

Integrated Carer Support Service Regional Delivery Model

Submission from Latrobe Community Health Service



Latrobe Community Health Service – Submission to the Integrated Carer Support Service: Regional Delivery Partners: A draft regional delivery model

Latrobe Community Health Service (LCHS) is one of Australia's fastest growing health services. We're here to support healthier individuals, families and communities. We are committed to preventing health problems through information and awareness. We are also committed to providing coordinated services that treat our clients as a whole person, and not as a series of isolated medical problems.

We have a reputation for quality care across a wide range of health services. Our services include community-based health promotion programs, daily living and rehabilitation assistance, health checks and healthcare plans, medical care and nursing.

We are particularly committed to helping the people who need us most, especially those with several health problems and high support needs.

LCHS auspices the Commonwealth Respite and Carelink Centre (CRCC) in Gippsland, Victoria, and has done so for 20 years. We welcome the opportunity to respond to the *Integrated Carer Support Service: Regional Delivery Partners: A draft regional delivery model* discussion paper.

Key issues with the approach to structuring the service areas.

LCHS has successfully demonstrated it is possible to establish a regional presence, as it has already done so across Gippsland. Our preferred option of delivery would be Option A. Option B poses difficulty with the establishment of a regional presence over very large areas, especially in the short time frame as indicated in the draft model. Providing services in metropolitan, regional and rural areas would require different approaches due to different costs, distance to travel and varying service delivery areas. This may put at risk the many networks and relationships the current CRCCs have developed.

Option B for Victoria would result in two Regional Delivery Partners (RDP). The proposed RDP area, V1C01, covers a large geographical area with many diverse population groups. For example, East Gippsland has a population of 751 Aboriginal or Torres Strait Islander people, while Dandenong has a large proportion of both parents born overseas at 34.4%. Meanwhile, Bass Coast has a median age of 50, whereas Greater Dandenong has median age of 35 (Australian Bureau of Statistics). We can see the diversity and challenge in being able to service all of these groups seamlessly.

Capacity and capability of organisations to establish and manage a regional presence throughout a large service area, including the ability to lead a consortia-based model, and undertake service area planning.

LCHS believes larger organisations, which already have a regional or state-wide presence, may be able to establish a regional presence in a quicker fashion due to their existing networks and

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relationships. We can see it may be difficult for a new or smaller agency to establish themselves over such large regions if they don't already have networks in place. Further, it may require them to partner with multiple agencies to ensure they have sufficient reach.

The ability to establish a consortia-based model would require time to develop, and would potentially require more time to establish and implement than is indicated in the *Integrated Carer Support Service: Regional Delivery Partners: A draft regional delivery model*. LCHS would recommend a longer tendering period if a consortia-based model was required. Option A is more suited to this.

How to ensure the breadth and reach of services provided under the proposed service area models, including the incorporation of local service providers.

Again, LCHS has demonstrated it can successfully provide services across regional and rural areas. LCHS believes Option A is the better choice to ensure that breadth and reach of services is achieved. Agencies will require well-established, high quality brokerage and sub-contracting arrangements in place, in order to provide the elements required in the model. This may be difficult for smaller organisations that don't have the corporate backbone to support it.

Are there any alternate RDP service area models that you think the Department should consider? If so, on what basis? Your statistical analysis and / or evidence base should be provided to support this.

The proposed RDP regions do not align with the current aged care planning regions, NDIS regions or Local Government Areas which LCHS proposes would be a more suitable and workable option. We suggest aligning the RDP with the existing aged care boundaries to prevent further confusion for carers, other funded agencies and the general public.

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