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Thursday 12 August 2010

Commissioners – Disability Care and Support Inquiry
Productivity Commission
Department of Planning and Community Development
GPO Box 1428
Canberra City ACT 2601

Dear Commissioners

**HUME CITY COUNCIL SUBMISSION: PRODUCTIVITY COMMISSION
INQUIRY – DISABILITY CARE AND SUPPORT**

Hume City Council welcomes the opportunity to make a submission to the Productivity Commission Inquiry into Disability Care and Support.

Hume City Council's Submission draws upon Council's service provider's knowledge and experience in the disability and access sector as a HACC service provider and council's community knowledge and experience of people with a disability residing in the municipality of Hume

Hume City Council is committed to social justice, building a City that supports and encourages community inclusion and life long learning. Council recognises that its citizens have equal rights to enjoy the highest quality of life and to participate in decisions which affect them and responds to the Inquiry within a local government context with reference to the issues experienced by an interface growth municipality with high levels of disadvantage

Yours sincerely

JOY NUNN
DIRECTOR CITY COMMUNITIES



HUME CITY COUNCIL SUBMISSION:

PRODUCTIVITY COMMISSION INQUIRY- DISABILITY CARE AND SUPPORT

JULY 2010



Introduction

This submission has been prepared in response to the Productivity Commission Inquiry into long term Disability Care and Support. The submission concentrates on identifying issues affecting Disability Care and Support in Hume as well as addressing three terms of reference relating to Eligibility, Age and the impact upon existing HACC Services.

The submission will draw upon Council's service provider's knowledge and experience in the disability and access sector as a HACC service provider

The submission is also based on Council's community knowledge and experience of people with a disability residing in the municipality.

The Councils' submission is presented based on the Victorian local government context and the issues experienced by an interface growth municipality with high levels of disadvantage.

1. How to improve service delivery – including coordination, costs, timelines and innovation

Hume City Council population forecast indicates that the proportion of the population over the age of 65 years will increase from the current 15,355 (9.1%% of the total population) to 34,664 (14.5% of the total population) in 2030. At the same time the proportion of Hume's working population (aged 15 to 65) is expected to decrease by 4.0% by 2030 (Id consulting). As a consequence of an increasing ageing population and decreasing working population there will be fewer residents able to provide family, community and economic support, placing further pressure on support services.

In 2009 the MAV responded to the Commonwealth reform Agenda with reference to the role of Local Governments in delivering HACC services. The relevance of this is significant to a response to changes to long term Disability Care and Support from a local government perspective

Legislated role in planning and wellbeing of communities

In the broad area of promotion of community health and wellbeing, Victorian councils have a legislated requirement to prepare Municipal Public Health and Wellbeing Plans.

The HACC Active Service Model (ASM) is a quality improvement initiative driven by the Department of Health that explicitly focuses on promoting client capacity and restorative care in service delivery. The ASM initiative sits within the policy context set out in *A Fairer Victoria* (2005). Hume City Council has a requirement to provide Home and Community Care services, the ASM approach is implemented to support the existing services provided. The ASM supports HACC objective to enhance independence and avoid inappropriate and premature admission into long term residential care for target groups of people with disabilities, frail and older people and their carers.

Preserving this consolidated and stable public sector HACC service delivery platform in Victoria is critical to achieving integrated service delivery for clients. Hume City Council currently has 619 (27%) of HACC clients 65 years or younger enrolled in their services. The degree of integration across the HACC sector in Victoria is more effective in service provision when compared to the fragmentation which has come from the Commonwealth method of allocating packaged care to multiple agencies with small number of clients across many different municipalities.

Implications

- In Victoria Local Government is a key planner in service planning and delivery for people of all ages. Council HACC services provide links in local service delivery and first point of call for enquiries from community. Local Government is well placed to advocate for needs of respective community groups.
- Local government plans and delivers life long services – the impact of isolating age in management of disability support services would need to be fully understood and the complexities unpacked.
- Hume City Council supports the MAV view that local government wishes to maintain a co-operative approach to planning, service development and quality improvement, rather than the centralised planning and purchasing approach currently used in, for example, the Commonwealth aged care program. In response to previous COAG proposals for a vertically integrated national aged care program, in which HACC for older people becomes part of

a national aged care program, the MAV questioned in its response to the Commonwealth Health Reform Agenda how such a structure could manage national objectives and outcome consistency without losing local knowledge and innovation.

- Local HACC services are currently coordinated horizontally with the local and regional network of primary care and preventive services, which results in Victorians having access to a wide range of services

Strengths of the Victorian System

Hume City Council reiterates the MAV position that the strengths in the Victorian service system needs to be specifically maintained and built upon, not lost, as part of any reform process.

Strengths include:

- History and enduring pattern of core public sector and NGO service providers in primary care and community care across Victoria: in metropolitan areas – local councils, community health centre's and hospitals.
- Role and capability of State Government in primary health policy and administration, and promotion of local and regional service development and service coordination – building links between promotion, prevention, acute and primary care.
- Role of local government across Victoria in local population planning, service provision, resourcing and contribution to coordination of efforts, plus the local community expectation of local involvement.
- History of effective State/ Local Government partnership ensuring service equity and adequacy across the state – in many communities, hospitals and councils have been the only organisations with the administrative infrastructure and scale to be the service providers.

Recommendations

It is recommended that:

- The key role local government holds in HACC Services in Victoria is acknowledged and considered in the development of future disability care and support models.
- Disability reforms are developed further through partnership with state and local government as stakeholders.
- State initiatives that are currently improving support and decreasing barriers for people with disability, their families and carers are examined and expanded to a National approach.
- Any transfer between the Disability Sectors into the Aged Sector needs identification of a clear pathway for individuals.
- Long term changes to Disability Care and Support includes partnership with Local Government to take into consideration the experience at a local level and to ensure local responses are supported and strengthened through appropriate investments including infrastructure (buildings) and service planning.

2. Who should be the key focus of a new scheme?

Hume City Council is committed to social justice, building a City that supports and encourages community inclusion and life long learning. The *Hume City Council Social Justice Charter 2007* includes Hume's *Citizen's Bill of Rights* in which Council recognises that its citizens have equal rights to enjoy the highest quality of life and to participate in decisions which affect them.

Hume City Council's *Social Justice Charter Action Plan – People with Disabilities* goals include, raising awareness of disability issues through out the community, facilitate access and opportunity of services, increase participation within the broader community context, and to facilitate an advocacy role on behalf of Hume residents.

Located in Melbourne's northern growth corridor, Hume City's population has increased significantly over the last twenty years. In the ten years from 1996 to 2006 Hume experienced an annual growth rate of 2.4% - making it one of the fastest and largest growth municipalities in Melbourne. With a population of 167,540 (ABS), population and urban growth continues to occur around the Sunbury and Craigieburn areas, and the City has seen the establishment of 'new' suburbs such as Greenvale, Meadow Heights and Roxburgh Park. By 2013 Hume City is expected to reach a population of 177,289 and exceed 240,450 by 2030. This population growth will be driven through the combination of greenfield development, expansion of the Urban Growth Boundary and regeneration of established suburbs such as Broadmeadows.

Population growth in the City of Hume raises the dual challenges of population growth in designated growth areas, as well as future urban consolidation of older areas such as Broadmeadows, which has a disproportionately larger aged/ disability population than the younger family profile of the fringe growth areas such as Craigieburn. Communities across the municipality are vastly different in age, income and disability profile and have access in varying degrees to only a few existing disability support services.

The Federal Governments recent ratification of the *United Nations Convention on the Rights of Persons with Disabilities* reflects the commitment to the rights of people with disability. The future of Disability Care and Support needs to be guided by the promotion of participatory rights that is shared as part of a three tiered system of local, state and federal governments which includes clear communication pathways and partnership approach, to enhance access, inclusion and participation.

Awareness:

The importance of awareness of disability and disability issues within the broad community and across health services needs to be ongoing. Lack of prior experience working with people with disabilities and the diversity of issues that people with disability face on a regular basis can be a barrier to improving the Disability Care and support structures within the Disability Support Systems and the community.

Healthcare:

Access to appropriate healthcare is one of the biggest issues facing people with disabilities living in Hume. Given the current economic climate and the increasing demand that is placed on the public healthcare system by the rapidly growing population within Hume City, many people with disabilities are not having their healthcare needs met in an appropriate manner.

Anecdotal evidence identifies the Disability Support Pension (DSP) is limited in addressing the differing needs of people with more severe disabilities. Inadequate cover for medical costs and loss of income from being unable to work for a duration

of time was also impacted by the length of administrative processes and the diminution of access to resources once an individual reached a certain age.

Physical access:

The Building Code of Australia (BCA) requires that all new buildings are designed to comply with the regulations set forward by the Disability Discrimination Act (DDA) and that existing structures be renovated to conform with the Act. While it is required that buildings are developed and refitted in adherence with the DDA, many of these buildings reach the bare minimum requirements and are not entirely accessible. Some members of the community have indicated to staff that they do not access certain facilities because they are still not 'user friendly' even though the building adheres with the DDA.

Recommendations:

It is recommended that

- The Productivity Commission Inquiry into long term Disability Care and Support is consistent with the approaches of the Commonwealth Social Inclusion Agenda.
- Changes to long term Disability Care and Support be developed within a Human Rights Framework and Action Plan, guided by the Convention on the Rights of Persons with Disabilities.

3. Reducing unfairness so that people with similar levels of need get similar support.

Hume City Council considers that the needs of people with disability cannot be met fairly with consideration of the community in which they live. Factors that influence outcomes, with relevance to Hume City data are:-

- Population growth – high number of young families and rapid growth of ageing population.
- Disadvantage – high levels of disadvantage especially within the Broadmeadows Statistical Local Area.
- The ABS Census 2006 reported 892 Aboriginal & Torres Strait Islanders living in Hume City.
- 125 languages other than English are spoken by Hume residents in their home.
- Settlement planning of 5,963 new migrants have settled within Hume during 2003 – 2008 and compared to metropolitan Melbourne, Hume has almost triple the proportion of settlers through the Humanitarian program.
- Health Status, particularly years of life with a disability.
- Hume currently has the second highest incidence of reported Family Violence in Metropolitan Melbourne.
- Mental illness is responsible for about 21% of the burden of disease in Hume.
- Alcohol abuse/dependence accounts for around 45% of all prevalent cases of mental disabilities amongst males in Hume.
- Depression is the second largest cause of mental disabilities amongst males in Hume and is most prevalent in the 35–44 year age group.

More specifically, research by the Australian Institute of Health and Wellbeing has found that in Metropolitan Melbourne:

- 2.1% of people aged 0–64 years had severe disability.
- People living in the most disadvantaged quintile of Statistical Local Areas (SLA) in Metropolitan Melbourne were twice as likely to have severe disability (2.8%) as those living in the most advantaged quintile (1.4%).
- Broadmeadows SLA had the highest percentage of people aged 0–64 years with severe disability (3.9%) of all SLAs in Metropolitan Melbourne.

Carers:

Carers needs for financial, medical and emotional support, as well as having time to recoup, are increasing. The increasing age of carers, many of whom have a disability themselves is also a burden on the service system. A number of Council departments, particularly Aged and Disability Services, are experiencing increasing demand on all services including respite service as well as increase in the level of client support required.

Recommendations

It is recommended that

- Service provision and planning for the needs of different groups of people with disabilities needs to consider community attributes of population change, advantage/ disadvantage and population data relating to Aboriginal & Torres Strait Islanders, culturally and linguistically diversity and the community health status.
- The future of Disability Care and Support include a flexible service model that supports clients, and their carers, providing meaningful respite.

- The Productivity Commission considers the Australian Institute of Health and Welfare research that links disadvantage with the increased incidence of disability to identify the groups that are most in need of support.

4 The kinds of services that particularly need to be increased or created.

Current high demand for Disability Services:

Hume City Council's population forecasts predict that Hume City will experience considerable population growth over the next 20 years, with current growth figures showing an expected population increase of 42.8% to 2030. It is expected that the number of residents aged 65 and over will more than double during this time.

Census 2006 data found that 10.3% of the Hume City population reported they provide unpaid assistance to a person with a disability, a long term illness or problems related to old age. This is lower than the state average of 10.0%. Census data also indicated that 2.5% of Hume City's population under the age of 65 required assistance with core activities, compared to the Metropolitan Melbourne average of 1.7%. Within the total population for Hume City, this figure increases to 4.1%, compared to 4.0% for Metropolitan Melbourne. Based on ABS data for core activities and current population forecasts, it's estimated that approximately 6,984 people in Hume City require assistance with core activities. This figure is estimated to increase to 9,942 by 2030 suggesting an even greater level of demand on specialist services (based on current rates).

Inadequate access and supply of services and infrastructure:

Hume City is an interface community with rapid residential growth and faces challenges of the timely provision of supportive social and physical infrastructure for people with disabilities. Services are inadequately resourced to manage and respond to the increasing need from the community for accessible and affordable services. As is highlighted in the *Municipal Public and Community Health Strategic Plan 2009-2013*, infrastructure growth is challenging and unlikely to keep pace with that of population growth.

Gaps in Current Knowledge Research Priorities to inform the Productivity Commission

In developing this submission it is evident that there is lack of available data that informs population numbers of people with disabilities, degree of disability and level of carer support required, particularly at a local government level. Population forecasting to inform the development of services and infrastructure is currently limited.

The challenges faced by interface municipalities where population growth is occurring through greenfield development include service planning, expanding service provision and development of infrastructure. To inform the delivery on investment in capital growth and service provision, research into the needs of growth corridors and interface Councils, with a disability focus needs to be included. In addition, it is recommended that data collection relating to the diverse range and needs is influenced by researching the current complex assessment and eligibility criteria for initiatives and services.

Recommendations

It is recommended that

- The shortfalls in human service infrastructure particularly in rapidly growing interface municipalities are addressed.
- Resources are dedicated to researching population growth and current complex assessment and eligibility criteria for initiatives and services including consideration of infrastructure requirements of people at risk of disability, people with disabilities and their carers.

