will allow the HACC Program to identify any additional costs for providing services in remote and isolated areas. Additional costs will then be able to be taken into account in establishing the HACC funding provided to these services.

CHAPTER 7 - Improving Continuity Between Health and Community Care

22. The Committee recommends that:
- . post acute, palliative care and rehabilitation in the community be funded from the health budget;
 - . the Commonwealth Department of Human Services and Health develop mechanisms to cost and fund the post hospital component of treatment for acute episodes and terminal conditions and funding for this component should be included in future Medicare Agreement; and
 - . the implementation of these arrangements give due regard to the practical aspects of service delivery and the recommendations on this matter made below. **(para 7.40)**
23. The Committee recommends that the Commonwealth Department of Human Services and Health encourage the private hospital and health insurance sectors through their relevant peak organisations to adopt standards in relation to early discharge, day surgery and post acute care and to work closely with the proposed Regional Community Assessment Agencies in developing these standards. **(para 7.42)**

24. The Committee recommends that post acute and palliative care and rehabilitation services currently falling within the no growth areas of HACC be provided in the following way using the Regional Community Assessment Agency as the point of interface between acute care and post acute care and, subsequently, HACC long term support where required:

- all public hospitals liaise with the Regional Community Assessment Agencies through discharge planners or community liaison staff;
- the Regional Community Assessment Agency to have the authority to determine in conjunction with discharge planners the type and level of services to be provided and advise the range of providers from which the hospital may purchase those services;
- in the case of consumers who have been receiving HACC services prior to admission to hospital, the Regional Community Assessment Agency is to have the authority to direct the hospital to purchase services where appropriate from the provider which had previously provided those services; and
- the Regional Community Assessment Agency be responsible for ensuring a smooth transition for the consumer from post acute support to long term support where this is required in line with the role recommended for these agencies in Chapter 9 of this report. (para 7.50)

GOVERNMENT'S RESPONSE TO RECOMMENDATIONS 22-24

The Commonwealth and States and Territories have agreed that the HACC Program should provide maintenance and support services to people who are moderately or severely disabled, even though they may also require specialist rehabilitation, palliative care or post-acute care.

Health and HACC Officials are to report to the Health and Community Services Ministerial Council on the funding and provision of specialised services, and their co-ordination with post-acute basic care within the HACC Program.

CHAPTER 8 - Linkages With Other Programs

25. The Committee recommends that the Commonwealth Department of Human Services and Health in consultation with States and Territories and local government develop and implement improved linkages between the programs at the planning and service delivery level. (para 8.10)

26. The Committee recommends that the Commonwealth Department of Human Services and Health define the boundaries and relationships between HACC and other aged care programs to minimise confusion among service providers and consumers, to eliminate gaps in service provision at the boundaries of the programs. It is also recommended that the Commonwealth Department of Human Services and Health promote consistency in administrative requirements between HACC and residential aged care programs, particularly where organisations are funded to provide services under more than one program. (para 8.20)

27. The Committee recommends that the Commonwealth Department of Human Services and Health examine the current provision of home maintenance and modification services to develop an equitable approach across the Program to ensure that members of the target group have access to these services. (para 8.29)

GOVERNMENT'S RESPONSE TO RECOMMENDATION 25-27

A number of initiatives currently being developed or implemented will respond to the issues raised by these recommendations. The HACC Program is currently implementing a regional service provision plan which will not only address the provision of HACC services, but other like community services, such as community health, disability services, and complementary services such as hospitals and residential care. The use of these regional plans from 1995/96 will assist in the identification of gaps in service delivery in particular regions and the implementation of measures to ensure an approach to service provision.

As the HACC Program moves to regional block funding, there will be an opportunity to review the administrative and data requirements placed on service providers.

28. The Committee recommends that the Department of Housing and Regional Development, ensure that the needs of people with disabilities and frail elderly people are taken into account in future Commonwealth State Housing Agreements. (para 8.30)

GOVERNMENT'S RESPONSE

The Committee's recommendation has been provided to the relevant Portfolio for their consideration in the context of the future Agreement.

29. The Committee recommends that the Commonwealth Department of Human Services and Health give consideration to extending HACC services into the area of supported accommodation where these are not currently funded at Federal or State level. (para 8.34)

GOVERNMENT'S RESPONSE

The provision of HACC services to people in supported accommodation is currently out of scope in the Program, where this form of accommodation includes a range of support services available to assist residents.

There is some flexibility, however, for HACC services to be extended to people in supported accommodation where the services provided do not meet the needs of residents. Where services are provided as part of an accommodation contract, the provision of the same services through HACC must remain a lower priority than for the general community.

30. The Committee recommends that the Commonwealth Department of Human Services and Health and State and Territory governments examine the material produced by the NATC in order to improve the provision of community transport under the HACC Program and to facilitate the access of HACC consumers to mainstream transport where appropriate. (para 8.36)
31. The Committee recommends that the Commonwealth Department of Human Services and Health liaise with the NATC and State transport departments to improve integration in the manner suggested by the NATC and to ensure that adequate safeguards are in place to ensure the appropriate allocation of HACC funds to community transport in line with needs based planning principles. (para 8.41)
32. The Committee recommends that the Commonwealth Department of Human Services and Health and the State and Territory governments establish regional pilots aimed at co-ordinating underutilised HACC transport assets. The pilots should emphasise a regional network of HACC transport services and their connections with suitable mainstream transport capacity. (para 8.42)

33. The Committee recommends that the Commonwealth Department of Human Services and Health and appropriate State and Territory departments monitor developments in mainstream transport and highlight the transport needs of HACC consumers to State transport departments to ensure that HACC community transport services are targeted to those members of the target group who are unable to access mainstream services. (para 8.46)
34. The Committee recommends that the Commonwealth Department of Human Services and Health conduct an examination of the extent to which HACC community transport services co-ordinate with both the private sector and with other HACC transport services, to make best use of existing infrastructure. (para 8.49)
35. The Committee recommends that the HACC Program trial transport brokerage models to assess the effectiveness and efficiency of the approach. (para 8.50)

GOVERNMENT'S RESPONSE TO RECOMMENDATIONS 30-35

It is the Commonwealth's view that it is better for people in the HACC target group to have access and be able to use mainstream transport services wherever possible.

- . **However, this is not always possible and the HACC program's role in regard to community transport services, as part of its maintenance and support charter, is to fill a support role for those people within its target group who are unable to access appropriate public transport. The level of this support would be considered in the context of regional planning.**

The Department of Human Services and Health acknowledges that more work needs to be done with State HACC and transport officials in community transport. Given that the NATC has been discontinued, the Department of Human Services and Health, particularly the Community Care Program and the Disability services Program will continue to work with State Transport authorities on improved access to transport generally, and to discuss HACC community transport issues with State Ministers responsible for HACC.

Issues to be discussed include:

- . **an audit of HACC and other community transport services on the level of use of currently funded services; and**
- . **the question of piloting a community transport brokerage scheme.**

CHAPTER 9 - Assessment

36. The Committee recommends that undergraduate medical courses and continuing education courses for GPs incorporate material regarding community care programs. (para 9.14)

GOVERNMENT'S RESPONSE

This matter has been referred to the relevant area of the Department of Human Services and Health for consideration in their discussions with relevant bodies on undergraduate medical courses.

37. The Committee recommends that the Commonwealth Department of Human Services and Health, in consultation with State, Territory and local governments and related programs in aged residential care and disability services, pilot a common agency approach to assessment for community care, aged residential care, post acute care, palliative care and accommodation related disability services. It is recommended that the pilots cover a number of metropolitan and non-metropolitan regions, are jointly funded by the relevant problems and test the following model:

- Adequately resourced and appropriately staffed Regional Community Assessment Agencies to conduct gatekeeping assessments in line with the eligibility criteria of the relevant programs. The agencies must have flexibility in staffing and location(s) and should consist of a core team of staff with the capacity to contract in specialist staff as required and to contract organisations to conduct assessments on behalf of the agency in certain circumstances, such as in outlying areas of geographically large rural regions;

- Each Regional Community Assessment Agency to be independent of service providers and governments. The agency would be accountable through normal Program channels with administrative details to be negotiated among the programs concerned prior to commencement of the pilot;

- In relation to general HACC services each agency will be responsible only for the assessment of need against the criteria. As described in Chapter 7, the regional assessment agency would have the authority to determine amounts of service for consumers requiring post acute and palliative care services in conjunction with hospital discharge planners. In the case of residential aged care, the regional assessment agency would have the same powers as existing ACATs which would be replaced. For disability services, the agencies would subsume the powers of any existing assessment mechanisms;

Individual HACCC service providers should retain responsibility for deciding on relative need, in line with priority of access guidelines as recommended in Chapter 5, for developing care plans for individual consumers, for ongoing monitoring of consumers and for reassessment and minor adjustments of service levels. Major changes would be referred to the Regional Community Assessment Agency for reassessment;

The Regional Community Assessment Agencies should be responsible for follow-up to ensure that referrals are acted upon and to pursue alternatives when HACCC agencies are unable to assist;

The Regional Community Assessment Agencies should be subject to all HACCC quality assurance requirements and to additional requirements regarding response time to ensure that the initiative does not lead to delays in assessment and provision of services and is able to respond to emergencies;

The Regional Community Assessment Agencies should be staffed with recognition of particular needs within the region, such as ethnic populations and dementia, and have the capacity and resources to bring in experts in special need areas such as interpreters or experts in brain injury;

An avenue of appeal against an assessment, should be established as part of the complaints mechanisms recommended in Chapter 11;

The pilot projects should incorporate a data collection model consistent with the data required under the draft HACCC Program Outcome Indicators to assist in an assessment of the effectiveness of both the role of assessment data in identifying unmet need and of the draft Indicators as a tool for monitoring Program effectiveness; and

The pilot projects should be run for 12 months concurrently with the other pilots recommended in this report. (para 9.44)

GOVERNMENT'S RESPONSE

The Commonwealth, along with the States and Territories, will be developing a national framework for assessment that draws on the above recommendations. Characteristics of the framework will include:

- **regionally based assessment mechanisms;**
- **independent assessment of prospective HACCC consumers, particularly those with complex or high level needs;**

- **accredited assessors or agencies;**
 - **collection of data on assessment outcomes;**
 - **the use of the Client Information, Assessment and Referral Record (CIARR) as a mechanism for recording client information and facilitating referrals between service providers; and**
 - **regular client review/re-assessment.**
38. The Committee recommends that the Commonwealth Department of Human Services and Health in conjunction with States, Territories and local government negotiate consistent regional boundaries for these related service delivery areas and based initially on existing area health boundaries. Within the HACC Program consistent regional boundaries should be applied for all regionally based functions. (para 9.445)

GOVERNMENT'S RESPONSE

The HACC Program has agreed to move toward a region-based funding system. The regions will probably be based on the existing regional structure administered by State Government departments responsible for HACC, with Statistical Local Areas (SLAs) and Local Government Areas (LGAs) being the building blocks for these regions.

39. The Committee recommends that the Commonwealth Department of Human Services and Health and relevant State and Territory governments:
- **Adopt the common assessment record, with revisions as necessary, as the basic assessment and referral document for the pilot Regional Community Assessment Agencies and the care planning and service delivery record of HACC services in the pilot regions;**
 - **Continue the implementation of the common assessment record and associated training pending the implementation of the recommendations above and evaluation of the pilots; and**
 - **Retain the principle by which basic assessment information and service provision records are held in the consumer's own home and shared, with the agreement of each consumer, between service providers for ongoing use as a care planning and co-ordination tool following implementation of Regional Community Assessment Agencies, should the recommended pilots support the model. The use of the common record in this way should be made mandatory for projects subject to the agreement of the consumer. (para 9.56)**

GOVERNMENT'S RESPONSE

The first stage of implementation of the Client Information, Assessment and Referral Record (CIARR) is completed, and the CIARR is being used by service providers and ACATs in twenty eight regions across Australia. Training in the use of the CIARR is also being conducted in the Northern Territory as the first step towards implementation of the Record in that Territory.

The States/Territories are now responsible for implementing the CIARR according to their training priorities and resource allocations. The Commonwealth, in considering with the States/Territories a new framework for assessment that incorporates recommendations in assessment in the Efficiency and Effectiveness Review, will continue to encourage the use of the CIARR as a mechanism for facilitating co-ordination and referral between service providers. The value of the Record for clients has been widely acknowledged and this will help ensure that it will be retained in any new arrangements. Further implementation of the Record will be monitored through the HACC Officials Assessment Working Group.

CHAPTER 10 - Service Delivery and Costs

40. The Committee recommends that the HACC Program retain the current diversity of service provider types. It is further recommended that the Commonwealth and the States monitor the costs and effectiveness of service provision by different types of organisations to ensure efficiency and provide appropriate support for service providers. (para 10.9)

GOVERNMENT'S RESPONSE

The Commonwealth recognises that the current diversity of service types has a major role to play in improving and helping to maintain the Program's flexibility. A framework to monitor the unit cost of service provision has been developed and will be implemented in late 1995. Information acquired during the implementation of the framework will improve the Program's capacity to ensure efficiency and provide appropriate support for services.

41. The Committee recommends that the Commonwealth Department of Human Services and Health in conjunction with States and Territories examine the relative efficiency and quality of for-profit providers and traditional HACC providers. This will require implementation of a unit cost framework for HACC as recommended later in this Chapter. (para 10.25)

42. The Committee recommends that the Commonwealth Department of Human Services and Health investigate any legislative barriers to the participation of the private sector in the provision of HACC services and work with States, Territories, local government, providers and consumers to develop a coherent policy to enable for-profit providers to seek funding to provide HACC services. This recommendation is conditional upon examination of the relative efficiency of these services and the implementation of recommendations regarding mandatory service standards, external complaints mechanisms and accountability for outcomes and outputs. (para 10.26)

GOVERNMENT'S RESPONSE TO RECOMMENDATIONS 41 AND 42

The Commonwealth is investigating this issue and recently sought legal advice clarifying the eligibility of for-profit providers delivering HACC services.

Legal advice is that under clause 8 of the current HACC Agreement a service may be provided by a for-profit provider. However, to be a legal arrangement under the current HACC Agreement, the grant must be paid to a non-profit organisation (a Principal) such as the State, a local government or community organisation. Under this arrangement the Principal is obliged to contract in such terms to ensure the requirements of the program are met and is responsible for any failure of the agent to meet these requirements.

The Commonwealth is also investigating the possibility of the provision of HACC services by for-profit providers more broadly in the Program.

As a result of the recent gazettal of the standards (17 May 1995), States/Territories are now required to include compliance with the standards in all service agreements, including contracts with for-profit providers. Monitoring of compliance with the standards should now be a major component of service reviews.

The Commonwealth and States/Territories through the Standards Working Group (SWG) have agreed to a National Outcome Measures Framework which will further progress the development of quality assurance mechanisms for the HACC Program such as measurable outcomes for the National Service Standards. It is expected that the transition to incorporating measurable outcomes in service reviews will be mandatory for all service providers, including for-profit providers.

The focus on developing measurable outcomes for the standards is expected to provide the measurable evidence necessary to determine whether a specific service has achieved a desired result both in respect of the consumers receiving the service and the broader Program objectives and indicators.

The Commonwealth/State Efficiency and Effectiveness Review also recommended the development of specific measures of accountability to accommodate new service delivery models that may be generated through the introduction of for-profit providers. These measures include; fees/price, location and timing of service provision, access and equity targets. These issues are currently being investigated by various Commonwealth/State working groups established at the May 1995 HACC Officials meeting.

43. The Committee recommends that the Commonwealth Department of Human Services and Health monitor the outcomes of service delivery models being trialed in States and Territories and continue to encourage innovation in service delivery. (para 10.32)

GOVERNMENT'S RESPONSE

The Commonwealth is supportive of trials of new service delivery models where these have the support of the local community. It will continue to monitor the outcomes of such trials.

44. The Committee recommends that the Commonwealth Department of Human Services and Health implement flexible approaches to service funding to remove limitations so that an agency may provide a range of services while maintaining adequate accountability standards with a focus on outcomes and outputs. (para 10.33)

GOVERNMENT'S RESPONSE

The Commonwealth, in conjunction with the Victorian Department of Health and Community Services, has explored ways in which greater flexibility may be injected into current service funding mechanisms. This work has wider national implications and is compatible with an enhanced focus on improved outputs and outcomes for consumers.

As the Program moves to regional block funding with an emphasis on output accountability, there will be greater capacity for agencies to provide a range of services to meet the needs of an individual.

45. The Committee recommends that the Commonwealth Department of Human Services and Health and the States and Territories actively encourage co-location of services and sharing of administrative resources as the opportunity arises (for example, when funding new projects or when changes in accommodation are required). (para 10.34)

GOVERNMENT'S RESPONSE

The Government agrees with this recommendation. As the Program moves to regional planning and funding there will be increased opportunities for the Program to become more responsive to the needs of consumers, in that regions can develop service delivery patterns in accordance with that need.

46. The Committee recommends that the HACC Program continue to foster improved co-ordination of service provision at the local level. Mechanisms to achieve this may include increased support for local forums and identification and promotion of best practice in co-ordination and co-operation. (para 10.37)

GOVERNMENT'S RESPONSE

The Commonwealth is keen to work with the States/Territories to promote improved co-ordination and best practice in co-ordination and co-operation in service provision at the local level. To this end the Commonwealth is aware of and would encourage initiatives such as:

- . the Demonstration Projects in Integrated Community Care being trialed in nine areas in New South Wales. These will involve service providers in developing protocols for taking co-ordinated and co-operative approaches to services delivery for aged and disabled consumers;**
- . the 'Best Practice' projects underway on a trial basis in three regions in Victoria. HACC service providers are developing models of assessment based on agreed principles including a single point of entry, needs assessment, re-assessment/review, an integrated service system, data and information sharing, and the use of the Client Information, Assessment and Referral Record (CIARR); and**
- . the Case Management Model operating in the Australian Capital Territory which also uses the CIARR.**

These and other initiatives being developed by other States/Territories will be reviewed by the HACC Officials Assessment Working Group on Assessment as part of the development of a national framework with flexible models for assessment at the regional level.

47. The Committee recommends that the Commonwealth and the States/Territories expand coverage of case management services to ensure that consumers with complex needs in all areas of Australia have access to case management. It is also recommended that these services continue to be targeted to consumers with complex needs. As recommended in Chapter 6, rural and remote areas should be expected from the requirement that case management is targeted only to high level need consumers. (para 10.41)

GOVERNMENT'S RESPONSE

The Commonwealth supports the extension of the case management approach to service delivery and guidelines have been developed to assist HACC agencies work with community options projects.

In addition, the HACC Program is contributing to discussions being held in the Council of Australian Governments (COAG) context on the role of case management and brokerage in delivering community services.

48. The Committee recommends that the Commonwealth Department of Human Services and Health investigate the industrial and legal issues associated with the purchase of services by case management projects, particularly where those services are provided by an individual. (para 10.44)

GOVERNMENT'S RESPONSE

Industrial issues would usually fall under the day to day management of the Program which is the responsibility of the State/Territory Governments. There is a question where the services so purchased are provided by "staff.

If provided by "staff", the Commonwealth policy is that staff funded under the HACC Program should be paid according to relevant industrial awards. This matter will be raised through the HACC Officials forum, and a report on the issues compiled.

49. The Committee recommends that the Program proceed with the implementation of a unit costs framework. Once implemented, it is recommended that the framework be utilised to examine the relative efficiency of a range of service delivery models and to identify factors which cause cost variations. (para 10.53)

GOVERNMENT'S RESPONSE

The unit costs framework is currently being implemented across Australia, with States and Territories committed to expected to undertake either a survey or a census of service providers in the coming months. The information obtained from the survey/census will allow the Program to identify the relative costs of service delivery for different regions and service types, and the factors which cause cost variations.

50. The Committee recommends that the Commonwealth Department of Human Services and Health in consultation with State, Territories and local government and interested organisations, develop a national policy on the reimbursement of volunteer out of pocket expenses and fund projects which involve volunteer input accordingly. (para 10.59)
51. The Committee recommends that the Commonwealth Department of Human Services and Health work with State and Territory governments to develop a policy on the funding of volunteer based services which recognises the need for adequate funding of service co-ordinators to enable appropriate support to be given to volunteers. (para 10.63)
52. The Committee recommends that the Commonwealth Department of Human Services and Health and State and Territory governments work with service providers and volunteer agencies to develop a protocol for the conduct of volunteers, guidelines for the types of tasks which volunteers may appropriately carry out and any legal issues, including insurance coverage and public liability, associated with volunteers in the HACC Program. (para 10.66)

GOVERNMENT'S RESPONSE TO RECOMMENDATIONS 50, 51 AND 52.

The value of the contribution made by volunteers in the community care sector is widely acknowledged and their assistance with the provision of HACC services is critical to the success of the Program. In this context, volunteers are considered to be part of the staff of HACC organisations and work under the same conditions as paid salary staff.

Volunteers are encouraged to participate in management, training and all appropriate aspects of direct service delivery.

CHAPTER 11 - Quality Assurance

53. The Committee recommends that the Commonwealth Department of Human Services and Health review the extent to which the HACC Statement of Rights and Responsibilities has been distributed to service providers and consumers and the extent to which service providers advise consumers of their rights. It is further recommended that the Commonwealth Department of Human Services and Health negotiate with States and Territories to ensure immediate dissemination of this material, where it has not occurred, and to ensure that service providers are aware of their obligation to inform consumers of their rights and to operate their services in accordance with the rights and responsibilities contained in it. (para 11.11)

GOVERNMENT'S RESPONSE

The Commonwealth developed and provided the HACC Statement of Rights and Responsibilities to all States and Territories. Under the current agreed administrative arrangements between the Commonwealth and the States/Territories, responsibility for distributing the information to HACC providers lies with the State/Territory Government. However, where State and Territory Governments have not ensured that the Statement has been distributed to all HACC service providers, or that providers understand their obligations to consumers under the Statement, the Commonwealth continues to actively encourage them to do so.

54. The Committee recommends that the Commonwealth Department of Human Services and Health, in consultation with State and Territory governments, local government, consumers and service providers, ensure that HACC consumers have access to independent regionally based complaints mechanisms by building on existing mechanisms to ensure that they have a mandate to investigate complaints in relation to HACC and by establishing separate mechanisms where suitable institutions do not exist. The independent mechanisms should have the following features:
- . they should be completely independent of HACC service providers;
 - . they should be accessible and non-threatening to consumers, be informal and be well-publicised;
 - . there should be no requirement that consumers approach the service prior to accessing the independent regionally based mechanism;
 - . they should have a conciliation and mediation focus but have authority to direct HACC service providers to respond to complaints and to make changes in service provision where necessary;

- they should have the capacity to respond quickly; and
- they should encourage and facilitate the involvement of an advocate (formal or informal) by the consumer. (para. 11.24)

GOVERNMENT'S RESPONSE

As part of the Quality Assurance Strategy being developed for the HACC Program by the Commonwealth and State/Territory Governments, a National Complaints Policy was launched in 1992. This Policy outlines a three tiered approach to complaints resolution in which consumers in the first instance are encouraged to contact the service agency to have the complaint resolved. If this approach is not successful, or if the consumer prefers not to use this approach, the Complaints Policy allows for the consumer to have recourse to assistance from State/Territory Departments, or other independent complaints mechanisms. The Complaints Policy also allows for the use of an advocate to speak and act on behalf of a consumer in the resolution of a complaint if the consumer chooses to use such a person.

All of the States and Territories have developed mechanisms for implementing the Complaints Policy. In addition, as part of the accountability process under new administrative arrangements for the Program, the States/Territories will need to ensure mechanisms are in place to monitor key quality assurance issues such as complaints at the regional level. These arrangements will include the provision of specific data on the extent to which services meet the national service standards outcome measures and have avenues for complaints resolution in place.

55. The Committee recommends that the Commonwealth and the States ensure that all HACC service providers have a formal complaints procedure in place, that it is accessible and understandable to the target group and that all consumers are made aware of it, including those who are refused access to a service. (para. 11.25)

GOVERNMENT'S RESPONSE

The Commonwealth launched a national Complaints Strategy for the HACC Program in 1992 as part of the National Service Standards. Since 1992, all States and Territories have worked progressively towards implementation of the standards with service providers. Although implementation has taken place at varying levels across Australia, all States/Territories have now established a range of training/education and review procedures to continue to assist with the process.

To assist in implementation of the Complaints Policy the Commonwealth has developed and distributed literature targeting service providers and consumers outlining the Policy and the rights of consumers to have complaints dealt with fairly and in a timely manner. A training package to assist service providers in managing complaints had also been developed. A version of this which will be appropriate for HACC services managed by and for Aboriginal and Torres Strait Islander people is currently being developed and will be made widely available to service providers for this target group.

Following agreement from all State/Territory Ministers, the National Service Standards were gazetted on 17 May 1995. States and Territories are now required as a result of the gazettal process to include the standards in all services agreements. Monitoring of compliance with the standards should now be a major component of service reviews, including ensuring that each consumer has access to fair and equitable procedures for dealing with complaints and disputes.

To ensure that service providers, consumers and funding agencies are aware of these standards and complaints mechanism, the Commonwealth has printed and widely distributed both information brochures and national training packages.

56. The Committee recommends that the Program implement mandatory outcome standards. This implementation should proceed in a staged manner and build on the work already conducted to implement the Guidelines for the HACC Program National Service Standards. The implementation must include continued development and provision of service provider training and take account of the varied nature of HACC service providers and their capacity to implement the standards. (para. 11.42)

GOVERNMENT'S RESPONSE

The Commonwealth and States/Territories through the Standards Working Group is currently developing a measurable outcomes instrument based on the standards and to be used as part of the service review process. A focus on outcome measures as part of the review process which includes ongoing monitoring and evaluation of services, will provide a nationally consistent method of assessing aspects of the service delivery system and the Program's performance.

At this stage, it is expected that the actual review model will be determined by individual States/Territories. However, the outcome measures instrument currently being developed by the SWG will be a mandatory component of whatever review model is chosen by the States/Territories.

This approach allows for flexibility in the way reviews are conducted for different levels of service provision and type, and at the same time, provides a nationally consistent method for collecting data.

It is expected that the ongoing improvement of service quality, particularly with the introduction of measurable outcomes and outcome based reviews, will be dependent on the continuation of a range of training and educative options for service providers, consumers and other participants of the review process.

57. **The Committee recommends that sanctions, such as transfer of auspice or defunding, for non-compliance be available as a final option. The preferred way of dealing with failure to meet standards is through negotiation and training. (para. 11.43)**

GOVERNMENT'S RESPONSE

The Commonwealth and States/Territories through the Standards Working Group have agreed to a National Outcome Measures Framework which will further progress the development of quality assurance mechanisms for the Program. As part of this framework the SWG will consider a range of sanctions for those service that consistently fail to demonstrate compliance with the standards. This is also consistent with a move towards actively defining standards and measuring performance as the basis for funding decisions, which is a central thrust of the Efficiency and Effectiveness Review of HACC. The Standards Working Group is looking at the development of core sanctions that can be nationally applied.

To date, States/Territories have offered a range of training and educative options to service providers to assist with the implementation of the standards. It is expected that the ongoing improvement of service quality, particularly with the introduction of measurable outcomes and outcome-based reviews, will be dependent on the continuation of this process. The SWG will also look at a range of incentives for those services that are consistently rated as model services.

58. **The Committee recommends that the Commonwealth Department of Human Services and Health, in conjunction with States and Territories, service providers and consumers, pilot the CHASP model in other States and Territories with the view to implementing it as the service review model and standards monitoring tool across the Program. (para. 11.48)**

GOVERNMENT'S RESPONSE

See response to Recommendation 56

59. The Committee recommends that the aggregated results of service reviews form part of the measurement of the performance of the Program as a whole through the HACC Program Outcome Indicators. (para. 11.49)

GOVERNMENT'S RESPONSE

The Commonwealth and States/Territories through the Standards Working Group have agreed to a National Outcome Measures Framework which will further progress the development of quality assurance mechanisms for the Program by exploring the use of outcome measures which specify the measurable evidence necessary to determine whether a specific service has achieved the desired result both in respect of the consumers receiving the services and the broader Program objectives and indicators.

In respect to the broader Program objectives, it is expected that outcome measures developed will link to the standards and provide data required for Quality Indicators under the Program's Performance Indicators. The information collected from the data will address accountability requirements at three levels:

- . at the service level (ensuring that services are providing positive consumer outcomes through the most efficient and effective means);
 - . at the regional level (aggregated data collected from service reviews will provide information on the quality and level of service provision at a regional level, for e.g. the number of reviews conducted and the outcome of those reviews): and
 - . at the national level (aggregated data will provide information of the Program's performance through the Quality Indicator of the Program Performance Indicators).
60. The Committee recommends that the Commonwealth Department of Human Services and Health, in conjunction with States and Territories, develop a HACC advocacy policy which includes:
- . a clear statement of the role and definitions of advocacy to apply under the Program;
 - . a policy on funding advocacy services and the scope and functions of these services;

a statement of the right of the consumer to choose and involve an advocate at any stage of their dealings with HACC services, not just in the context of a complaint or a dispute; and

the distinction between advocacy and other services like information, referral and mediation services. (para. 11.55)

GOVERNMENT'S RESPONSE

All HACC funded services are required, as part of the National Services Standards, to develop links with advocacy services in the local area and to inform consumers of the availability of this assistance. The Commonwealth will ensure that revised administrative arrangements will provide for quality assurance mechanisms, such as advocacy services, to be accessible to consumers at the regional level.

CHAPTER 12 - Service Availability, Planning and Administration

61. The Committee recommends that the Commonwealth Department of Human Services and Health, in conjunction with the States and Territories, develop a new service type under the HACC Program for the provision of medication review and management services. It is further recommended that the Commonwealth Department of Human Services and Health liaise with the Pharmacy Guild of Australia in developing this service type and fully investigate the legal aspects, relationship with existing HACC services, accreditation and training issues. (para. 12.9)

GOVERNMENT'S RESPONSE

The Department and the Pharmacy Guild have had initial discussions on the issue of medication review and management. The Department of Human Services and Health understands that a community trial will be conducted in Victoria, and will consider this issue further once the results of the trial are available.

62. The Committee recommends that the Commonwealth Department of Human Services and Health in conjunction with State and Territory Governments, investigate the need for additional service types under the HACC Program. This investigation should make use of the input of the regional, State and national advisory structures recommended later in this Chapter. (para. 12.12)

GOVERNMENT'S RESPONSE

The Government agrees with this recommendation in principle. The HACCC Program has, as a principle and goal, the "... testing and evaluation of new and differing approaches to planning, co-ordination and service delivery;" [HACC Agreement, Clause 5 (1)(h)]. In addition, in-scope services include "such other service as is agreed by the Commonwealth Minister and the State Minister." [HACC Agreement, Clause 7(1)(l)]. Additional service types may arise through the regional planning process, and would need to be considered individually on a case-by-case basis.

63. The Committee recommends that the Commonwealth Department of Human Services and Health ensure that State and Territory needs based planning models incorporate effective local and regional planning mechanisms and opportunities for advisory bodies, to be established in line with recommendations later in this Chapter, to have an effective role in strategic planning and needs based planning. (para. 12.25)

GOVERNMENT'S RESPONSE

Following Health and Community Services Ministers' endorsement of a move to regional block funding, a working group of Commonwealth and State officers have been established to develop appropriate mechanisms for the implementation of changed administrative arrangements. This working group will consider both planning and accountability mechanisms that will need to reflect the new arrangements. Mechanisms will also be developed to ensure that consumer and service provider views are taken into account within the planning process at national, State and regional level.

64. The Committee recommends that the Commonwealth Department of Human Services and Health ensure that State and Territory planning models provide for feedback to the community about the contents of State and National Plans and the outcomes of planning processes in which Forums have participated. (para. 12.26)

GOVERNMENT'S RESPONSE

National and State Strategic Plans, and Business Reports will be publicly available and include a report of achievements against Program objectives to provide feedback to members of the community about Program outcomes.

65. The Committee recommends that needs based planning models take account of the range of data available including ABS data, local data collections including local government material and data from Regional Community Assessment Agencies. Planning must also take account of existing services which impact on the needs of the target group in each region including those provided under disability programs, other aged care programs, State government health and welfare programs, local government and voluntary projects. (para. 12.27)
66. The Committee recommends that the Commonwealth Department of Human Services and Health work with State and Territory governments to ensure that effective needs based planning models are in place which include a community development element to assist communities in developing services to meet identified needs or encourages existing large service providers to extend to areas of need. (para. 12.33)

GOVERNMENT'S RESPONSE TO RECOMMENDATIONS 65 AND 66

The Commonwealth agrees that needs-based planning models in HACC should include as wide a range of relevant planning data as is available. The Commonwealth and the New South Wales Department of Community Services funded a consultancy to develop service provision targets/benchmarks in a regional context. The consultant's final report has been published and there is agreement by the Commonwealth and the States and Territories to implement the regional planning model proposed. This model includes not only HACC data, but also demographic data, data on like services, such as disability services and community health, and complementary services such as hospitals and residential care.

In addition to the quantitative data, the planning model also allows for the input of information from consumers and service providers on their perceived needs for services.

67. The Committee recommends that the Commonwealth Department of Human Services and Health ensure that HACC data collections are reviewed regularly to confirm their appropriateness and that data is published within one year of the completion of each collection to ensure its currency and usefulness in the planning framework. It is further recommended that the Commonwealth Department of Human Services and Health continue to work with the States, Territories, local government and service providers to ensure the availability of high quality data. (para. 12.37)

GOVERNMENT'S RESPONSE

A consultancy to review the data requirements of the HACC Program and the most suitable methods of collecting and reporting will be let in the coming months. An important aspect of this consultancy is that service providers will be consulted on their information collections and requirements. It is agreed that data should be published within one year of collection.

68. The Committee recommends that the Commonwealth Department of Human Services and Health, in conjunction with State and Territory governments, continue the development of community care benchmarks or planning targets which identify an appropriate level of community care services required per head of population. The benchmarks should be based on empirical evidence of the incidence of disability among the population and be capable of being employed at the regional and local levels. (para 12.41)

GOVERNMENT'S RESPONSE

The consultant's final report has been published. It recommends that provision of service types as a ratio of the HACC target population has to be considered and used carefully. However, this data is now being made available to all States and Territories and will be the base for regional planning in the future.

The study to examine the relationship between dependency and point and intensity of intervention is also expected to inform future service provision target development work.

69. The Committee recommends that the Commonwealth Department of Human Services and Health in conjunction with State and Territory governments develop a formal role for local government, to be negotiated with the ALGA and the State local government associations, in the HACC planning process. This role should recognise local government as a partner in the planning and delivery of HACC services and acknowledge the significant financial and in-kind contributions of local government to the provision of community care, and should include:

- involvement in broad planning issues including the development of HACC needs-based planning models and State and national strategic plans;

- membership of Regional Forums, State level advisory committees and the national policy advisory committee;

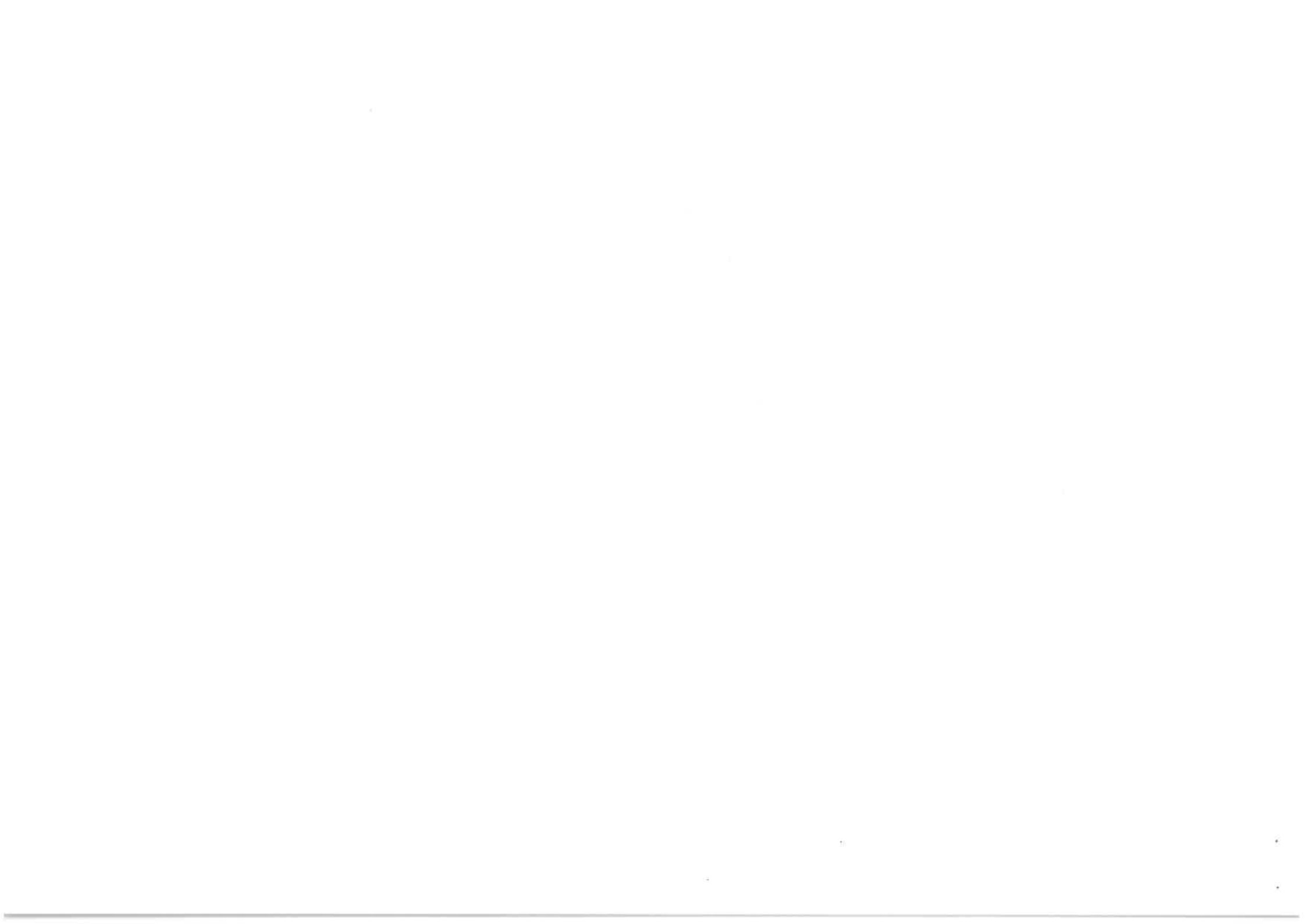
encouragement of local councils to co-operate on a regional basis in order to facilitate involvement in the proposed regional structure of the HACC Program; and

a key role in planning at the local and regional level including participation in Commonwealth/State committees responsible for considering priorities and developing funding proposals. (para 12.49)

GOVERNMENT'S RESPONSE

The Commonwealth agrees that local government has an important role in the provision of community care, but this has differed from region to region. In the implementation of the regional planning framework, the States and Territories will be encouraged to include local councils in the planning forums.

70. The Committee recommends that the Commonwealth Department of Human Services and Health formalise a protocol with States and Territories to ensure that, under normal circumstances, new appointments to State level advisory Committees are confirmed prior to the expiry of terms of existing members. It is further recommended that the Commonwealth Department of Human Services and Health in conjunction with States and Territories, amend the guidelines for the HACCACs to ensure that in the event of unavoidable delays in reconstitution of Committees at the expiry of members' terms, existing members will continue to fill their positions until new appointments are made. (para 12.55)
71. The Committee recommends that the Commonwealth Department of Human Services and Health review the guidelines for the HACCACs, in consultation with members of the current Advisory Committees to clarify the role of the Committees and develop protocols for the passing of HACCAC advice to the Commonwealth and State Ministers and for governments to respond to that advice and provide feedback to the Committees. It is further recommended that the Program provide HACCACs with adequate resources to fulfil their role, particularly in terms of community consultation. (para 12.61)
72. The Committee recommends that the role of State level HACCACs encompass the existing role but have a much stronger emphasis on consideration of policy issues. HACCACs should take a proactive approach and advise governments of areas where existing policy is lacking, where implementation is not proceeding effectively and where issues arising in the HACC community require a policy response on behalf of governments. In addition, HACCACs should be included in the consultation process for all major new policy initiatives. (para 12.62)



73. The Committee recommends that the Commonwealth Department of Human Services and Health ensure that the membership of HACCACs is representative of the communities they serve and includes a high level of consumer representation and people who are able to advocate for special needs groups. **(para 12.63)**
74. The Committee recommends that the Commonwealth Department of Human Services and Health in conjunction with States and Territories ensure the establishment and maintenance of regional HACC Forums in all States and Territories to advise on regional service needs, broad priorities for funding, consumer views and service delivery issues. It is further recommended that the advice of the Forums be forwarded to governments through the State HACCACs and that the Commonwealth Department of Human Services and Health ensure that mechanisms exist for feedback from governments to the Regional Forums. **(para 12.69)**
75. The Committee recommends that Regional Forums have a sufficiently flexible and informal structure to enable the Forums to be accessible to consumers. While this would include formal consumer representatives on the Forums, it should extend to informal consultative activities where consumers may feel more able to participate. **(para 12.70)**
76. The Committee recommends that the Commonwealth Department of Human Services and Health establish a National HACC Advisory Council comprising the national peak organisations representing consumers and providers of HACC services. The Council should meet annually and have the capacity for special meetings to examine major policy initiatives as is currently the case. The role of the Council will be to:
- participate in the development of the National Strategic Plan, although the final decisions about the Plan will be made by governments;
 - advise on community concerns and areas in which HACC performance requires improvement;
 - have access to Program data, including the results of the monitoring of the HACC Program Outcome Indicators when they are implemented, to enable analysis and advice on the program's performance; and
 - provide a two-way communication link between governments and the community in relation to the HACC Program. **(para 12.72)**

GOVERNMENT'S RESPONSE TO RECOMMENDATIONS 70 - 76

As a result of changed Program arrangements endorsed by Health and Community Services Ministers in relation to regional block funding, a Working Group of Commonwealth and State officers is considering the most appropriate advisory mechanisms to ensure community views are taken into account in Program planning and policy development.

Issues to be addressed by the Working Group include:

- . appropriate mechanisms to ensure service users and providers, and local governments have input into strategic planning at national, State and regional levels;**
- . the availability of data as a basis for consultation;**
- . how information should flow between the community and Ministers;**
- . the linking of HACC advisory mechanisms to mechanisms in related program areas;**
- . the role of advisory mechanisms with regard to Program policy; and**
- . the provision of resources to ensure community consultation is effective.**

The Commonwealth is committed to an effective, regionally based advisory mechanism, allowing both for community and Commonwealth input as an essential component of a regionally based funding system with a greater administrative role for the States and Territories.

77. The Committee recommends that prior to any change to streamline administration, the Commonwealth Department of Human Services and Health evaluate the success of the strategic planning processes discussed earlier in this Chapter in terms of the level of co-operation by States and Territory governments, the extent of the match between nationally agreed objectives and States/Territory Plans and outcomes reported in State/Territory Business Reports. (para 12.83)

GOVERNMENT'S RESPONSE

Under changes to administrative arrangements for the Program endorsed by Health and Community Services Ministers, relating to block regional funding, strategic planning will increase in importance and require a greater level of both quantitative and qualitative clarity.

Commonwealth and State officers of a Working Group set up to consider administrative matters will also consider the development of administrative arrangements for strategic planning and will look to strengthen arrangements to ensure effective planning at national, State and regional level.

It is proposed that where a region in a State or Territory does not fulfil their planning requirements, that the Commonwealth and State/Territory return to joint approval of all projects in that region.

78. The Committee recommends that the Department of Human Services and Health negotiate accountability measures with State and Territory governments to improve the capacity of the Program to measure the extent to which it achieves its objectives and ensure that HACC funds are applied to further HACC objectives. These arrangements are to include:

- . Continuation of existing accountability for expenditure of HACC funds;
- . A more focused approach to data collections in line with the data requirements of the HACC Program Outcome Indicators when finalised;
- . Timely provision of other information required within the Outcome Indicators framework including unit cost information and aggregated results of standards monitoring; and
- . A commitment by States and Territories to the timely provision of data to allow publication of data within one year of its collection. (para 12.84)

GOVERNMENT'S RESPONSE

Commonwealth and State/Territory Ministers have agreed to the need to report against both Program and regional indicators. Mechanisms to measure these indicators are still being developed, and are the subject of a number of the working groups responsible for particular areas of the Program, such as standards, assessment, as well as being an important output of the data review.

It is proposed that State/Territory business reports, which will report against the Program Indicators framework, down to the regional level will be tabled in Federal Parliament at a specified time each year, so as to allow comparison of the Program performance between States and Territories.

79. The Committee recommends, that subject to favourable findings from this evaluation and the implementation of accountability measures recommended, the Commonwealth Department of Human Services and Health and States and Territory governments implement the following streamlined administrative processes through revised HACC Agreements:
- Continued Commonwealth responsibility for the development, co-ordination and implementation of policy and strategic directions, initiation of innovative service models on an unmatched basis, initiation of research and development activities to advance Program objectives, data analysis and publication, national promotional activities, and national financial monitoring;
 - State and Territory governments to be responsible for the day to day administration of the Program, including funding decisions to be made at regional level with Commonwealth and State Ministers and Members advised simultaneously;
 - Joint agreement to the quantum of funds to be available to the Program in each State and Territory; and
 - Continued joint responsibilities at a broad strategic level, including: Joint agreement to national and State level strategic plans; joint agreement to policy initiatives and major program tools like needs based planning models, standards monitoring mechanisms and service agreements; joint participation in advisory structures; and joint involvement in program evaluation activities. (para 12.85)
80. The Committee recommends that the Commonwealth Department of Human Service and Health monitor regionalisation initiatives which affect the Program and negotiate with States and Territories to ensure that this occurs in a co-ordinated way to promote the consistency discussed above. (para 12.89)
81. The Committee recommends that the Commonwealth Department of Human Services and Health, in conjunction with State and Territory governments, pilot a regional administration approach to the provision of HACC services. The pilot regions must involve the selection of common regions both by the Commonwealth and State departments responsible for the HACC Program and related Programs. The Committee considers that State Health Regions may be the appropriate basis for the pilot regions, as they are well established in most States and have close links between HACC and the

acute health sector. In order to test the total package of initiatives recommended in this report, the regions for these pilots should be the same as those for the Regional Community Assessment Agencies. It is recommended that the pilots have the following features:

Commonwealth and State/Territory officers responsible for the HACC Program working within a close partnership;

A strong role for Regional HACC Forums in advising on priorities and examining the effectiveness of the Program;

A regional funding allocation, developed on the basis of the priorities identified in the State Strategic Plan, with authority to distribute funds delegated to State government officers in the Region or to a regional community board;

Commonwealth and State officers to attend key meetings of the Regional Forums in an ex officio capacity;

Local government representatives to have a formal role in the Regional Forum, in needs-based planning and in the development of funding priorities; and

A strategy for the formal evaluation of the Pilot.
(para 12.90)

GOVERNMENT'S RESPONSE TO RECOMMENDATIONS 79-81

Commonwealth and State/Territory Ministers have agreed to implement regional block funding from 1 July 1996. Under these arrangements the Commonwealth and States/Territories will continue to jointly agree the quantum of funds for each State and jointly approve the funds for each region. The State/Territory Minister will be responsible for the approval of individual projects. There will also be regionally based advisory mechanisms, allowing for direct community input. Commonwealth officers will also participate at the regional level, including monitoring specified outcomes, and there will be sanctions for non-performance at the regional level.

The Commonwealth will retain responsibility for national policy development, with implementation of new directions to be the joint responsibility of the Commonwealth and States/Territories.

The move to regional block funding will allow the HACC Program to focus on the equitable provision of services to people in each region. This change in the funding arrangements will also reinforce the introduction of the regional planning of service provision.

Prior to moving to regional block funding, the Commonwealth and States/Territories are to agree to appropriate accountability data, which the States/Territories will report against. This accountability data will focus on the level of service provision, cost and quality of services and be reported against for each region in a State/Territory.