



# Tasmanian Home and Community Care (HACC) Client Group Analysis

## Executive Summary

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In 2014 – 2015, the Tasmanian HACC Program (HACC Program) supported over 5 000 people through grant funding of \$20.3 million to a range of service providers across the State. The Tasmanian HACC Program supports individuals, their families and carers, to participate in their communities, maintain important social connections and optimise health and wellbeing.

Since its inception, the HACC Program has been shaped by national goals. Prior to 2012, HACC was jointly funded by the Australian and Tasmanian Governments to answer a general need, however, following the 2011 Council of Australian Government's decision to split responsibility for community care by population age, responsibility for the care of people under 65 years, or under 50 if Aboriginal and Torres Strait Islander, went to the Tasmanian Government. It therefore became important to better understand the profile of the client group accessing Tasmanian HACC services, the reasons they use the Program and its value both to them and to the health and human service system as a whole. During 2015 – 2016, the Department of Health and Human Services (DHHS) engaged the University of Queensland's Institute for Social Science Research to find out about the Tasmanian HACC Program client group and why they are accessing its services.

Through its review, the University of Queensland has been able to build a profile of Tasmanian HACC Program clients. This was achieved by:

- a review of existing data sets held by DHHS and the Tasmanian Health Service, this included the HACC Minimum Data Set (MDS), the Specialist Disability Services National MDS, Australian Bureau of Statistics (ABS) data and Health Central Data collected through patient information systems.
- document analysis
- stakeholder interviews, and
- the findings of a consumer survey administered to HACC clients.

This information will be used to inform changes to the Tasmanian HACC Program to ensure it is meeting the needs of Tasmanians in the best way possible.

## University of Queensland's Key Findings

### HACC has a place in the new health services environment

The phased introduction of the National Disability Insurance Scheme (NDIS) from 2016 to 2019 is expected to increase the number of people with disabilities receiving specialised disability support and the comprehensiveness of the support they receive. This is expected to lead to some clients of the HACC Program transferring to the NDIS and reduced demand for certain HACC services from people with disabilities. However, it is too early to determine with any precision the extent of the impact of the NDIS on the HACC Program.

The HACC Program's involvement in primary health care is extensive but appears to be under-acknowledged. The program:

- provides community care pre- and post-hospitalisation
- supports people with long-term chronic illness living at home
- case manages individuals with complex health conditions and social circumstances, and
- assists individuals to access health services via community transport.

The vital role of primary health services in health services reform was emphasised in recent papers published by DHHS. The reform process set out in these papers provides an opportunity to position the HACC Program as part of the primary health care system.

The HACC Program's role in assisting people with mental health issues may have been under estimated by both mental health services and the HACC Program itself. There is also an opportunity to deepen linkages with mental health services and position the HACC Program as a key element of the community support system for people with mental health issues.

### **HACC clients are characterised by social disadvantage**

In most respects, the demographic profile of adult HACC clients is similar to that of the overall Tasmanian population aged 18-64. However, there are three vulnerability factors - older age, low socio-economic status, and relatively limited informal support - that distinguish HACC clients from the population as a whole.

Currently adult HACC clients comprise 1.7 per cent of the Tasmanian population aged 18-64 and are concentrated in the older age groups - 73.5 per cent of clients are aged 45-64 years. The age distribution reflects the positive correlation between older age and activity limitations in the general population, mainly as a result of the onset of chronic illness.

HACC clients have low household income relative to the overall population, a high level of dependence on the Disability Support Pension and other government payments, and very low rates of workforce participation and employment. HACC clients are three times more likely than all Tasmanians aged 18-64 to live alone and only one in four has a carer.

Women are also over-represented as users of HACC Program services. Women make up 60.0 per cent of all adult HACC clients, and the over-representation of women is unrelated to the distribution of activity limitations in the population.

### **HACC clients with chronic health conditions are unlikely to qualify for the NDIS**

Almost all (97.9 per cent) HACC Program clients have chronic health conditions or disabilities including (in order of frequency):

- physical disabilities
- joint, bone and muscle diseases
- mental health problems
- respiratory diseases
- neurological conditions
- digestive disorders
- diabetes
- heart disease
- cancer
- acquired brain injury
- intellectual disability, and
- stroke.

In the majority of cases these conditions were first experienced during adult life (which accounts for the

relatively older age profile of HACC clients) and are longstanding.

In many instances, HACC clients have multiple and complex needs requiring case coordination and case management services. 52.2 per cent of HACC clients for whom there are complete data on functional status have four or more functional limitations.

Most clients expect their conditions to remain the same or deteriorate in the future. The average number of long-term health conditions reported by HACC Client Survey respondents was 3.3 conditions.

Some HACC clients (15.2 per cent) with these conditions are also clients of Specialist Disability Services. As the NDIS replaces Tasmania's Specialist Disability Services program over the next four years it is possible that more of those with long-term chronic health conditions will meet the criteria of having a permanent disability that substantially reduces capacity, and they will transition to the NDIS for their disability support.

It seems likely that many HACC clients with chronic health conditions may not be eligible for the NDIS. Further work is required to explore the 41.7 per cent of clients for whom complete data on functional limitations is available and do not meet the threshold inclusion within the ABS categories of profound and severe activity limitations.

One key role for HACC is to provide support for persons with long-term chronic health conditions who do not meet the eligibility criteria for Specialist Disability Services, and this will likely continue to be true in a future service environment characterised by the NDIS

The demographic profile of HACC clients is quite different from that of clients of Specialist Disability Services, although both groups have high reliance on government payments and consequentially low income. HACC Program clients are significantly more concentrated in older age groups than clients of Specialist Disability Services, reflecting the time of onset for chronic illness. In addition, clients of the Tasmanian HACC Program are, in comparison to Specialist Disability Services clients:

- more likely to be living in private housing in the community
- more likely to be living alone
- less likely to have a carer, and
- somewhat less likely to be receiving the Disability Support Pension.

Many HACC clients are receiving support over lengthy periods of time. 60.1 per cent of clients in 2013 – 2014 had been clients for longer than six months. Once a client has been with the service for 12 months there is a high possibility that they will continue to receive services in the future. Some service providers believe that this is due to a lack of adequate review processes and insufficient attention to achieve improved functioning.

### **HACC Clients are high users of services for short-term health issues**

The HACC Program also plays an active role in assisting clients to manage short-term or immediate health issues. This role is not entirely separate to HACC's role in assisting people with long-term chronic illnesses as longer-term clients frequently experience adverse health events and hospitalisation and require assistance to cope with these specific short-term issues.

Our HACC Client Survey showed that 72.8 per cent of long-term clients and all short-term non-continuing clients had experienced a short-term health issue (illness/injury/surgery) since July 2013. These short-term non-continuing clients comprise 10.3 per cent of HACC clients on the MDS and 90.4 per cent leave the HACC Program after 3 months.

HACC clients are high users of formal health system services, namely hospitals, emergency departments, community nursing, hospital-based services and GP services. This reflects the extent and nature of chronic illness amongst this group. Client survey data (which is consistent with Health Central data) shows that

54.2 per cent of HACC clients had at least one hospital admission in the 18-21 months prior to the HACC Client Survey.

The HACC Client Survey findings showed that adverse health events were the main triggers for use of HACC services and that health service providers were the most common referrers to HACC services. The HACC Program receives a higher proportion of referrals from the health service system than any other source. HACC MDS data shows that health services (including GPs, hospitals, community nurses, mental health services and palliative care facilities) were responsible for 68.9 per cent of 2013-14 HACC client referrals. This is far higher than referrals from Specialist Disability Services (12.8 per cent).

HACC provides assistance to users of health services in three (overlapping) sets of circumstances:

- adverse health events such as illness
- injury or surgery, and
- pre-hospitalisation and post-hospitalisation.

HACC-funded services, together with nurses and health workers, were instrumental in providing assistance to over 40 per cent of those experiencing illness, injury and surgery (41.7 per cent) and those recovering after hospitalisation (46.0 per cent). The most common forms of assistance were (in order):

- housework
- personal care
- home nursing
- transport to medical appointments, and
- provision of meals.

### **Future demographics have limited impact but some groups could be served better**

Many factors impact future demand for the HACC Program including developments in related program areas such as the NDIS and the roles that the HACC Program develops within the health and human services system. With regard to demographic change, there will be more people with a disability but the proportion of people with a disability, relative to the total population, is expected to decline slightly. The number of Tasmanians with core activity limitations aged between 15 and 64 years is projected to remain steady, based on current demographic trends.

Overall demand may look less likely to change but there are some HACC client groups whose needs might be increasingly addressed through the HACC Program in the future. Mental health issues are part of the constellation of health issues and disabilities often faced by clients. There is a strong case for further consideration of the needs and circumstances of this group and for closer collaboration between Mental Health Services and the HACC Program. 20 per cent of all HACC clients are referred from mental health agencies, and 35.7 per cent of respondents to the HACC Client Survey reported a mental health problem.

21.4 per cent of HACC clients are referred from palliative care services and there appears to be some interest from service providers in the role of the HACC Program in assisting this group. However, little was revealed through the client profile about the nature of need and demand for HACC services from this area of health services and further investigation is required.

## **The future of HACC is in primary health care as well as disability services**

The client profile data in this report shows that the central roles of the HACC Program are to provide long-term support for people with chronic health conditions and to assist people (including long-term clients) to manage short-term or immediate adverse health issues.

The client profile data also shows that clients often experience mental health issues and that a substantial number of referrals are received from palliative care providers.

Given these findings, there is a case for a refocus of the Tasmanian HACC Program as a primary health care program as well as a disability program.

Based on the client profile data from 2013-2014 as represented in this report, and in view of the changes taking place in disability, primary health and mental health services, the current and future roles of the program might reasonably include:

- 1 Providing long-term, ongoing, home-based support and assistance to people with chronic illnesses resulting in reduced functional capacity.
- 2 Providing short-term support and assistance to enable people experiencing adverse health events such as accidents and illnesses resulting in reduced functional capacity to manage these events at home.
- 3 Providing support and assistance to enable people with reduced functional capacity to manage at home in the periods prior to and after hospitalisation.
- 4 Providing case coordination and case management for people with complex needs who are living in their own homes and require a range of health and human services.
- 5 Providing a community transport service to facilitate access to health and human services for people with long and short-term functional incapacities.
- 6 Paying particular attention to the needs and requirements of people with mental health issues for the above range of services.
- 7 Paying particular attention to the needs and requirements of people receiving palliative care at home or in community settings for the above range of services.

## **Next Steps**

With an evidence base available and better knowledge of client needs, DHHS will work towards remodelling the Tasmanian HACC Program to ensure it meets the needs of its clients and delivers care as effectively as possible. This work will take into account other review and service development activities currently occurring across DHHS; it will involve exploring how services are delivered as well as how they are accessed. Potentially this may include looking at how data collection and reporting can be improved, investigating the need for improved collaboration between the Tasmanian HACC Program and Mental Health Services and Palliative Care; and whether the mix of services currently being delivered through the Tasmanian HACC Program is appropriate. DHHS is developing a basic program design for the future of Tasmanian HACC Program which will be discussed with the community care sector during 2016.

A copy of the Tasmanian HACC Program Client Group Analysis can be downloaded from:

<http://www.dhhs.tas.gov.au/hacc/providers>