

Sub# 76

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Our reference: COM 00283-2013

9 JAN 2013



Ms Sue Cawcutt
Research Director
Health and Community Services Committee
Parliament House
George Street
BRISBANE QLD 4000

Dear Ms Cawcutt

Thank you for your letter of 28 November 2012 concerning an inquiry into palliative care services and Home and Community Care services.

A response to your request is provided which provides some of the key reforms currently underway in Queensland to strengthen frontline disability services and to improve collaboration and coordination between services. The response also includes information on community care services following the separation of responsibilities for aged care and disability services under the national health reforms as of 1 July 2012.

The information in relation to specialist disability services incorporates residential and non-residential services and access criteria as well as the management of service capacity and future needs for specialist disability services. The response highlights the work currently underway in relation Queensland's recent commitment to the National Disability Insurance Scheme (NDIS) and the need to consider NDIS developments in the future planning and delivery of specialist disability services (residential and non-residential).

It is encouraging to note the Inquiry is endeavouring to examine and promote cross-agency work important for meeting the complex needs of old as well as young Queenslanders with a disability.

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If you require any further information in relation to this matter, please contact Mr Steve Powis, Director, Community Care Services, Disability Services, Department of Communities, Child Safety and Disability Services on 3033 0148.

I trust the information provided responds to your request.

Yours sincerely



Michael Hogan
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Enc. Response to the request for information

**Response
to request for information
from
The Health and Community
Services
Parliamentary Committee**

Information and evidence about community care services and non-residential disability services.

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1. Overview

The Department of Communities, Child Safety and Disability Services (the department) welcomes the opportunity to respond to the request for information from the Health and Community Services Parliamentary Committee (the Committee) for its inquiry into palliative care services and home and community care services in Queensland (the Inquiry).

Noting the request for information and the terms of reference, this response highlights work either already underway or being undertaken to improve collaboration and cooperation between disability and health services and the recent changes to the responsibilities for home and community care services based on age.

The response briefly outlines the community care and specialist disability services program information, work around service capacity and meeting the future needs, and improving interaction/interface between disability and health services. The information covered in the submission also highlights work under the critical disability reforms, such as the National Disability Insurance Scheme (NDIS).

Given the poor health outcomes experienced by people with a disability, it is encouraging to note the Inquiry is exploring opportunities for better coordination and collaboration across disability and health services in addition to support for chronic conditions and palliative care.

Context

2. Queensland Context and Reforms

2.1 State Reforms

The department is targeting its investment in disability services to improve service delivery for supporting people with a disability, their families and carers. It is continuing to focus on planning, purchasing and provision of services including early intervention and accommodation support, respite, family and community support and community participation services. It will continue to support client innovation and reform in the areas of disability services to ensure evidence based and best practice informs future improvements in services.

It is recognised that whilst reforms of the service system in the previous years, such as Growing Stronger reforms, undertook to streamline services and access, there is still work to be done to achieve efficiency and better integration across different services and systems to further achieve benefits for people with a disability, their families and carers.

Since the Machinery of Government (MoG) changes in March 2012, a number of state reforms to disability services have commenced under the government's focus on "Strengthening Frontline Disability Services". These reforms include a number of key initiatives, such as **Elderly Parent Carer Innovation Trial**, implementation of self directed support through the **Your Life Your Choice initiative**, additional Respite for Younger People – **Flexible Respite**, **Parent Connect**, and review of the Department's provided Accommodation Support and Respite Services (**AS&RS**). These reforms will put Queensland in a good position for the full commitment of NDIS in 2018/19.

2.2 National Reforms

Changes to roles and responsibilities for aged care and disability services - As noted in the Inquiry's initial issues paper, same as other jurisdictions, the Home and Community Care (HACC) Program until 30 June 2012 was jointly funded by the State and the Commonwealth Governments. Following the separation of responsibilities for aged care and disability services in accordance to the National Partnership Agreement (NPA) on transitioning responsibilities for aged care and disability services the Commonwealth (except for Western Australia and Victoria who are not participating in the reforms) has assumed full policy and operational responsibility for services for people aged 65 years and over from 1 July 2012.

The states in line with their responsibilities under the National Disability Agreement (NDA) have responsibility for people aged under 65 years and under 50 years for Indigenous clients. The Commonwealth also has funding responsibility for services for people with a disability in the older age group who may be receiving services through specialist disability services. Indigenous clients in the age group of 50-64 years would be able to receive through either system (the Commonwealth or the State) with funding to be the sole responsibility of the Commonwealth.

These changes are being progressed on a budget neutral basis under the COAG National Partnership Agreement (NPA) on transitioning responsibilities for aged care and disability services. The budget neutral time period expires on 30 June 2014. Whilst the separation of responsibilities for home and community care services provides an opportunity for developing more streamlined aged care and disability services, the reforms also present a risk for segmentation of services across the older and the younger cohorts.

Aged Care reforms - The development of the Commonwealth Government's Aged Care Reform Package – *Living Longer. Living Better*, was informed by the Productivity Commission's (PC) Report – *Caring for Older Australians* released in June 2011. The Aged Care Reform Package was released in April 2012 and outlines its vision to "create a more flexible and seamless end-to-end aged care system that provides more choice and access to the full range of aged care services, from low intensity support in the home, to Home Care packages and residential aged care provided at variable levels of intensity (p.20, *Living Longer. Living Better*)." The Reform Package is estimated to be \$3.7 billion.

The Reform Package notes the particular issue of providing support to people with complex requirements due to social isolation, disability and complex health needs, and notes the introduction of a linking service for vulnerable people. In relation to social isolation, the department through the Office for Seniors provides funding under a number of programs to address the issue of social isolation experienced by older people through the 60 and Better, Older Men's Group, and the Older People's Action Programs. Office for Seniors also provides funding for the Seniors Enquiry Line which provides information on a broad range of topics to older Queenslanders, their families and carers and other interested parties. Topics include health, finance, leisure, travel and retirement issues.

National Disability Insurance Scheme – The department in consultation with central agencies is continuing to work on the design and development of the National Disability Insurance Scheme (NDIS). Queensland is working cooperatively with the Commonwealth and all other jurisdictions to ensure the scheme is effective and sustainable. Future reform plans for disability services are being considered in the context of the developments for the NDIS.

The Productivity Commission's 2011 report on *Disability Care and Support* proposed the NDIS. A copy of this report is accessible at the PC website:

<http://www.pc.gov.au/projects/inquiry/disability-support/report>

The intent of the Inquiry and key features - The intent of the Inquiry was to develop recommendations that responded to a range of issues within the existing disability service system. Some of the examples noted in the PC Inquiry report include:

- inequity in the service system – meaning what support you receive depends on where you live
- failure to intervene early
- fragmentation of services
- lack of clear responsibilities
- lack of choice for people with a disability, their families and carers
- poor evidence base.

The Inquiry suggested that the NDIS would provide reasonable and necessary supports across the full range of long-term disability supports currently provided by specialist providers. Services such as health, public housing, public transport and mainstream education and employment services, would remain outside the NDIS, with the NDIS providing referrals to them. The Inquiry costed the NDIS to be at approximately \$6.5 billion above current spending (around \$295 per Australian). Total expenditure was estimated to be around \$13.5 billion per annum.

Queensland response – On 12 December 2012, the Queensland Premier confirmed Queensland's commitment to an NDIS. It was announced that Queensland was ready to sign with the Commonwealth on a deal to fund the NDIS in Queensland.

With a financial surplus predicted in 2014-15, Queensland will be in a position to increase funding for disability services and will spend up to \$1.77 billion on disability and related support services in 2018-19. Queensland has offered to work with the Commonwealth to develop a detailed NDIS Implementation Plan by December 2014.

Queensland currently spends \$959 million per year on specialist disability services, and an additional \$200 million per year on associated services. Queensland's additional funding offer from 2014-15 is:

Year	Increase in Funding (\$M)
2014-15	\$50
2015-16	\$105
2016-17	\$165
2017-18	\$235
2018-19	\$313
Total	\$868 million

Queensland will also commit to escalating disability funding from 2015-16 at a rate of 4.5%, which will account for CPI and population changes.

National developments - Subsequent to the Inquiry report, the Commonwealth Government has committed to working with state and territory governments on the development of the NDIS and, in particular, to progress foundation reforms for the NDIS. These foundation reforms were taken largely from the measures already agreed as part of the National Disability Agreement and include the development of a national assessment framework; nationally consistent service and quality standards for the disability services sector; and a comprehensive national disability services workforce strategy.

The development of a national assessment framework was initially undertaken as part of the National Assessment Tools Project (the project). Officers from the Queensland and Victorian Governments worked together to progress this project. This project is now being progressed through the NDIS launch agency.

Work on the NDIS legislation at the national level is continuing in preparation of the launch of NDIS in mid 2013. More than 20,000 Australians are expected to benefit from the first stage of the NDIS, which will commence in five launch locations around the country from the middle of 2013. The first stage of the NDIS will provide valuable information and experience to inform the transition to full scheme.

On 7 December 2012 at the COAG meeting in Canberra, New South Wales, Victoria, South Australia, Tasmania and the Australian Capital Territory signed bilateral agreements with the Commonwealth which confirm the operational and funding details for the roll-out of the NDIS in each launch site. The Commonwealth will be investing \$1 billion over four years in the first stage of the NDIS. All jurisdictions, including Queensland, signed a multilateral intergovernmental agreement which establishes the NDIS Launch Transition Agency and enables the work to continue on the development of the Scheme.

Community Care Services in Queensland

3. Community Care Program Information

The HACC Program was established in 1985 as a joint Commonwealth-State initiative. It aims to provide basic maintenance and support services to enable eligible individual's to continue living in the community for longer. The program is targeted at frail older people, younger people with moderate, severe or profound disabilities and unpaid carers of eligible individuals.

HACC services are delivered by the funded government and non-government organisations (NGOs), community health centres and local councils. In 2010-11, there were approximately 340 HACC funded organisations, with service delivery by about 701 service providers. The program has a presence across Queensland, including remote areas.

As of July 2012, following the separation of responsibilities the States and the Commonwealth has entered into separate contract arrangements for state funded community care services to younger people and the Commonwealth funded HACC Aged Care services. As part of the reforms and as committed under the principles of the NPA, the contracts have been aligned where possible to ensure there is minimum

impact on service providers and that services can continue for both age groups with minimum disruption.

3.1 Community Care Target population

The target population for Queensland community care services (responsibility of the State and the under 65 component of the previous HACC program) following the split of the program from 1 July 2012 is:

- people under 65 years of age who have a moderate, severe or profound disability or a condition which restricts their ability to carry out activities of daily living;
- Aboriginal and Torres Strait Islander people who are under 50 years of age with moderate, severe or profound disability or a condition which restricts their ability to carry out activities of daily living; and
- the unpaid carers of these people.

3.2 Community Care Service types

Community Care services are grouped into eight categories (service groups), consisting of 18 service types. Typical services offered through the Community Care program include:

- domestic assistance
- personal care
- respite
- home maintenance
- case management
- nursing care
- allied health care
- centre-based day care
- non-hours based services, such as transport and meals.

3.3 Eligibility and access to Community Care Services

Not all people in the target population, defined above under section 3.1, will be eligible for Queensland community care services. People will be eligible for services if they are:

- living in the community
- have difficulty performing core activities of daily living due to functional limitations
- at risk of losing their independence without assistance from Queensland community care services due to loss of functional ability or unsustainable living arrangements.

Core activities of daily living are communication, self-care, and mobility. Core activity tasks include dressing, bathing or showering, preparing meals, house cleaning and maintenance and using public transport.

Living in the community is taken to mean people who are living:

- in their own homes (whether owned or rented)
- in independent living units, caravan parks, self-care units, boarding houses, group housing in the community
- in retirement villages
- without stable accommodation, for example, people who are homeless or transient.

People are not eligible for services if they are receiving a similar service from other government funded programs. For example, people are not eligible if they are:

- recipients of disability program accommodation support services where the service provider is receiving government funding for the delivery of the same or similar services;
- residents of retirement villages or special accommodation/group homes when a resident's contract includes these services; and
- living in residential aged care centres.

Carers of people eligible for community care services may also receive support from the program through the following service types only:

- counselling/support, information and advocacy
- respite care.

For a carer to receive these services, the person being cared for must be assessed as being eligible for community care services.

To support improved access to Community Care services for people under 65 years of age Queensland established a point of contact or Community Access Point in each region for telephone referrals for Community Care Services in July 2012.

- These points undertake intake activities, initial assessment using the Ongoing Needs Identification (ONI) tool and referrals to Community Care Service Providers.
- People seeking Community Care services can still choose to access services directly from any local service provider. Service Providers can also refer people seeking access to a broader range of Community Care services to the relevant local access point via telephone on 1800 600 300.
- From 1 July 2012, Community Access Points have offered an entry, intake, assessment, and referral service for people who are under 65 or under 50 for Aboriginal and Torres Strait Islander people, with a disability or a condition which restricts their ability to carry out day to day activities and require low intensity services.
- Based on the initial assessment outcome, the person may be referred to Community Care services or to a Disability Service Centre or other specialist services for further assessment.

3.4 Geographical Service Coverage

Community Care services are delivered by funded government and non-government organisations (NGOs), community health centres, and local councils. As at 30 November 2012 there are approximately 230 Community Care funded organisations, with service delivery by about 618 service providers. The program has a presence across Queensland, including remote areas.

4. Service Capacity and future needs for Community Care Services

Home and Community Care Services Clients profile (under 65/under 50 for Indigenous clients)

In Queensland data analysis undertaken by PricewaterhouseCoopers (PwC) for the department identified three core service level user groups in the profile of the clients as:

- **High** – typically contained people who receive more than one hour per day of HACC services, and represented about 4% of people who receive HACC services under the age of 65/ 50. Approximately 55% of clients in this group also received specialist disability services.

- **Medium** – included people receiving between an hour per month and up to a few hours per week of HACC service, which accounted for about 44% of people who receive HACC services. About 26% of clients in this group also received specialist disability services.
- **Low** – comprised clients who received less than one hour per month of HACC services, and made up around 52% of the observed population. Approximately 10% of this group also received specialist disability services.
- Further breakdown of this client group showed that there was a relatively high variability in the reported conditions and general support needs of clients in this group. The most common services accessed by this group of clients were nursing care (for example short-term wound management), allied health care (received at home), and home maintenance.

The high number of clients receiving very low levels of service indicates a high level of movement in the HACC system. Analysis indicated that up to one third of clients would exit the system each year, while approximately one third of clients would be new clients with the remaining third being continuous clients. The table below provides a breakdown of younger and older HACC clients.

Breakdown of HACC clients*

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Under 65/50	37,626	36,476	34,412	35,015	35,921	36,808
All other clients	115,483	120,436	120,833	125,988	131,579	136,205
Total clients	153,109	156,912	155,245	161,003	167,500	173,013
Proportion under 65/50	25%	23%	22%	22%	21%	21%
% growth (pa) under 65/50		-3%	-6%	2%	3%	2%

Source: PwC Data analysis – June 2012

***Notes – the proportion of clients in this table is not reflective of proportion of expenditure for either client cohort. The proportional shift is expected to be attributed to the ageing population trend.**

The estimated breakdown of the 2010-11 client cohort (under 65/ 50 years) by primary condition was approximately:

- 67% with a disability;
- 7% with a mental health condition; and
- 25% with a chronic health disease.

The above breakdown outlining 1/4th clients with chronic health diseases highlight the need and importance of collaboration across different service systems and approaches that enhance shared responses to meet the needs of the clients.

One of the key issues requiring attention in any future considerations is in relation to greater clarity about the responsibility between community care and palliative care services.

Clients eligible for community care services, who require palliative care, can continue to receive community care's basic maintenance and support services, subject to their priority of need and the capacity of the service provider. Support is available to carers of eligible clients. However, specialist palliative care services are considered outside the scope of Queensland community care.

5. Effectiveness of Community Care services

Community Care services are reviewing their investment strategy with a focus on value for money and return on investment, to inform current and the future investment to ensure the targeted need for community care services for younger people with a disability is met. This is within the context of community care services continuing to be low intensity services focussed on basic maintenance and support services.

Community care services provide support to a range of clients with diverse needs and conditions, such clients with mental illness, chronic conditions and chronic illnesses. Given the complex nature of the clients, community care services are endeavouring to build strong linkages to health services.

Since the separation of roles and responsibilities for aged care and disability services including community care services under the national health reforms, Community Care services within the department are seeking to achieve greater alignment with specialist disability services in terms of systems and processes. Some of the specific work currently underway includes access and pathways for entry to disability and community care services at the front end and better linkages with regions.

Specialist Disability Services (residential and non-residential)

6. Specialist Disability Services Program Information

The Inquiry may wish to note the following in relation to specialist disability services provided in Queensland.

6.1 Relevant Strategic Frameworks

In addition to discussions on the National Disability Insurance Scheme as highlighted in the earlier section, the following strategic frameworks are relevant for noting in relation to strategic directions for disability services:

- *National Disability Agreement (NDA)* - The NDA provides a national framework for the provision of specialist disability services. The NDA also acknowledges that specialist disability services are complemented by mainstream services, which play critical role in meeting the needs of people with disabilities. Further information on the reforms covered in the NDA is provided under **Appendix A**.
- *National Disability Strategy* - The National Disability Strategy endorsed and released by COAG in March 2011 sets out a ten year national plan providing strategic direction for disability services in Australia. One of the priorities in the National Disability Strategy includes focus on improving health and wellbeing of people with disabilities.
- *Strengthening Frontline Disability Services* - The Queensland Government has committed to reform the disability service system, including strengthening front line disability services in Queensland.

The Strengthening Disability Services strategy will ensure Queensland is well positioned to implement a National Disability Insurance Scheme (NDIS) in the future. The strategy is supported by a series of projects:

- review of aids and equipment

- accommodation and respite services
- Your Life Your Choice self-directed support framework
- support for school leavers
- Parent Connect
- flexible respite
- time-limited response funding.

6.2 Carer specific frameworks

- *National Carers Strategy* – National Carers Strategy is aimed at recognising carers and to ensure they have rights, choices, opportunities and capabilities to participate in economic, social and community life. Health and wellbeing of carers is one of the 6 priorities outlined in the Strategy. Other strategies include: recognition and respect, information and access, economic security, services for carers and education and training.
- *Carers (Recognition) Act 2008 (the Act)* - This Act sets out requirements for public authorities in Queensland to recognise and support carers by delivering services to carers and the people they care for through:
 - The Carers Charter, which contains 13 principles recognising the significant contribution carers make to the community; and
 - The establishment of the Queensland Carers Advisory Council, which advises on matters relating to carers.

6.3 Trends in disability services utilisation

The Australian Institute of Health and Welfare (AIHW)¹ reported that almost 300,000 people used services provided under the National Disability Agreement (NDA) in 2009-10, which accounted for nearly \$5.8 billion of combined government expenditures. The number of disability service users rose by 47% between 2004-05 and 2009-10.

Over the same period, the number of users of respite services increased by 50%. Of the nearly 2,300 disability service agencies operating in 2009-10, more than two-thirds were state or territory funded, the remaining being funded by the Commonwealth Government. Information under section 6.4 of this submission indicates steady increase since 2007-08 in the number of clients receiving accommodation support, community support, community access and respite services.

These trends mean that there is a need for more sustainable models to ensure services are able to respond adequately, appropriately and in a timely fashion to the needs of people with disabilities. People with high and complex needs require further consideration to provide responses in a coordinated manner by a range of service systems.

6.4 Specialist Disability Services - residential and non-residential

This section provides information about clients and services provided under the specialist disability services (residential and non-residential). For the purposes of this

¹ Disability support services 2009-10: report on services provided under the National Disability Agreement (AIHW publication: October 2011)

submission non-residential services are considered to be delivered through a non-residential service model and are primarily community based.

Specialist Disability Services under the NDA provide a range of disability services including residential and non-residential services (highlighted below):

- Accommodation support services – accommodation support is provided primarily through a residential service model, such as group homes, however, **approximately 30%-40% of these services are non-residential** as they are delivered through non-residential service model, for example in-home support;
- **Community support services;**
- **Community access services;**
- **Respite care services;**
- Employment services for people with disabilities which are provided by the Commonwealth Government;
- **Advocacy, information and alternative forms of communication;** and
- Other support services that include research and evaluation, and training and development projects.

A brief description of what is covered under these services is provided at **Appendix A**.

The services covered under specialist disability services are targeted towards younger and older people with a disability, children, families and carers. Specific targeted initiatives include younger people in residential aged care, spinal cord injuries response and disability assistance package.

Non-residential services - Of all the services described above community support services, community access services, in-home respite services and advocacy, information and alternative forms of communication are non-residential services. Parts of accommodation support, for example in-home accommodation are provided in the home of a person with a disability instead of a residential accommodation support.

Community support services provide the support needed for a person with disability to live in the community, including: therapy support; counselling and early childhood intervention; behavioural/specialist intervention; counselling; case management; and local area coordination. These services are either delivered by funded non-government service providers or directly by the department.

Community access services provide opportunities for people with a disability to pursue their life goals, including learning and life skills development, recreation and holiday programs, and support to access community activities.

Respite services provide a short-term and time-limited break for families and other care givers of people with a disability. This supports and maintains the primary care-giving relationship, while providing a positive experience for the person with disability.

Clients of specialist disability services - The table below provides information on the number of clients receiving a range of specialist disability services since 2007-08.

Year	Accommodation Support	Community Support	Community Access	Community Respite
2007-08	6,020	12,494	8,307	4,799
2008-09	6,343	13,803	8,922	5,039

Year	Accommodation Support	Community Support	Community Access	Community Respite
2009-10	6,394	14,713	8,833	5,298
2010-11	6,899	16,653	9,334	5,191
2011-12*	7,200	15,600	9,330	5,500

*2011-12 data are an estimated projection as final results are not available until early 2013.

6.5 Eligibility and access to Specialist Disability Services

If someone has a disability and meets Disability Services eligibility criteria they may be able to receive specialist disability services. Seven eligibility criteria based on the *Disability Services Act 2006* and Disability Services eligibility policy are grouped into three clusters. Information on these clusters is outlined in the table below.

A person may be eligible for specialist disability services if:

CLUSTER	CRITERIA
Cluster (1)	If a person is: <ol style="list-style-type: none"> 1. an Australian citizen or permanent resident with a suitable visa AND 2. a Queensland resident AND 3. under 65 years of age at the time of application.
Cluster (2)	If someone has a disability that is: <ol style="list-style-type: none"> 4. due to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment (or a combination of impairments) AND 5. permanent or likely to be permanent.
Cluster (3)	If the disability results in: <ol style="list-style-type: none"> 6. substantial reduction in capacity for communication, social interaction, learning, mobility or self-care/management AND 7. a need for support.

To assess eligibility, evidence against the above criteria is requested to decide if a person requesting assistance meets these criteria. A range of resources including fact sheets outlining information about access to disability support and services are available at the link below:

<http://www.communities.qld.gov.au/disability/support-and-services/accessing-support-and-services/how-to-contact-disability-services-and-request-support/download-forms-and-fact-sheets>

6.6 Geographical Service Coverage

Disability Services are provided in seven regions across Queensland. The details of the regions are provided below. Detailed maps of the seven regions are also available at: <http://www.communities.qld.gov.au/gateway/about-us/regions>

Far North Queensland

The Far North Queensland region includes the following local government areas:

Aurukun, Cairns, Cassowary Coast, Cook, Croydon, Etheridge, Hope Vale, Kowanyama, Lockhart River, Mapoon, Napranum, Northern Peninsula Area, Pompurow, Tablelands, Torres, Torres Strait Island, Weipa, Wujal Wujal and Yarrabah.

North Queensland

The North Queensland region includes 18 local government areas:

Boulia, Burdekin, Burke, Carpentaria, Charters Towers, Cloncurry, Doomadgee, Flinders, Hinchinbrook, Isaac, McKinlay, Mackay, Mornington Island, Mount Isa, Palm Island, Richmond, Townsville and Whitsunday.

Central Queensland

The Central Queensland region includes the following local government areas:

Banana, Barcaldine, Barcoo, Blackall-Tambo, Bundaberg, Central Highlands, Cherbourg, Diamantina, Fraser Coast, Gladstone, Longreach, North Burnett, Rockhampton, South Burnett, Winton and Woorabinda.

South West

The South West region includes the following local government areas:

Balonne, Bulloo, Dalby, Goondiwindi, Ipswich, Lockyer Valley, Murweh, Paroo, Quilpie, Roma, Scenic Rim, Somerset, Southern Downs and Toowoomba.

North Coast

The North Coast region includes the following local government areas:

Gympie, Moreton Bay and Sunshine Coast.

Brisbane

The Brisbane region is equivalent to the Brisbane City local government area.

South East

The South East region includes the following local government areas:

Gold Coast, Logan and Redland.

7. Service Capacity and future needs for specialist disability services

Service capacity and future needs for specialist disability services are managed at two levels: broader level and service level.

Broader level – Disability Services targets its future investment based on the Budget delivered annually. At present, the primary focus is on streamlining services and improving access through:

- Early intervention and prevention
- Collaborative work with various stakeholders
- Developing sustainable service delivery models
- Stronger regional engagement, collaboration and partnership
- Sector capacity and red tape reduction.

Given Queensland's recent commitment to sign up to the NDIS, any future service growth and development will be dependent on the outcomes of the NDIS discussions.

Queensland is also continuing to participate in the national work on need and supply modelling under the National Disability Agreement.

Service level - Following the Growing Stronger reforms, Disability Services is responsible for all new client intake and needs assessment. Under this system new clients are referred to the most appropriate service provider who has the capacity to deliver the support that is needed by an assessed client. Service providers if contacted by a person seeking support are expected them to direct to the nearest service centre.

Service providers are expected to notify of any changes in their capacity to deliver services, for example if a client exits or transitions to another service, subsequently freeing up capacity. Disability Services manage a Register of Need which is used in the reallocation of support/services when capacity notification is received about vacancy/capacity becoming available in the system (government and non-government). The reallocation of capacity is more flexible in the **non-residential services** as it is not tied to a particular place unlike residential service, such as a group home.

In addition to this, instead of receiving block funding and individualised funding, service providers have in place an Output Service Agreement with Disability Services. Under the agreement Disability Services pays service providers to provide a particular service, such as respite, accommodation, training etc. Funding through the output service agreement is aimed at reducing costs to the non-government disability services through streamlining of reporting and financial accountability requirements.

8. Effectiveness of specialist disability services including non-residential services

Disability Services is continuing to undertake a range of reforms to improve the effectiveness of disability services in order to better meet the needs of people with a disability whilst at the same time providing greater choice and control to clients. The following two examples provide information about the introduction of a funding framework and an initiative aimed at strengthening the role of natural supports.

Self-Directed Funding Framework - In September 2012, the self-directed funding framework: Your Life Your Choice was launched. Under this Framework, a person with a disability can choose between services that are delivered through non-government service providers in the traditional way or choose to self-direct their supports using funding and resources to plan, purchase and select supports that best suit their needs. A range of information resources about this framework is available at:

<http://www.communities.qld.gov.au/disability/key-projects/your-life-your-choice>

Community Living Initiative - In addition to the above, other initiatives such as the Community Living Initiative (CLI) are in place to offer a new type of assistance to enable people with a disability to live in a place of their own, in the community of their choice. The initiative is designed for people who have developed a detailed plan for the lifestyle they want to lead and have significant informal unpaid support available from family, friends and community.

The support provided by CLI is intended to complement and supplement natural supports provided by family, relatives, friends and personal networks. In this regard CLI deliberately avoids replacing or diminishing the primary role of family and friends in a person's life.

Funding through the CLI can be used for disability specific and disability related supports inclusive of in-home supports, building connections and networks in the local community, accessing activities, purchasing aids and equipment and modifying housing to improve quality of life and independence.

Coordination and collaboration between services

9. Improving collaboration and co-operation

Collaboration between health services for chronic conditions, community care and disability services is critical, especially as the literature documents people with a disability experience poorer health outcomes including other co-morbidities which require responses from multiple service systems. People with severe or profound disability rely up to 10 times as heavily on health services, such as general practitioners, as Australians without a disability². It is indicated that the high use of health services among people with disability is linked to a high prevalence of multiple long-term health conditions, in particular the combination of mental and physical health conditions.

The two areas that the department has considered in relation to **improving collaboration and co-operation whilst at the same time streamlining** its services, which the Inquiry may also wish to make note of and consider, are as follows:

- Building a stronger interaction with other service systems especially with health services using opportunities afforded through the implementation of the national health reforms; and
- Options for greater integration of community care services with specialist disability services following the aged based split.

Interaction between health services and disability and community care services - The department in collaboration with Queensland Health has been working on an ongoing basis to address a number of issues that are common to clients with disability who also experience chronic health conditions. The examples are as follows:

- **Service/program level** - One such area is the provision of more streamlined aids and equipment services to assist people with a disability in the community.
- **Regional level** – Efforts are continuing towards developing shared and collaborative service delivery models based on a partnership approach between disability services' regions and the newly established Hospital and Health Services (HHSs). One of the barriers to partnership is that the devolution of central responsibility means negotiation needs to occur now with 17 HHSs as opposed to previous arrangement of one central point.
- Under the implementation of national health reforms, the department worked with Queensland Health and promoted the establishment of these links through the Transition Alliance Group which was chaired by Queensland Health before July 2012. This Group was responsible for developing health services integration framework/guidelines in Queensland.

² The use of health services among Australians with disability: Report by the Australian Institute of Health and Welfare (AIHW) published 30 September 2011

- **Client level** - Developing a stronger interaction with health services has been achieved through the systems interface project. This project aimed at strengthening connections between disability, community care and health services so that the clients were able to transition across the different service systems more freely. This project is continuing to be progressed as part of collaboration between Brisbane Region and the Royal Brisbane and Women's Hospital (RBWH).
- **National level** – At the national level, Disability Ministers are continuing to advocate for the need for collaborative work between Disability and the Health Ministers to address a range of areas of mutual interest, most importantly for the benefit of clients.
- Particular work is underway to discuss priorities which may include early intervention, interface with NDIS, issues related to high and complex clients, and access to mainstream health services.

Streamlined service systems - In relation to more streamlined service systems, the department commissioned PwC to provide potential options for developing a better integrated disability and community care service system following the split of the roles and responsibilities for aged care and disability services including the HACC program. A number of issues highlighted in the development of these options included:

- Future models to consider continuum of care and related support ensuring clients with low support needs as well as clients with high and complex needs were able to receive services in a seamless manner;
- Rigorous governance and monitoring to ensure efficiency, accountability and transparency in the service system;
- Building capacity at all levels including individual, system, sector and communities;
- Clear regulatory frameworks to achieve value for money and maximise government funding;
- Integration with other service systems acknowledging that a number of clients require service responses from multiple systems and that an integrated disability and community care service system will not be sufficient to respond to those needs;
- Need for better workforce planning; and
- Building IT systems to meet business requirements.

In addition to the above issues/considerations, risks such as avoiding a crisis-driven model and demand management are suggested to be at the heart of an effective and efficient service delivery service system.

The above issues highlight some considerations for the development of collaborative and co-operative models in the future. The department is continuing to work towards reforming its systems and processes whilst at the same time focussing on the quality of service delivery to ensure NDIS readiness.

APPENDIX A

National Disability Agreement (NDA) and its reform priorities

The description of services provided under the NDA is as follows:

Accommodation support services that provide support to people with disability in accommodation settings (hostels, institutions and group homes), and in their own home (including attendant/personal care, in home support and alternative family placements)

Community support services that provide the support needed for a person with disability to live in a non-institutional setting — including therapy support, counselling and early childhood intervention

Community access services that provide opportunities for people with disability to gain and use their abilities to enjoy their full potential for social independence including learning and life skills development and recreation/holiday Programs

Respite care services that provide a short-term and time-limited break for families and other voluntary caregivers of people with disability, to assist in supporting and maintaining the primary care-giving relationship, while providing a positive experience for the person with disability

Employment services for people with disability that provide:

- open employment services — assistance in obtaining and/or retaining paid employment in the open labour market
- supported employment services — support and employment within the same organisation

Advocacy, information and alternative forms of communication

- advocacy services enable people with disability to increase their control over their lives by representing their interests and views in the community
- information services provide accessible information to people with disability, their carers, families and related professionals about disabilities, specific and mainstream services and equipment; and promote the development of community awareness
- alternative forms of communication for people who are by reason of their disability, unable to access information provided in a print medium

Other support services that include research and evaluation, and training and development projects.

NDA Reform priorities

Originally signed in January 2009, the NDA reflected a strong commitment from both levels of government to provide more opportunities for people with disability to participate in and enjoy Australia's economic and social life.

The NDA continues to be specifically designed to assist people with disability to live as independently as possible, by helping them to establish stable and sustainable living arrangements, increasing their choices, and improving their health and wellbeing. At the same time, the agreement focuses on supporting families and carers in their caring roles.

All parties under the National Disability Agreement 2009 initially concentrated national efforts in several identified priority areas to underpin the policy directions and achieve reforms in the disability service system. These priority reform areas paved the way for the future. These were:

<p>Priority (a) Better measurement of need</p>	<p>Work under this priority has delivered improved estimates of current and future demands for services. The National Need and Supply Model Report for 2009/10 provides a nationally consistent definition for measuring the potential population level demand across jurisdictions (the need model) and a consistent definition of service provision (the supply model) to estimate the level of demand not supported by disability services. Link to: The National Need and Supply Modelling Report for 2009/10 Report Link to external website is now available.</p>
<p>Priority (b) Population benchmarking for disability services</p>	<p>Agreed benchmarks feature in the National Need and Supply Model 2009/10. Benchmarking improves the evidence base to assist in policy development and service planning decisions.</p>
<p>Priority (c) Responding to the needs of older carers</p>	<p>Governments agreed to target services to more vulnerable population groups based on relative need, including older carers and Indigenous people with disability under the National Carer Strategy. To complement this work a stocktake of future planning initiatives for carers was undertaken (below). National Stocktake of Future Planning Initiatives Link to external website is now available.</p>
<p>Priority (d) Quality improvement systems based on Disability Standards Link to external website</p>	<p>Governments agreed to pursue a national approach to quality assurance and continuous improvement of services. This included consistent quality management principles and consistent approaches to the verification of compliance with standards. The Report on the Findings and recommendations of the Consultations on the National Standards for Disability Services Link to external website is now available.</p>
<p>Priority (e) Service Planning and strategies to simplify access Priority (j) Improved access to Disability care</p>	<p>This priority focus is on developing a person centred approach to service delivery and simplification of access to specialist disability services. Governments have explored measures to improve access to disability care and to ensure people are referred to the most appropriate disability services and supports. This includes consideration of single access points and nationally consistent assessment processes. The National service planning and access improvement framework Link to external website is now available.</p>
<p>Priority (f) Early intervention and prevention, lifelong planning and increasing independence and social</p>	<p>A Framework has been developed that provides a conceptual structure to assist jurisdictions to address this priority. The Framework for Early Intervention and Prevention,</p>

participation strategies	<u>Lifelong Planning, and Increasing Independence and Social Participation Strategies</u> Link to external website is now available.
Priority (g) Increase workforce capacity	National workforce research has been undertaken to address qualifications, training and cross section career mapping issues and establishing and disability sector as an 'industry of choice'. The findings presented will be used as a resource in conjunction with other relevant materials in the broader work states and territories are undertaking. <u>Report: An examination of Workforce Capacity Issues in the Disability Services Workforce: Increasing Workforce Capacity</u> Link to external website is now available.
Priority (h) Increased access for indigenous Australians	<u>A National Indigenous Access Framework</u> Link to external website has been developed that assists jurisdictions to integrate appropriate principles into their service access and planning frameworks to increase Indigenous access to disability services.
Priority (i) Access to Aids and Equipment	More consistent access to aids and equipment by the end of 2012. A copy of the Core Equipment List is provided below. <u>Core Equipment List</u> Link to external website is now available.

All reports on the reform priorities are now available on the Disability Policy and Research Working Group Link to external website website which can be found at: www.dprwg.gov.au

The revised National Disability Agreement between the Australian Government and State and Territory Governments was signed at COAG on 25 July 2012. Changes were made to reflect the policy direction concerning basic community care outlined in the National Health Reform Agreement, adding in five new reform priority areas and improving the performance framework. The five new strategic areas are:

Build the evidence base for disability policies and strategies
Enhancing Family and Carer Capacity
Strategies for Increased Choice, Control and Self-directed Decision-making
Maintain innovative and flexible support models for people with high and complex needs
Develop employment opportunities for people with disability