VICTORIAN COALITION OF ABI SERVICE PROVIDERS INC.

RESPONSE TO THE

VICTORIAN HEALTH PRIORITIES FRAMEWORK 2012-2022

METROPOLITAN HEALTH PLAN

JUNE 2011

To:
Victorian Health Priorities Framework Team
Department of Health
Level 21
50 Lonsdale Street
Melbourne Vic 3000

From:
Victorian Coalition of ABI Service Providers Inc.
PO Box 900
Northcote
Victoria 3070
policy@vcasp.org.au

Contact: Marc Paradin ph: (03) 8388 1288
Kerry Stringer ph: (03) 9894 7006

INTRODUCTION

Acquired Brain Injury (ABI) is a disability which touches the lives of a growing number of Australians, and can dramatically shape and alter personal outcomes, relationships, community accessibility, financial standing and physical, mental and social health, both for the person with ABI and for their families/carers.

Adequate, equitable and appropriate care and support for people with a disability, including ABI, should be key components of a social health plan that is responsive to incidence and prevalence, disability legislation, and covenants pertaining to the rights of individuals.

The Victorian Coalition of ABI Service Providers Inc. (VCASP) welcomes the opportunity to respond to the Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan, and to provide input with a view to ensuring appropriate access to and responses by health services to people with ABI.

ABOUT VCASP

VCASP was established in 1998 in response to the need for coordinated policy and service development for people affected by acquired brain injury (ABI). VCASP is a not-for-profit peak body acting on behalf of public and private sector service providers who assist people with acquired brain injuries, their families and others involved in their support. VCASP advocates for the availability of appropriate services and resources, as well as information and research that can assist those experiencing the effects of ABI.

VCASP COMMENTS ON THE HEALTH PLAN

VCASP welcomes aspects of the Metropolitan Health Plan which aim to respond to the increasing demand for services, and the increasing complexity of service provision, through the enhancement of cross-sectoral communication, data collection and collation, improved training and standard of care, and recognition of the impact of issues such as alcohol and drugs within health care. Comments on the relevance of these areas of the Plan, and on other areas which we believe should be included within a Metropolitan Health Plan, are provided.

ACKNOWLEDGEMENT OF DISABILITY WITHIN THE HEALTH PLAN

The Metropolitan Health Plan highlights a lack of services in a range of areas, and requiring specific attention, for example the elderly (Department of Health 2011, pp.43, 50).

As stated within the Health Plan:
…if this trend continues on its current course (and nothing is done to stop or change it), there will be uneven distribution of growth in particular health conditions (Department of Health 2011, p27)

VCASP agrees with this consideration but notes the absence of disability as a key area and strongly urges, given significant disability/health interface (acute/subacute), the impact on health of disability, the specialization required when working with people with disability accessing the health system and the disabiling impact of some health conditions, that the Health Plan acknowledge the current lack of services for people with disability.

CO-ORDINATION OF SERVICES / PATHWAYS BETWEEN HEALTH SERVICES

Provision of appropriate support in such areas of expertise as mental health, rehabilitation and aged care will often require a response that is situated outside of the disability system. However it is of key importance that sectors are supported by investment in, and coordination of, interface services between sectors. Examples of effective interfaces are:

· the Brain Disorders Program at Royal Talbot Rehabilitation, for people with mental health and acquired brain injury.
· the funding of experienced attendant support workers during stays in acute hospitals to ensure essential programs are maintained during those stays, and the use of case managers employed through the ABI Slow to Recover program, to ensure community rehabilitation programs are deliverable in residential aged care settings

For those who have sustained an acquired disability for the first time, the pathway from hospital into the community is convoluted & challenging. This is particularly the case for young people with complex care needs requiring a nursing home level of care, whose inpatient numbers may be low but whose bed stay days are, by requisite, disproportionately high, or children and young people with acquired brain injuries. Any Health Plan will need to recognise the unique needs of people with disability and specialist needs of these sub groups and provide appropriate and sensitive responses.

Page 32 of the Metropolitan Health Plan focuses on a health workforce unprepared for future needs (Department of Health 2011). Until recently, young people requiring a nursing home level of care have been channeled into the aged care system and by and large forgotten. In light of the current focus on providing alternative accommodation, it is imperative that the disability and health systems work together to ensure the provision of appropriate health care to address the complex health needs of this group particularly at transition points, for example on discharge or on readmission to acute or subacute settings. The Southern Health ABI 'Slow to Recover' Program is an example of a disability service which has been responsive to the health needs of its target population. It is proposed that an expansion to this program is an effective response to increased demand. A further example is the Melbourne Citymission Statewide ABI Paediatric Coordination Team who support children and young people with an ABI and their families, following discharge from hospital and undertaking a vital role in building the capacity of families and a child's natural networks to respond to the needs of the individual. This may include building capacity within the school community, sporting clubs, local allied health and primary health care services.

TRAINING AND SKILL LEVELS

As noted, (Department of Health 2011, page 6), there is a need for:

service capability frameworks that provide definitions for minimum standards, workforce skills, and service arrangements to ensure safe, sustainable and effective health services Whilst there is currently a high level of specialist skill within the community sector in relation to ABI, and whilst VCASP recognises the invaluable support and care offered by the health workforce, VCASP believes that there is a significant and urgent need to develop a minimum level of training for the health care of people with disability and that a component of that level of training must include specific education in the area of ABI.

This training should strengthen the system and build the capacity of the health and disability sectors respectively and include accreditation and monitoring of performance of service providers and DSO's.

Programs such as Southern Health ABI : 'Slow to Recover' program which deliver specialist high-level support provides an example of the capacity of programs employing trained and skilled staff to deliver positive outcomes for individuals, with long-term social, health and financial benefits.

ALCOHOL AND OTHER DRUGS

As noted in the Metropolitan Heath Plan (Department of Health 2011, p 56),
The Victorian Auditor General noted that the alcohol and drug treatment system had changed little since its introduction in 1997 and that it had not kept pace with community needs. In response to these findings the government is shaping an agenda for sector reform that will address longstanding issues with treatment models, system performance and workforce, and equity in the distribution of alcohol and drug treatment resources

VCASP recognizes the significant, specific and wide-ranging impact that alcohol and other drugs (AOD) have on the causation of ABI. Amendments to an AOD response should also recognize this. There remains considerable capacity for further impact and outcome research into this area with a view to enhancing best practice. VCASP strongly encourages additional resource allocations to this important area.

FUTURE RESEARCH, DATA COLLECTION AND COLLATION

Current and future medical advances will lead to higher survival rates, and there will be a future impact upon required health costs (Department of Health 2011, pp.30-31). To maximise successful outcomes and to streamline service delivery, VCASP supports further research, data collection and collation. For example, there is currently a paucity of long term studies which track the health outcomes of people with an ABI; the impact of early intervention trauma responses; and/or the efficacy of medium to longer term interventions for example slow stream rehabilitation, VCASP believes that such information would be invaluable in aiding prognostic outlook, to examining the concept of a "meaningful" quality of life, and to enhancing the efficiency and delivery of health services to persons with ABI.

CONCLUSION

VCASP supports many of the key principles of the Metropolitan Health Plan, including the enhancement of training and skill levels within the health sector, the recognition and forward-planning in response to increased service demand, and increased capacity to improve cross-sectoral communications. However VCASP is deeply concerned that the needs of people with disability who interface with the health system arguably more often than the general population,

are not included in the plan, and advocates for their inclusion. Further to this, the Plan must recognize the differing and specific needs for those who acquire a disability at some point in their life.

VCASP thanks the Department of Health for the opportunity to respond to the Metropolitan Health Plan, and looks forward to opportunities to comment further on both this Plan and subsequent related plans and initiatives. We look forward to the Department's future reports, and make ourselves available for further comment in relation to this and other issues.

REFERENCE

Department of Health 2011, *Victorian Health Priorities Framework 2012-2022 : Metropolitan Health Plan,* Victorian Government: Department of Health, Melbourne.