
AUSTRALIAN MEALS ON WHEELS ASSOCIATION NATIONAL CONFERENCE



home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

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Friday 2ND October 2009
11:00 – 11:40

HACC Priorities and Directions



Australian Government
Department of Health and Ageing




home and community care

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MEALS ON WHEELS STATISTICS

Across Australia...

70,000 volunteers,
50,000 clients,
14 million meals were delivered last year.



TOPICS

1. What's happening in HACCC
2. Community care reforms
3. Better outcomes for the community



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COUNCIL OF AUSTRALIAN GOVERNMENTS

COAG agreed

'that there be simplified entry and assessment processes for the Home and Community Care Program'.

Source: COAG Communiqué 10 February 2006

HACC REVIEW AGREEMENT REFORMS

Earlier Allocation of Funds

Better Planning

Improved Accountability

MONITORING PERFORMANCE

- Does the HACCC Program reach the people for which the services are intended?
- Does the HACCC Program reach disadvantaged groups and special needs groups?
- Is the HACCC Program providing quality services?
- Is the HACCC Program providing effective and efficient services?
- Is the HACCC Program well managed?
- Is the HACCC Program expending money appropriately?

KEY PERFORMANCE INDICATORS

KPI 3

Number of culturally and linguistically diverse (CALD) clients as a proportion of this group within the HACCC target population.

KPI 7

Average Unit cost for key service types.

HACC MINIMUM DATA SET (MDS)

The MDS is a set of nationally agreed data items that is collected by all HACC service providers about their clients.

The objectives of the HACC MDS are to:

- assist with policy, planning and performance monitoring;
- assist service providers with planning and provision of high quality service; and
- help to ensure comparability between HACC data and other community care program data.

STATISTICAL HACCC CLIENT 2007-2008

The average HACCC client was a 72-year-old woman:

- born in Australia;
- receiving a pension;
- English being her main language;
- living with her family; and
- receiving on average four hours of service a month.



MEAL SERVICES

A high number of HACC clients received meal services.

These were largely meals at home for 107,600 clients and centre-based meals for 50,400 clients.

A smaller number of clients (5,600) received assistance with the preparation of food in their own homes.



HACC FUNDING

2007-08

\$1.652 billion was available for the HACC Program nationally in 2007-08, representing both Australian Government and state and territory government contributions.

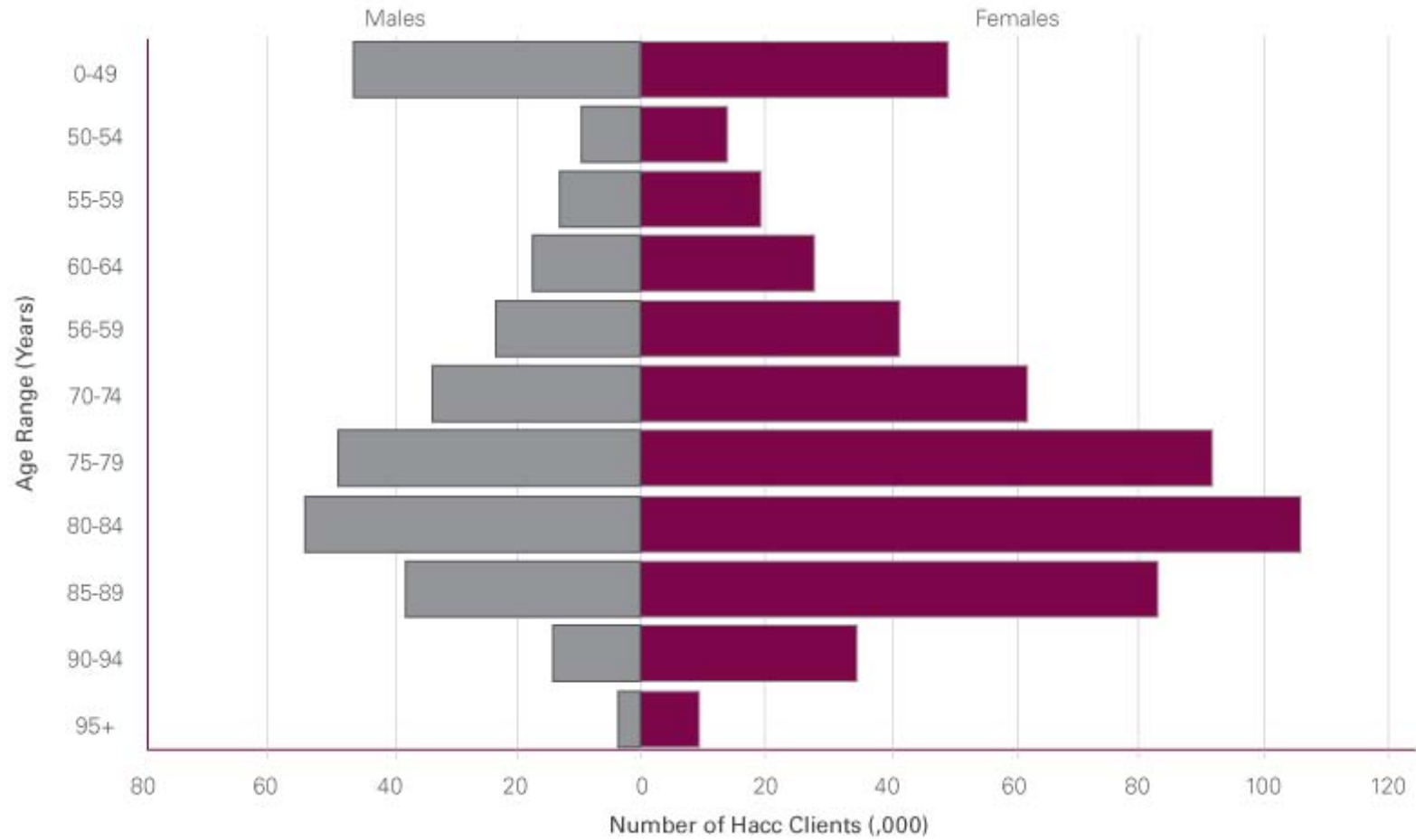
2008-09

Australian and state and territory contributions totalled almost \$1.8 billion.

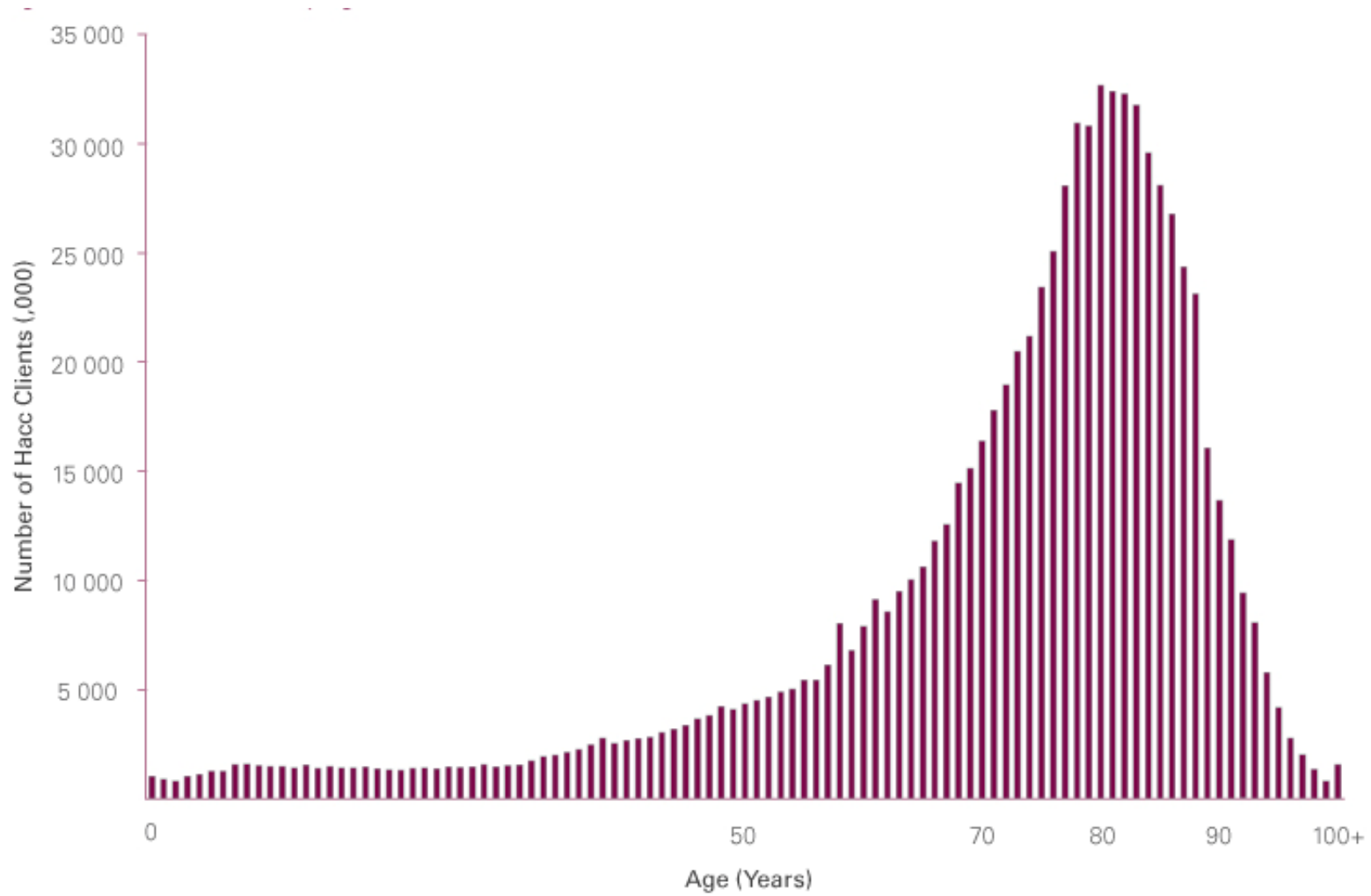
2009-10

HACC funding is estimated to increase to over \$1.9 billion.

GENDER



AGE



AGEING STATISTICS

POPULATION PROJECTIONS

65 years and older:

- 2007 census: 2.8 million (13.4% of population)
- By 2027: expected to be 5.2 million (20.5%)
- By 2047: expected to be 7.2 million (>25.3%)

*Source: Australian Bureau of Statistics, Australian Historical Population Statistics and Treasury projections.

FIVE KEY AREAS FOR COMMUNITY CARE REFORM

They :

- address gaps and overlaps in service delivery;
- provide easier access to services;
- improve service management;
- streamline Australian Government programs; and
- adopt a partnership approach between governments.

COMMON ARRANGEMENTS

This will provide a consistent community care approach to:

- access to services;
- eligibility criteria;
- assessment for services;
- fees;
- financial reporting;
- standards and quality assurance;
- information management and data collection; and
- planning.

ACCESS POINTS

What happens at an Access Point?

- consumers and carers will be able to get information about all community care services available in their local area;
 - they will have their potential needs assessed; and
 - they will learn how to access services for which they are eligible.
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ACCESS POINT PROJECT - ROCKHAMPTON

The Access Point in Rockhampton is managed as a single service but operated by three service providers in separate locations. It is accessed via a 1800 telephone number and fax service.



ACCESS POINT OUTCOMES

To date the project has found the following improvements:

- easier contact with the community care system;
 - improved equity of access to services;
 - improved timeliness in service provision;
 - improved information for planning; and
 - improved system connectivity.
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OTHER MAJOR WORK

Assessment and Eligibility

'Common Arrangements' has made good progress in developing a nationally consistent assessment process to be used when a person enters the system.

- ACCNA-R (Australian Community Care Needs Assessment Revised)
- CENA-R (Carers Eligibility Needs Assessment – Revised)

OTHER MAJOR WORK CONTINUED

Quality Reporting

Work on Quality Reporting aims to provide common standards and nationally consistent quality reporting processes across all Australian Government funded community care programs.

These Common Standards are:

1. Efficient and Effective Management
2. Access to Services
3. Information and Consultation
4. Coordinated, Planned and Reliable Service Delivery
5. Privacy, Dignity, Confidentiality and Access to Personal Information
6. Complaint
7. Advocacy

OTHER COMMON ARRANGEMENTS

Development of a national Community Care Planning Framework.

The development of information management practices.

A National Financial Reporting Framework.

A National Consumer Fees Framework.

BENEFITS FROM REFORMS

Benefits for Clients

Benefits for Service Providers

Benefits for Government



CONCLUSION

- Meals on Wheels contribution
- DOHA continued partnership
- Special thanks to all Meals on Wheels' volunteers

QUESTIONS ?
