



## **BLACKALL RANGE CARE GROUP INC.**

Patrons: Mr Andrew Melville; Mr Thady Ryan; Mr Peter Wellington, MP

---

---

### **CONCERNS FROM THE BLACKALL RANGE CARE GROUP INC. PERSPECTIVE REGARDING PROPOSED CHANGES TO THE HOME AND COMMUNITY CARE (HACC) PROGRAM**

**The Proposal** was presented to Sunshine Coast HACC Service Providers by the Director of the Queensland HACC Program in October 2008, discussed and postponed at the November 2008 COAG Meeting, and has now been recommended in the National Health and Hospitals Reform Commission Final Report. In essence it is a recommendation to end the Commonwealth/State Partnership on the funding and administration of the HACC Program, and split the Program responsibilities with the Commonwealth becoming the sole funding body for Aged Care, and the State Government contribution of 34% to be targeted solely for provision of services to younger people with a disability. No details are yet clarified in relation to how such a decision might be implemented.

**The Problem** with such a proposal is that while the HACC Program has always provided services to younger people (under 65) with a disability, as well as to the frail aged or older people with a disability (over 65), service providers deliver to these two target groups proportionally all the way from 0 to 100% for either group.

If, as has been suggested, the State government contribution to the HACC Program of 34% is suddenly to be earmarked solely for services to younger people with a disability, and the Commonwealth contribution of 66% is to be targeted solely to aged recipients, is this distribution to be managed at a program level between the State and Commonwealth Departments with the distribution at Service Provider level remaining as it is currently? The alternative of attempting to change the distribution at a Service Provider level would result, potentially, in complete chaos, as services attempt to adjust their client groups to conform to this allocation of resources. Alternative providers may have to be found for some clients (if possible) and new clients found to top up the alternative client grouping.

If this were to be combined with dual reporting and quality management responsibilities, to the State for younger clients and to the Commonwealth for aged clients, then the increased workload for service providers, increased fragmentation, client stress, and general reorientation becomes considerable.

Any redistribution of funding between service providers to try to achieve an improved client/resource alignment, would have huge consequences in relation to employees and

clients to whom service can be provided, and would be likely to provoke significant community outcry and objection.

Blackall Range Care Group Inc. operates in the Sunshine Coast hinterland, an area of high older group population levels with approximately 20% of the population over the age of 65, based on the 2006 statistics with the Growth Rate for this age group from 2006 – 2011 expected to be at least 22%. The Blackall Range area has been a popular retirement destination for many years. While we do provide services to younger people with a disability, only 18% of our clients are under 65. Other HACC Services operating in this area, of which there are a couple who come up from the coastal area, would also be in a similar position, so it would not be a possibility to transfer some aged clients in exchange for some younger clients.

**The System:** There is no doubt that the Community Care system is exceedingly complex. Discussion has been plentiful for about the last 6 years regarding reform to the system which would streamline, simplify, and create efficiencies.

I am aware that research and pilot programs in relation to centralised assessment, and other issues are currently being undertaken. However, on the ground in the community services sector, only further fragmentation has occurred, with major additional programs for Veterans and for people transitioning from hospital over the last 10 years. Many of these programs provide the same services as the HACC Program, (though their targeting is more specific). Also, in our area they are often delivered on a brokerage basis by HACC providers such as ourselves. Explaining the community care system to older people, grows ever more challenging.

**The HACC Program** has been the backbone of the Community Care system for a very long time. It reaches into the remotest areas, is highly flexible in the range of services it can offer, and is filled with mostly dedicated people operating large and small organisations.

Experienced program administration at the Government level is also important. Every restructure and move from one Department to another, usually results in the loss of a significant number of key personnel, and associated knowledge and expertise, which can take years to rebuild. The HACC program in Queensland has only recently undergone a relocation from Queensland Health to the Department of Communities and lost some key personnel in that move.

Our request is for governments to consider all impacts very carefully before performing major surgery on a Program which works remarkably well in supporting the vulnerable in our community.

What looks like streamlining at an administrative level can translate to further fragmentation, and additional reporting overhead, at the service provision level, which may not be (and hopefully isn't) the intended outcome.