

COMMUNITY SERVICES — REPORT ON GOVERNMENT SERVICES

4950. Mr K.M. O'Donnell to the Minister for Health:

I refer to the Annual Report on Government Services (RoGS) released between 22 January and 1 February 2019, and note that:

- (a) Aged Care Assessment Team approval and entry into aged care services for all permanent residents increased from 151 days in 2017 to 176 days in 2018, and ask:
 - (i) What is the reason for this increase;
 - (ii) Can this increase be itemised by electorate (including regional WA) and care levels; and
 - (iii) What strategies have been implemented to address this increase and if no strategies have been implemented why not; and
- (b) Basic community care services received by people aged under 65 years and Indigenous Australians aged under 50 years in WA fell from 865,931 hours in 2016–17 to 713,765 hours in 2017–18 and is 38 per cent below the 1,140,491 hours provided in 2013–14, and ask:
 - (i) Can an explanation be provided for this fall; and
 - (ii) Have funding for any programs or services utilised for basic community care service provision been cut since March 2017 and if so what were the programs or services and what was the amount of funding?

Mr R.H. Cook replied:

I am advised:

- (a) (i) There are a number of potential reasons for an increase in this elapsed time:

In this period the number of admissions to residential aged care increased by 3.45%, meaning that there were more people seeking admission to Residential Aged Care (RAC). WA continues to experience a significantly lower rate of operational Commonwealth RAC than all other states and territories after the Northern Territory. This means that it can take longer for an older Western Australian to access RAC.

When an approval is completed for an older person living in the community an immediate admission to Residential Aged Care Facility (RACF) may or may not be warranted. This means that the older person may not seek admission to RAC until later in their care journey.

The Commonwealth reform of Aged Care has increased the complexity for people seeking to enter RAC.
- (ii) The source data for Table 14A.26 is provided to the Productivity Commission by the Commonwealth Department of Health (DoH), Ageing and Aged Care Data Warehouse. The Commonwealth DoH is the custodian for the data for aged care services. Further itemisation by electorate of the source data for Table 14A.26 is not currently provided by the Commonwealth.
- (iii) Strategies that assist in addressing this increase include care coordination processes to support consumers to the point of effective referral by the ACAT Assessor. These are outlined in the Commonwealth's My Aged Care assessment guideline materials.

For older Western Australians who have or develop health care needs while awaiting aged care services, a number of interim support services have been implemented by the WA Department of Health, including but not limited to, Interim Hospital Packages (IHP), Rehabilitation in the Home (RITH), Complex Needs Coordination Team (CoNeCT), Day Therapy Units (DTU), Community Physiotherapy and Silver Chain Home Hospital.

Additionally the WA Government has successfully negotiated with the Commonwealth Government to access greater number of Transition Care Places to assist people leaving hospital on a pathway to RAC and which in effect will reduce pressure on hospital bed demand.
- (b) (i) The data source for the above question is the Commonwealth Department of Social Services Home and Community Care Minimum Data Set (HACC MDS). This data does not include basic community services delivered to people aged less than 65 years and to Aboriginal people by the National Disability Insurance Scheme (NDIS). Under the arrangements of the Bilateral Agreement with the Commonwealth Government, service delivery will progressively shift from the WA HACC program to the Commonwealth NDIS as it is rolled out across the state.

The reduction in the amount of hours for basic community services delivered by the WA HACC program referenced in the Report on Government Services is therefore expected and agreed the WA and Commonwealth Governments.

- (ii) On 31 January 2017, the Commonwealth and Western Australian governments signed a Bilateral Agreement for transitioning responsibilities for disability services in Western Australian to a National Disability Insurance Scheme (NDIS). Hence WA HACC Program funding for people under 65 years (and Aboriginal people under 50 years) is being reduced and progressively transferred to the NDIS on an annual basis as the scheme rolls out across Western Australia. In 2017–18, approximately \$2,552,000 in funding was reduced from the WA HACC Program and transferred to the NDIS in line with clients transferring out of the program. Due to this arrangement the activity levels are at a progressively staged reduction. Data quoted from Table 15A.16 therefore only represents HACC MDS and does not reflect the data for NDIS services.