



Government of South Australia

Department for Families
and Communities

Ageing and Disability Service Improvement Consultation Paper

June 2010





Introduction

The vision of the South Australian Government is to develop a state-wide community care system for frail older people and younger people with disability, and their carers, that provides easy and fair access to quality services. The aim is to get support to eligible people which is appropriate to their level of need, regardless of age or location.

The Ageing and Disability Service Improvement Project builds on the initiatives which commenced in 2006 with the formation of Disability SA. The establishment of Disability SA involved significant governance and structural reform to bring together three separate government disability agencies, serving different diagnostic groups, into a single, coherent administrative unit. A number of service improvements have been implemented since the formation of Disability SA including the establishment of a single entry point, consistent assessment processes and a single waiting list for supported accommodation, personal support and respite. The Accommodation Placement Panel was established to manage the allocation of all supported accommodation vacancies across both the government and non-government sectors. The Community Support Panel allocates community support packages according to urgency of need.

In 2007 Metropolitan Domiciliary Care was integrated into the Department for Families and Communities (DFC) and was renamed Domiciliary Care SA. This agency works predominantly with older people and a closer working relationship with Disability SA was pursued as another step towards creating an integrated, seamless and fair community support system.

In 2008 the equipment services of both Domiciliary Care SA and Disability SA were combined to create a single DFC Equipment Service (DES), meeting the needs of both frail older people and people with disability. Other functions of the two agencies have been linked together to improve efficiency and equity e.g. clinical supervision, after hours call-outs.

It is now timely, particularly given the recent Council of Australian Governments (COAG) planned reforms to the Home and Community Care (HACC) Program, to further streamline and integrate these agencies, and the policy arms that support them, to create a coordinated care system that is easier for clients to access and move through and which responds more flexibly to clients' changing needs.

The purpose of this document is to seek the views of stakeholders on how DFC creates this integrated service system.

Our vision is for an integrated, seamless and equitable community care service system for frail older people and people with disability.





The Challenges Ahead

Current Context

The Disability and Ageing service systems face a number of challenges as demand for services increases.

Australia's population is ageing with the number of people aged 65 to 84 years expected to double by 2050 and the number of people 85 years and over to more than quadruple. The projected population will grow from around 22 million people at the present to around 36 million people in 2050. Australia-wide the number of people with severe or profound disability aged under 65 years is projected to rise by 25% to around 830,000 people by 2030. Recent trends indicate that demand for specialist disability services will grow by around 7% per annum in real terms.

At a State level *The State of Ageing in South Australia 2008* shows we have the oldest population in Australia; 15% of the population is aged 65+ compared with 13% nationally. During the past decade the population aged 65+ grew at three times the rate of the total population and the 75+ group at six times. The fastest growing group, however, were those aged 55–64 years. In 2006, baby boomers made up 28% of the total population and will increase the numbers in the older age groups during the next quarter century.

The Australian Bureau of Statistics *Survey of Disability, Ageing and Carers 2003* shows the number of people with disability has doubled in the last 25 years. For people under 65 with severe disability, it nearly trebled. In the next 20 years the number of people with disability is expected to increase by a further 25%. South Australia has a higher proportion of people with disability than other States, with 2.7% of people under 65 years living with disability compared to the national average of 2.3%. It is estimated that there were 61,178 people with a **profound** or **severe** disability in SA at June 2009. This is expected to grow by 10% to 67,731 by 2030.

In South Australia, the number of people receiving disability services has grown significantly. Over the past five years, the number of people receiving disability services increased by more than 28%, from 15,081 people in 2003/04 to 19,350 people in 2007/08.

Despite the numbers of people being assisted through disability services increasing by 14% between June 2007 and June 2008, unmet need grew by 22% between November 2008 and December 2009. The most recent figures for unmet need published by Disability SA show that in December 2009 there were 2,667 eligible persons waiting for accommodation support, community access, community support and respite services. Of those waiting for services, 663 were in critical need, that is, they were at immediate and high risk of self-harm or harm to others, or homelessness.

Demand on the service system is increasing as the number of older people and people with disability grows.





Demand for services is outstripping the growth in numbers of people with a disability due to ageing carers finding it more difficult to continue their caring role and younger (potential) carers increasingly participating in the workforce.

In 2008/09, a total of 93,061 people received a HACC service in South Australia. There were 22,581 people (24%) under 65 years and 70,480 people (76%) were 65+. Younger HACC clients use a higher intensity of HACC service provision compared to older HACC clients.

The HACC Program invested around \$56.8 million in 2008/09 in services for clients under 65 years. This is 38% of funding for 24% of clients.

A number of recent reforms to HACC services for older people initiated by the Commonwealth necessitate a fundamental rethink of the way in which the State could deliver these services and the interface with disability services.

Current Reform

The National Disability Agreement replaced the Commonwealth State Territory Disability Agreement in January 2009. National policy directions include:

- enhancing the capability of people with disability to participate in social, economic and community activities;
- ensuring services are person centred and provide timely access to supports based on assessed needs;
- identifying, planning and responding to the needs of people with disability at an early stage and at key life transition points; and
- supporting the role of families and carers.

In December 2009, the State Government asked the Social Inclusion Board to develop a blueprint for long-term reform of the way people with a disability are supported in South Australia. The blueprint is intended to outline changes that will:

- accelerate the development of an integrated and connected disability service system where the focus is on the individual needs of people living with a disability, and the role of carers and families is more effectively recognised and supported across government.
- join up all Government services so that people living with a disability are better supported during key transition points in their lives, such as education to employment and employment to retirement.
- enhance dignity, independence and participation where possible including through consumer choice in service funding to promote the participation of people living with a disability in all aspects of life.
- better respond to the factors fuelling growth in demand for disability services.

Improving the ageing and disability service system will be done in the context of broader reforms at national and state levels.





At the Commonwealth Government's request, the Productivity Commission is conducting an inquiry to examine the feasibility, costs and benefits of replacing the current system of funding disability services with a new approach that provides long-term essential care and support for people with severe and profound disabilities however acquired. The inquiry will examine a range of options for long-term care and support including consideration of whether a no-fault insurance approach to disability is appropriate in Australia. The Productivity Commission is due to report in July 2011.

The Productivity Commission has also recently completed a report on aged care and the Commonwealth Government have established a National Carer's Strategy and Carer's Recognition legislation

On 20 April 2010, the Council of Australian Governments (COAG), (with the exception of Western Australia) reached agreement on health and hospitals reform. In addition to the establishment of a National Health and Hospitals Network, COAG agreed (with the exception of Western Australia and Victoria) to develop a nationally consistent aged care system, covering basic home care through to nursing home care.

The health and hospitals reform, including aged care reform, will see the Commonwealth taking full funding and policy responsibility for aged care and a transfer to the Commonwealth of current resourcing for aged care services from the HACC program (except in Western Australia and Victoria). The Commonwealth will also establish a network of one-stop shops for people needing information and access to aged care.

These latest reforms build upon earlier community care reform agreed by COAG in February 2006. The community care reform initiatives are based on the adoption of consistent approaches (known as common arrangements) to improve access to services, assessment practices, planning, financial reporting, quality reporting and information management across community aged care programs, including the HACC Program.

In May 2008, two access point demonstration sites were established in South Australia, one in metropolitan Adelaide (Western region) and one in a country region (Gawler, Barossa, Lower North and Yorke Peninsula region), as part of the ten demonstration sites nationally. The access points operate under the name of Access2HomeCare which was officially launched in October 2008. The access points provide basic information on community services, needs identification, eligibility testing, streaming, priority setting and allocation to services, informed by both client choice and service capacity.

These recent structural and governance reforms have resulted in some important service improvements. However, these demonstration projects are limited both in geographic coverage (Western Adelaide and Barossa/Lower North Country) and age of





cohort (over 65 years only). A truly effective and efficient system would not have these restrictions.

Principles for Service Improvement

The overarching objective of any change to the funding and delivery of services is to enhance the quality of life of frail older people and people with a disability, and their carers. We are therefore continuing to build an integrated and coordinated system that is easier for people to access and find the right service response, and one that responds more flexibly to their changing needs.

We can improve the service experience for frail older people and people with a disability and their carers by:

- Supporting people to live in their own home
- Giving control to individuals over their own lives and improving choices
- Supporting active participation in the community
- Ensuring there is “no wrong door” for accessing services

We aim to improve the delivery of services by:

- Providing simple and efficient access to high quality services appropriate to the person’s level of assessed need
- Improving early intervention and basic care to prevent or delay intensive support
- Providing simple and efficient assessment when people’s needs change
- Providing high quality, person-centred services that offer choice and localised responses
- Having simple and fair assessment of need and funds allocation for people with similar needs
- Targeting resources to where they are most needed, including an increased capacity for self-management
- Reducing red tape and administrative burden to free up more resources for service delivery and simplifying funded agencies dealings with the Department

The principles for service system improvement aim to enhance the services provided to frail older people and younger people with disability.

Integration of Ageing and Disability Services

New models of service delivery, along with improved funds management and integrated intake and assessment (separate from service delivery) are at the heart of the current service improvement changes. People with disability and frail older people will enter the service system through a single intake and assessment entry point. There will be some level of flexibility where people wishing to access single services such as disability sensory services or community transport can go through the single entry point or approach those services directly.

The vision is a simple pathway for all people with disability regardless of their age.





The intake and assessment process will determine eligibility, type of service required and level of service required. The assessment will also determine the level of risk or vulnerability and assign a priority rating.

There will be four levels of service provision:

1. Brief Information or Referral to Other Services
2. Basic Community Early Intervention
3. Basic Community Packaged Support
4. Intensive Support

People can move between levels as their needs change and may receive level 2 in addition to receiving levels 3 or 4. When a client's needs change, they will be reassessed.

Level 1: Brief Information or Referral to Other Services

Some people may simply need some basic information and are not in need of further support. These people can be provided with information on, for example, living with a particular disability or products that can provide more independence. People who are requesting services but are not eligible will be referred to other services as appropriate, such as mental health or drug and alcohol services.

Level 2: Basic Community Early Intervention

Basic Community Early Intervention services are available to frail older people or people with a disability, and their carers, that need time-limited, episodic or ongoing low level assistance to help them remain independent. Generally, these people need only a single service, which may be provided on a regular basis: for example, one hour a week of transport or home delivered meals every week; or as a one-off event, such as home maintenance, information or advice.

Level 3: Basic Community Packaged Support

Basic Community Packaged Support is for frail older people or people with a disability who need several personal care services at a low level but on an ongoing basis, for example less than 6 hours per week for six months or more. Services include allied health, nursing and personal care in addition to the services available under Basic Community Early Intervention.

Level 4: Intensive Support

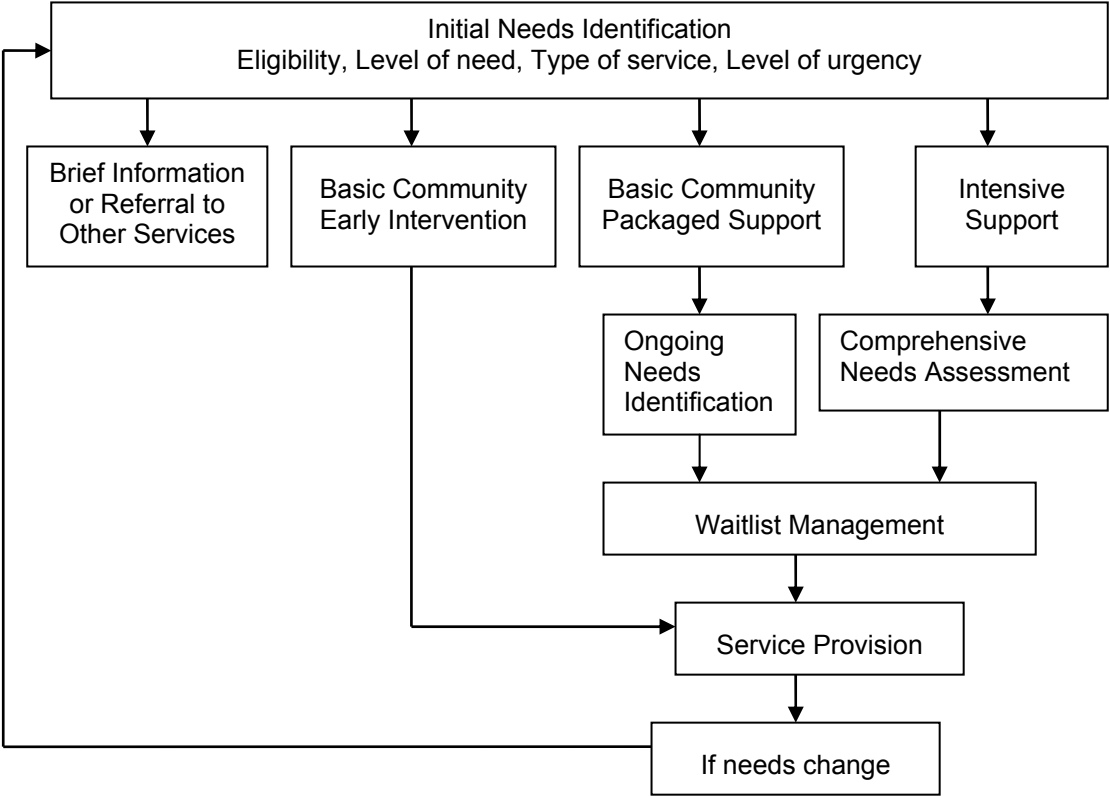
Intensive Support is for people under 65 years with a diagnosed physical, neurological, intellectual, cognitive or sensory disability who have ongoing, high level support needs (more than six hours per week). People over the age of 65 with a need for on-going, high level services (more than six hours per week) will be referred to the Aged Care Assessment Team (ACAT). Clients who require Intensive Support may be able to access Level 2 and 3 services where the



particular type of service is not available in the Intensive Support stream.

The following diagram shows the client pathway and assessment points.

A Simple Client Pathway





Changes to Departmental (DFC) Functions

A new, integrated ageing and disability service system within DFC will comprise four functional areas:

1. Intake and Assessment
2. Funds Management
3. Government Service Delivery
4. Policy, Planning and Research

These areas will have the following roles:

Intake and Assessment

A single entry point separated from policy, service delivery and funds management to ensure consistency, fairness and openness in resource allocation and to direct people to the most appropriate service according to their assessed need. Common assessment processes for ageing and disability services will also mean people can move between levels of service with ease as their needs change. It will provide a gateway to Basic Community Packaged Support and Intensive Support where a more comprehensive assessment will be undertaken. Clients will be referred back to the Intake and Assessment point for reassessment if their needs change.

The Intake and Assessment point will determine a person's eligibility, functional needs, the most appropriate type of service and the level of urgency. The Intake and Assessment team will use a shallow but broad assessment of basic need. For those people who have a medium level need, a more comprehensive assessment will be required and these tools can be expanded to include an in-depth phone interview or assessment in their home. The D-START (Disability Support Training And Resource Tool) can be used for high level need clients under 65 requiring Intensive Support.

The Intake and Assessment point will either make a referral direct to a service provider (including the government service provider) with a vacancy (using the Capacity Monitoring Database) or place the client on a waiting list. A single waiting list is important to ensure that people do not fall through service gaps and will improve fairness and timeliness of service access.

Funds management

This area will manage relationships with funded agencies and undertake local area service planning. Funds management includes program funding to government and non-government service providers; service agreement contracts with government and non-government service providers; and contracts with individuals or nominated third parties who wish to manage their own funding.

Creating an integrated system requires some structural changes in DFC.





The contract management function will provide a single point of contact for funded agencies for all funding issues. Each funded agency will be able to deal with one Departmental contract manager in relation to both ageing and disability funding, regardless of the number of projects or service agreements.

The contract managers will:

- Negotiate new agreements upon expiry of an agreement
- Negotiate variations to existing agreements
- Be the primary contact for agencies
- Provide advice for agencies on service delivery, interpretation of program guidelines and policy
- Monitor standards, appraisals and action plans
- Ensure performance reporting e.g. Minimum Data Set.

The Funds Management directorate will ensure fair and consistent treatment for all providers and identify problems early by using a risk management approach. The contract management function will also provide feedback on the performance of a provider utilising a range of information such as National Minimum Data Set reports, standards appraisals, risk assessment, past performance and qualitative knowledge.

Regional and local plans will be developed through consultation with key stakeholders, including conducting workshops to seek information on service priorities within the local area. The planning process will also gather information to identify gaps in service provision and changing client needs.

Government Service Delivery

Disability Services and Domiciliary Care SA are the two Government providers of ageing and disability services within the Department for Families and Communities. Disability Services and Domiciliary Care SA will be combined to form one structure for the delivery of ageing and disability services within government.

There are a range of similar services provided by both Disability Services and Domiciliary Care SA including therapy, allied health, in-home support and personal care. In some instances the same provider is contracted by both agencies to provide similar services.

A key feature of improved integration of ageing and disability services is a fairer and more streamlined system of support, which allows for continuity of care. Combined service provision will mean that there is no disruption for the client as they move from low level to high level services as their needs increase. Similarly, there need be no change in government service provider as a person's needs change as they get older.





Policy, Planning and Research

A new Office for Ageing, Disability and Domiciliary Care will be created, combining the policy, research and planning functions of the Office for the Ageing (OFTA), Office for Disability and Client Services (ODACS) and Office for Carers. The Office will have responsibility for program and policy development, and planning at a broader regional and State-wide level, as well as contributing to the national agenda for disability, ageing and carers' issues.

The Office for Ageing, Disability and Domiciliary Care will develop strategic and high level operational policy, such as identifying state-wide service gaps, changing client needs and demographics, disseminating national and international best practice in service design and delivery, developing new service models, as well as research and evaluation. It will also be responsible for whole of government state policies such as *Promoting Independence*, the *Plan for South Australian Carers* and *Improving with Age, Our Ageing Plan for South Australia* and lead South Australian participation on national policy issues in this area.

The Office for Ageing, Disability and Domiciliary Care will also undertake research and data analysis and meet the State's reporting obligations against national agreements.

Next Steps

We need to be well positioned for the new COAG arrangements that start transitioning from June 2011. For that reason, we want to start making the service improvement changes from December 2010.

Following initial Information Sessions with staff and key stakeholders in July 2010, four Working Parties are being established for the four operational streams that will comprise the new Disability, Ageing and Carers Division of DFC. Each Working Party will be chaired by a Senior Executive from the existing disability and ageing directorates of the Department and will comprise relevant staff. The Working Parties will develop options for the structure and function of each of the operational streams for further consultation with staff and key stakeholders. This will occur in September/October 2010.

A Human Resources Transition Working Party will be established in September to consult on the transition of staff into the new structure.

If you have questions or comments you can contact the project team at adsj@dfc.sa.gov.au or you can get more information from the www.dfc.sa.gov.au/adsj website.

We want your views so we can start making changes from December 2010.

