QAIH
Queensland Aboriginal and Islan
Health Cou

ABN 97 111 116 762

The Chair
Health and Community Services Committee
Parliament House Brisbane Qld 4000

On behalf of the Queensland Aboriginal and Islander Health Council (QAIHC) I wish to provide the attached submission to the Health and Community Services Committee Inquiry into palliative care services and home and community care services in Queensland. QAIHC is the peak body in Queensland representing some 27 Aboriginal and Torres Strait Islander community controlled health services.

The primary aim of the community controlled sector is to improve the health and wellbeing of Indigenous people from early childhood to old age.

The provision of palliative care services and home and community care services is of particular importance for Indigenous people given the prevalence of disability among indigenous people at all ages.

If you need to clarify any aspect of the submission, please contact me on 3328 8504 or 0409 614 369 or on my email address- sbutton@qaihc.com.au.

Yours sincerely

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Submission to the Health and Community Services Committee Inquiry into palliative care services and home and community care services in Queensland

Background

It is estimated that Indigenous people are at least twice as likely to have a profound or severe core activity limitation as the non-indigenous community. In 2002, over two-thirds of indigenous people aged between 55-64 years and one-half of people aged 45-54 years had a disability or long term health condition which translates to a higher need for service provision at earlier ages. The prevalence of petrol sniffing is now adding to the number of younger people sustaining permanent disabilities and requiring long term support.

Within the Aboriginal population there are also marked differences in the need for support services between those living in remote and non-remote locations. For example in 2006, the proportion of Indigenous people who needed assistance with one or more core activities in the areas of self-care, mobility and communication, was around 4% in Queensland with Indigenous people living in non-remote areas more likely to report a core activity need for assistance than Indigenous people in remote areas.

Many Indigenous people age prematurely because of the negative effects of chronic diseases. While Indigenous people do not have the life span of non-Indigenous people, the effects of chronic disease are felt relatively early in their lives and are largely represented in hospitalisation rates. For example, hospitalisation rate for all major health conditions among Indigenous people was twice the rate of other people in Queensland during the period 2006–2008 and there has been no significant change over time. Indigenous people were hospitalised for circulatory disease at nearly twice the rate of other people.

In 2011 the Qld Indigenous population aged 45 years and older was 28,504 (ABS Census of Population and Housing 2011, Indigenous Profile). In the same year the Queensland Indigenous population accessing QAIHC Aboriginal and Islander Community controlled Health Services (ACCHS) in the last 15 months was 9036. (QAIHC, Preventative Health Unit, Data Management Unit, unpublished data). This means that 31.7% of the Queensland Indigenous population aged 45 years and older accessed a QAIHC ACCHS in the last 15 months.

The following recommendations are put forward by QAIHC with a view to improving health outcomes for Indigenous people, improving the provision of palliative care services and home and community care services for Indigenous people and closing the gap in Indigenous health outcomes.

Recommendation 1

Deliver home and community services through Aboriginal and Islander Community Controlled Health Services (ACCHS)

- The Health and Hospitals Reform Commission have identified improved connection and integration of health care services as a major challenge for the Australian Health care system, especially for those with chronic, complex health conditions. Given their higher burden of chronic, complex conditions this is a particular system challenge for Aboriginal and Torres Strait Islander people.

- Currently most of the HACC services for Indigenous people are organised by large non-Indigenous organisations with whom the smaller Indigenous organisations find it difficult to compete. In many cases the larger organisations develop partnerships with the Indigenous organisations to assist the large organisation to fill their Indigenous specific places. The provision of places may not be optimally aligned with the other health care needs of the particular individual.

- AICCHS are in an ideal situation to provide assessment, information and advice to assist individuals and their carers to make informed choices about living arrangements and accessing care supports to maintain quality of life. AICCHS are also well placed to assist frail older people with complex care needs, conduct assessments and approve eligibility for residential aged care facilities.

- AICCHS are in a unique position to broadly advise on the services required for their clientele based on the statistical information currently being gathered on their clients. QAIHC members recognise the importance of establishing a good statistical evidence base and further improvement will flow from the organisations investment in the client records project.

- As the QAIHC member services organise into discrete regional groupings, the regional bodies will also be in a position to advise on and take responsibility for the delivery of services within a particular geographical area.

- Given the variation in the service needs of Aboriginal and Torres Strait Islander people living in remote and non-remote localities, it is essential to know and understand the needs of the different communities for efficient and effective service delivery.

Recommendation 2

Integrate the provision of HACC services with the Comprehensive Primary Health Care model.

- The National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003 – 2013 recognises the internationally accepted importance of comprehensive primary health care to meeting the health needs of Aboriginal and Torres Strait Islander people. (Australian Health Ministers' Conference 2003).

- Comprehensive primary health care is the health system's major and essential contribution to closing the health gap for Aboriginal and Torres Strait Islander people and is the cornerstone of the QAIHC health reform model. Under best practice systems of clinical governance, multi-disciplinary teams deliver services to ensure delivery of the internationally recognised dimensions of primary health care – namely access, continuity of care, coordination of care and comprehensiveness of care.

- Ready access to and the ability to determine the type of care support for both younger and older individuals will substantially enhance the model of care currently being delivered by AICCHS in Queensland.

- In this context it would benefit the indigenous person if their care needs were part of their total care package. It would benefit both the aged and younger person to have their care needs looked after as part of the primary health care model.

Recommendation 3

Develop a communication model with health care services and age care providers

- The need for the State and Commonwealth to develop a communication model is necessitated by the transitional issues associated with the aged care changes which came into effect on 1 July 2012 and the move from a needs based system to an age based system.

- While the Indigenous sector generally accepts the longer term advantages of the age based system, there are a number of short term issues to be addressed.

- For example, the administrative burden for organisations funded by both the State and the Commonwealth for home and community care assistance, is now substantial. There are a number of issues which require agreed guidelines.

- Of particular importance to Indigenous organisations is the retention /replacement of HACC area managers who assisted Indigenous HACC age care providers with service quality and standards.

- The resolution of issues associated with the utilisation/transition of places in a system where the provision of places for Indigenous and Non Indigenous people is age differentiated is also a matter for urgent discussion.