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Caring for Older Australians – Public inquiry
Productivity Commission
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Introduction

This submission is made by Lower North Shore Community Transport Inc. The information provided relates specifically to the experiences of this organisation.

Background

Lower North Shore Community Transport Inc (LNSCT) is a non-profit community managed organisation providing transport services to frail aged people, people with disabilities, carers and other transport disadvantaged people living in the local government areas of Lane Cove, Mosman, North Sydney and Willoughby. The organisation has been in existence since 1993.

LNSCT is funded by the Home and Community Care (HACC) Program (a joint Commonwealth and State government initiative), the Community Transport Program (funded by the NSW State government) and North Sydney Council. We also receive small one-off community grants from local councils and passengers also contribute to the cost of the services.

Transport is provided using minibuses and cars that are owned by the organisation. We also use buses owned by local councils as well as taxis.

Services are grouped into two main types: group transport and individual transport. Group transport picks up people either from their homes or from an arranged meeting place and takes them to a common destination such as a shopping centre, day care/respite centre or other social event. Individual transport picks up people from their homes and takes them to individual appointments. Over 90% of individual transport services provided is to health related appointments.

In 2008-2009 over 34,000 trips were provided by LNSCT. 62% of these trips were social outings or taking people to day care. 23% were to shopping and other similar services and 15% of trips were for individual appointments.

Most of the group transport services are funded by North Sydney Council and the Community Transport Program with some group transport services being funded by the HACC program. The individual transport program is funded 100% by the HACC program.

We have approximately 1000 individual clients on our database and work with about 50 different groups and organisations.

LNSCT has approximately 16 staff made up of full time, part time and casual workers. All our staff are paid.

LNSCT is a sub-region of part of a broader regional community transport network that covers the whole of the Northern Sydney region. The regional network is part of a larger community transport network which covers the eastern side of the Sydney metropolitan area which, in turn, is part of a state-wide network of community transport organisations.

Strengths of the current structure

1. **Sound local knowledge:** LNSCT has very close links with most services and agencies across the lower north shore. Our Board of Management is made up of local residents and workers in the area and the organisation actively and regularly participates in local forums and events.

2. **Responsive:** We are able to respond quickly when clients call for help. New clients and general inquiries are usually dealt with on the same day. We are also able to respond to unusual and special requests quickly as the organisation's structure is relatively flat and decisions and approvals within the organisation require minimal "red tape".

3. **Flexible:** Receiving funding from various sources allows us to allocate the right funding to the client's need. As a smaller organisation staff must provide a variety of services which means there is a strong understanding by all of the staff of the various services we offer. This enables staff to promote services offered not only by LNSCT but also by other local community organisations.

4. **Community support and a sense of ownership and belonging by the community:** LNSCT receives regular support from the local Councils. Our premises are subsidized by North Sydney Council, we also access local council buses for service. Our clients have a strong sense of ownership of the services they use and regularly provide feedback on these services. We also have strong partnerships with many local organisations working collaboratively to develop new services and address changes to legislative and funding requirements. Being embedded in the local community also provides us with "in kind" support from local businesses which is hard to put a price on but assists with the cost of running the service.

5. **Formal connections to a regional network**: Northern Sydney has a regional community transport coordination office which LNSCT, and all other funded community transport organisations in northern Sydney, works with. The regional office offers us a unified voice on issues that affect services across the region. The regional coordination office provides us with opportunities to develop common training for staff, sharing vehicles and drivers when needed and also developing policy and practices that provide a consistent standard across the region while still maintaining our own local identity.

6. **Specialised resources, skill and knowledge that benefit the whole community**: LNSCT and community transport groups in general have specialised knowledge and experience in fleet management, purchasing appropriate vehicles and the modifications and adaptations required to meet the needs of the community. LNSCT's drivers have their driving assessed at least every 2 years and must hold a driver authority which requires regular health checks. Community transport vehicles, particularly the minibuses, are a resource that can be used by the whole community. Local groups regularly hire LNSCT buses with or without a driver for local community events.

Weaknesses within the current structure

1. **Lack of continuity of care:** This is particularly evident when clients move from independent living to supported accommodation or CACP or EACH packages. Moving into supported accommodation means clients are no longer eligible to access most of our services and particularly our HACC funded individual transport service which is the one most often needed. Some residential services will have a bus and offer shopping and social outings but the transport to medical appointments is often not a service that is provided to residents. If it is provided it is usually at an hourly rate that is unaffordable to most residents or they have to use taxis which are either unaffordable or inaccessible or both. We have had clients move back into independent living because the variety and level of service offered by the HACC program was better than what was on offer in residential care.

2. **Limitations on who we can transport.** Our HACC funding is to provide transport to frail aged people, people with disabilities and their carers. We have a very small amount of unallocated CTP funding which we can use to assist transport disadvantaged people who fall through the target group cracks and we have received council community grants to help local residents in need. However, even when we are able to dip into the various buckets of funding there are many people who we cannot transport because the demand is too great. We don't have the resources to assist people who need ongoing transport to treatment such as dialysis. We are also not able to provide all of the transport a person may need for a full course of chemotherapy. We also are not able to transport people who need constant supervision or support unless they have a carer to travel with them as we don't have the resources to provide a full one-on-one service. Requests for these services are only going to increase as the ageing population grows and people are living longer.

3. **Lack of measurement of meaningful outputs and the Minimum Data Set (MDS):** The current method of measuring outputs for HACC funded services is by using the MDS. The MDS, when it was introduced in 2000, was supposed to be a tool by which the funding body could follow the level of care a client received. Services were told very clearly and repeatedly that it would never be used as a means of matching funding to services or measuring a service's outputs. The MDS was about the client not the service. The reason for this was because clients were to have the choice of participating in the MDS program or not. No service could deny access to services based on the client's decision to agree to participate in the MDS project or not. Therefore using the MDS was never going to be an accurate measure of a service's outputs. However, we have now been told that the MDS is the only information the funding body has on what services are providing and this information is what will be used to measure service outputs. The situation with the MDS puts community transport groups at a disadvantage because only one service can count the transport for any particular client. However, there are services that receive funding for transport and hire community transport to provide the service. The funding the group receives for transport is not enough to cover the full cost of the service so community transport subsidises the transport. But only one group can count the transport even though 2 groups are paying for it. If the MDS stuck to its original purpose of only monitoring service clients receive then there would be no issue. However, if the real purpose of the MDS is to measure service outputs then every organisation that contributes to the running of a service should be able to claim the outputs.

4. **Other service provision measurements:**

    - The other method of measuring outputs for community transport is by counting passenger trips (one way journeys). This is a very simple, clear measurement but it does not explain all the ancillary activities that need to occur for that one journey to take place. We have clients that have been with our service for over 10 years. At the start of their relationship with us many of the clients were far more mobile, needed limited assistance and there was less traffic. As clients age and lose their mobility we need to schedule more time for each pick up. Clients who used to be able to walk from the car into the doctor's reception unassisted now need to be escorted into the reception. None of this information is able to be recorded anywhere but it impacts on how much service we are able to provide.

- There is also no separation in the HACC MDS data reports between transport provided by group transport and individual transport. Individual transport services cost at least twice as much as group transport. Reports only show total outputs and if an organisation uses the bulk of its funding to provide individual transport it is going to look inefficient against a service that predominantly provides group transport with its funding.

- There needs to be recognition of the difference between the provision of individual and group transport and support must be given to both. If outputs are only based on numbers with "more is better" being the goal, services may opt out of providing the more complex, time consuming, expensive services for easier options.

5. **Working with the local area health**: After years of trying neither LNSCT nor our regional community transport organisation has been able to form any meaningful and sustained dialog with our local area health service. We are therefore are unable to have input into the planning of services that impact on what we do. For example, the hydrotherapy pool at Royal North Shore Hospital (RNSH) was closed down and patients were directed to use the pool at Greenwich hospital. Royal North Shore Hospital is a public transport hub with many buses, a taxi rank and an accessible train station all set on a relatively level grounds. Greenwich hospital has a bus an hour, no taxi rank, a train station over a kilometre away and the pool is a steep uphill walk from the bus stop. People who were not our clients when the pool was at RNSH are now using our service to get to their treatment. Transport constantly falls off people's radar when planning for services but it is an absolutely vital planning ingredient. A much more holistic and consultative approach to health service planning is required. The report "No treatment, no transport" developed by the Cancer Council, the Council of Social Service of NSW (NCOSS) and the Community Transport Organisation in 2007 provides data on the amount of unmet health related transport there is in the state. Some community transport groups receive funding from the Department of Health to provide health related transport but this is provided inconsistently across the state and the amounts of funding are small in comparison to the amount of funding provided by the HACC and other funding programs.

Recommendations

1. That due consideration be given to the value of maintaining local services for the local community.

2. That Community Transport be recognised as a specialist area with unique skills, knowledge and assets that benefit the whole community

3. That transport be included in the planning of all services, and in particular health related services.

4. That appropriate means of measuring outputs be developed that takes into consideration the different methods and modes of transport provision.

5. That transport be available to all people and not just to people who fit into particular categories so that no matter what a person's living situation is, they have access to transport that is appropriate to their needs, affordable and accessible.