

Chair: Aimi Johnson

Victorian Carer Services Network (VCSN)

Ground Floor, Building 5

530-540 Springvale Road

Glen Waverley, 3150

Victoria

10th May, 2018.

Dear ICSS consultation team,

Re:

I write on behalf of the Victorian Carer Services Network, (VCSN), a network of Victorian Carer Respite and Carelink Centres, (CRCCs) and Family Care with our response to the questions raised in the Integrated Carer Support Service: Regional Delivery model consultation paper.

1. *Key issues with the approach to structuring the service areas*

More consideration needs to be given to the alignment of health/service corridors. The current options may lead to issues around service coordination due to work across multiple service areas, this may lead to a fragment response.

Reduced access to services on a local level may be a stressor for current carers that are engaging with other care providers across multiple regions. Proposed service areas are not in line with local government areas (LGAs), and other care services which are likely to impact on service planning and co-ordination, quality of care and resources. This will ultimately lead to cost inefficiencies.

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

Whilst the VCSN acknowledges the advantages proposed for Option B the less RDP’s the more infrastructure will be required. The network is concerned that the cost of infrastructure to cover such vast regions would be costly. Potential risks associated with governance of such regions need to be considered. VCSN recommend DSS define the maximum number of consortium members for an RDP to ensure robust governance and quality service provision.

Working with other RDP’s, suggests that DSS actively works with consortiums and provides a level of connection and facilitation. This will help ensure that outcomes are being met and address national consistency.

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

The need to establish mini hubs at a local level, utilising a mobile workforce. The VCSN membership note that it is often difficult to source or operationalise colocation with primary health networks (PHN). In some regions it has been noted that it can take in excess of a year to get MOU’s and agreements in place.

We can not assume that national online resources will be appropriate for all carers. Further considerations need to be given, ensuring equity of access for all carers.

Consideration needs to be given to maintaining the level of skill and knowledge that exists in order to meet carers needs and achieve the ICSS vision.

DSS need to ensure a clear communication strategy at the national, regional and local level to be implemented, so that local service providers engage with the new services. This will facilitate service access to carers with a view to target hidden carers and other vulnerable carer groups.

1. *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.*

In Victoria we would suggest a third option that would see the state of Victoria split into three regions, Western, Central and Eastern Victoria. Unfortunately, the VCSN would require additional time to be able to provide this analysis. We welcome DSS to contact the VCSN to discuss this further.

*Additional feedback*

Given the complexity of establishing consortia and governance across much larger geographical areas, the VCSN request that DSS provides a longer duration for tender submissions, suggesting a 12-week minimum.

We further suggest that RDP relationships with partners such as PHN, Partners In Recovery, Community health be mandated and guided both pre and post implementation to ensure its success.

We believe that there is the need for consistent, transparent data collection to ensure that we can review achievements, identify service gaps and assist in service planning.

The VCSN further asserts that consideration needs to be given to the role research and advocacy during and post roll out of the ICSS.

Thank you for your consideration, and we look forward to ongoing consultation with the Department over the coming months.

Kind regards,

Aimi Johnson

Chair

VCSN