



Community Transport for Northern Sydney

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Inquiry into Caring for Older Australians
Productivity Commission
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INQUIRY INTO CARING FOR OLDER AUSTRALIANS

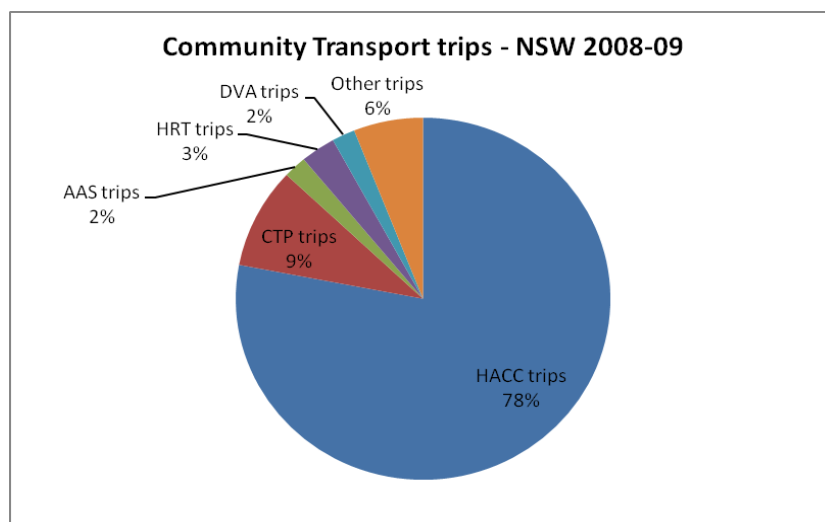
This submission is made by the Regional Co-ordination Office of Community Transport in Northern Sydney. This office represents Lower North Shore Community Transport, Ryde Hunters Hill Community Transport, Manly Warringah Pittwater Community Transport, Mosman Community Transport and Hornsby Ku-ring-gai Community Aged/Disabled Transport Services. These services provide transport for the clients of the local government areas of Hornsby, Ku-ring-gai, Manly, Warringah, Pittwater, Ryde, Hunters Hill, Mosman, Lane Cove, Willoughby and North Sydney.

BACKGROUND

Community Transport in NSW is primarily funded under the Home and Community Care (HACC) program to provide transport services to the frail aged (over 65 years), younger people with disabilities and the carers of these people. This funding is provided jointly by the Commonwealth and the State of NSW through Ageing Disability and Home Care (ADHC) but is administered by the State Department responsible for transport, Transport NSW. However, some Community Transport Services also receive funding from other sources. These include direct allocations from the State Government under the Community Transport Program to support people who are transport disadvantaged, the State Department of Health for transport for non-emergency health related purposes and local councils to support underprivileged and transport disadvantaged people in their areas. Some Community Transport Services are also able to attract funds from local community service clubs and/or local businesses.

The majority of Community Transport funding in NSW comes through the HACC program. Of the 2.6 million trips provided by Community Transport Services in 2008/09, 78% were funded under the HACC program for clients who meet HACC eligibility criteria. The distribution of trips by funding source is shown in Figure 1. With the other funding components Community Transport Services are able to provide services (resources permitting) to non HACC clients. However as the allocation of these bundles of funding is uneven across the State, the ability to provide these services varies greatly.

Figure 1. Community Transport passenger trips by funding source

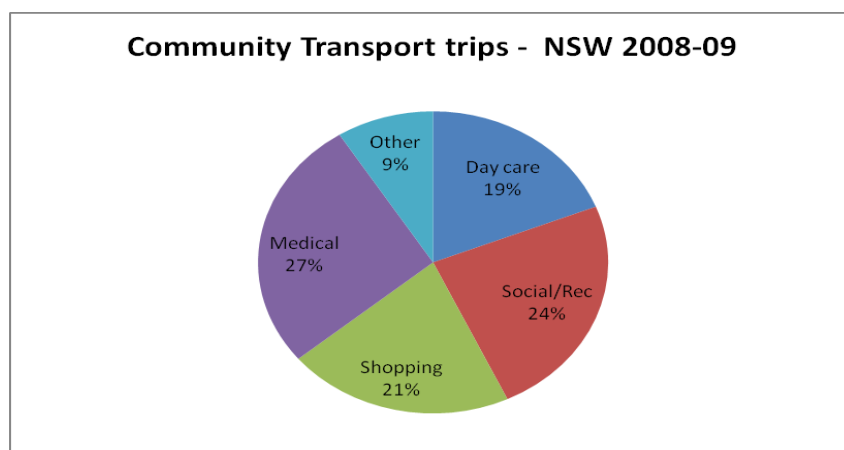


Source: NSW Community Transport Organisation Annual Report 2008-09

Notes: HACC Home and Community Care; AAS Area Assistance Scheme; HRT Health Related Transport; DVA Department of Veteran Affairs; Other eg local councils

Community Transport typically provides services such as regular group shopping trips to local shopping centres, group social outings and individual transport trips for personal business reasons and health appointments. The distribution of trips by service type is shown in Figure 2.

Figure 2. Community Transport passenger trips by trip purpose



Source: NSW Community Transport Organisation Annual Report 2008-09

Just over half of all passenger trips are provided in minibuses owned by the Community Transport Services. Other vehicles used include small vans and cars and in some cases trips are brokered to the local taxi operator. Both paid staff and volunteer drivers are used to provide services. The use of paid or volunteer personnel varies between Community Transport organisations, but generally there is heavier reliance on volunteers in rural and regional areas compared with metropolitan Services. It is estimated by the Community Transport Organisation (2009) that of the 4,000 drivers across NSW, 3,000 are volunteers and 2,000 of these volunteers use their own vehicles to meet the demand for the much needed

transport services. Many more volunteers also fulfil functions such as bus assistants, outing helpers and various tasks in office administration.

ISSUES IN RELATION TO COMMUNITY TRANSPORT

This submission would like to highlight the following issues for consideration by this Inquiry.

1. Community Transport or Health Transport?

The types of services provided by Community Transport have changed considerably since its beginnings in 1980, as a response to an ageing population and changing priorities for transport by clients. When Community Transport first commenced in NSW, services were primarily to provide shopping trips for clients who had no other form of transport, especially in areas where there were poor public transport services. The majority of clients were in the lower age range for HACC eligibility and were reasonably independent and mobile. Over time, with the ageing of the population, clients have become older and more frail and there is a constantly growing demand for transport for health purposes. This demand is for transport not only to local GP services but also to:

- Specialist appointments
- Specialist clinical treatments eg oncology and radiation
- Ongoing treatments such as dialysis, podiatry, hydrotherapy
- Day surgery admissions and discharges
- General hospital admissions and discharges

This change in structure of their activities creates many challenges for Community Transport Services:

- a) The demand for health transport takes resources away from providing transport for other purposes such as shopping and social outings. These trips are equally important to the health and well being of elderly clients, but medical transports are prioritised by both the Service and by the clients.
- b) Not all requests are able to be met, especially those for ongoing treatment. Providing ongoing transport means that one client may get a disproportionate share of resources. Early morning appointments and late finishing appointments are also not always able to be serviced.
- c) Individual transport trips to medical appointments are more expensive and consume more resources than group transport. Medical trips may be 10% of total trips but may consume 50% of the budget.
- d) Individual transport trips require more administration and scheduling time which is exacerbated as clients and the transport providers are at the mercy of the medical services in relation to appointment times. Inflexibility in appointment times, time overruns, cancellations and appointment changes daily cause difficulties for clients and transport providers.
- e) The centralisation of medical services means that often long distances have to be travelled for clients to access specialist treatment. This is especially the case in rural and regional areas but, even in metropolitan areas a round trip of 100km is common.

- f) The higher needs of clients due to age and illness and disabilities places responsibilities on the Community Transport staff for which they are not necessarily well equipped. They are highly skilled in customer service and have training in general first aid but do not have any specialised medical or other counselling training.
- g) There is no consistent policy across the State as to the transport that is provided for clients, which impacts on the equity of service provision. For example, some Services will take clients who require oxygen equipment, some will provide ongoing transport for extended medical treatments, and some will do hospital discharges. But not all Community Transport Projects provide the same level of service; it depends on the local budget and priorities of the Project management.
- h) Only some Community Transport Services receive funding from the Department of Health for health related transport. Even if this funding is received it only covers a small proportion of the health related transport provided and has not increased for nearly 10 years. For example, in our region of Northern Sydney, only 2 of the 5 Community Transport Services receive funding from the Department of Health and this is estimated to cover less than 10% of their health related trips.
- i) Communication and co-operation between the health services such as the large public hospitals and health planning regions is often poor, or in the case of Northern Sydney, non-existent despite many attempts on our behalf to open negotiations.

A useful reference on this topic is the report “No Transport No Treatment”, November 2007 (available on the Easy Transport website www.easytransport.org.au). This report was commissioned by the Cancer Council NSW, NCOSS and the Community Transport Organisation to document the role of transport in accessing medical services in NSW. One of its key findings was that the proportion of Community Transport trips that serve health facilities had grown in the 10 years to 2006 from 16% to 28% of all Community Transport trips and that the demand for health transport is greater than that which can be provided by the Community Transport Services. It is estimated that Community Transport Services are forced to refuse around “90,000 requests for transport to health services per year” due to lack of resources.

Despite the findings of this Report there has been no increase in funding for health transport to the Community Transport Services or any changes or clarification of the policies relating to the transport of clients by Community Transport for health related purposes. A review of the role of Community Transport in providing health related transport is long overdue.

2. Measuring Community Transport Output – MDS data

As mentioned above, around 80% of Community Transport trips in NSW are funded from the HACC program and 20% from other sources. The HACC program requires the return of data on services to HACC clients under the Minimum Data Set (MDS) on a quarterly basis. However, there are issues associated with relying on MDS data alone as the main planning data for the allocation of resources to Community Transport Services.

- a) Not all clients are required to agree to provide their information to the Government and hence are not included in MDS. Thus MDS understates the outputs of HACC services (This is the case for all HACC services.)
- b) The Community Transport Services are required to measure outputs in terms of one way trips travelled by a client (ie if a client is taken from home to the shops and from the shops back home that is 2 trips). This is one measure of output, but does not take into account the length of trips so that a 10 km trip is an equivalent output to a 100km trip, even though the longer trip consumes more time and resources. By the same token, the time taken for a trip of comparable length may vary greatly depending on traffic conditions. For example, a 10 km trip in congested traffic conditions takes longer than a 10km trip in free flowing conditions, thus costing more in driver time and tying up resources preventing more services for other clients.
- c) As at least part of a Community Transport Service's business is provided under non HACC funding, the use of MDS data which measures outputs for HACC clients only, significantly undercounts and under represents the activities of Community Transport Services. We are concerned that if, as we are being told, the MDS data will be relied upon as the main planning data tool for allocation of resources, that Community Transport Services are greatly disadvantaged by using this data only.

More realistic and representative measures of the outputs of Community Transport Services need to be developed.

3. HACC and non HACC Clients?

Community Transport is a specialised transport service for those people in the community who do not have access to other forms of transport either because it is not available or because of their own mobility limitations.

Most clients are assessed as HACC clients to be eligible for the service, but services are available, depending on resources, for other non-HACC transport disadvantaged people. Some examples include:

- Younger people (less than 65 years) who have a temporary disability or health problem
- Older people (over 65 years) who are not generally in need of HACC services but who have a temporary disability or health problem
- Anyone who does not have access to private or public transport either because services are not available or through financial hardship they cannot pay for services

In effect Community Transport services three groups of clients – frail aged (over 65 years) which will fall under Commonwealth jurisdiction, younger people (under 65 years) with a disability (presumably under State jurisdiction) and other currently non-HACC transport disadvantaged clients.

What will happen to access to transport services for this group under the new arrangements for funding and management of aged and disability services?

4. Structure of the Community Transport sector

Community Transport services are provided throughout NSW by around 130 Community Transport Projects, funded as described above and generally providing services on a local government area or group of local government areas basis. The size of Services (in terms of geographic area covered, funding, numbers of vehicles and personnel) varies considerably as does the management and auspice arrangements. Most Services are managed by a voluntary management board, whereas others operate from within local councils or other community service outlets. Most Services operate independently, whereas others, especially in regional areas, are part of larger community multi service outlets. Regardless of the arrangement, providing transport is the core business and main skill of these Services.

HACC funding for transport is also provided directly to other services to assist them in providing their core services, eg day care centres and disability organisations. In large part these services attempt to provide transport by purchasing their own vehicles and arranging volunteer drivers. Usually because transport is not their core function, this has resulted in many underutilised and poorly managed vehicles being around in the community. For example, a vehicle which is used to take clients to and from a day care centre is only used for a small part of the day and is idle for the rest of the time. A number of attempts have been made by Community Transport Services eg Smartlink in Western Sydney, to develop vehicle brokerage systems to increase the utilisation of these vehicles. However issues of ownership and insurance have impeded progress. The co-ordinators of these services also do not have skills in fleet management so that often vehicles are not maintained, or costs of maintenance are high compared with larger fleets.

It is recognised, by at least some players in Community Transport, that the current model for Community Transport in NSW is not without some problems, but there are also many strengths that need to be considered in any review of the changes in funding and administration structure for the sector.

Weaknesses of the NSW Community Transport model

The following issues could be considered as weaknesses of the current model:

- a) There are many Services of varying sizes and competencies, providing Community Transport across NSW – approximately 130 individual projects.
- b) There are some common service features, but there are no common, binding policies and guidelines for service delivery.
- c) There are no mandatory accreditation requirements for the sector by the funding bodies, despite negotiation between the industry and regulators for many years.
- d) The distribution of funding from various sources varies across the State.

Strengths of the NSW Community Transport model

On the other hand, the strengths of the current model outweigh the weaknesses and provide a sound basis for the development of a national system for a specialised transport service for those people in the community who are unable to access mainstream public transport services. These strengths include:

- a) Community Transport provides a locally based, client sensitive service appropriate to the needs of the frail aged and people with a disability and accepts a high level of duty of care for its clients.
- b) The staff are specially selected and trained to provide a high level of customer service appropriate to meet the transport requirements of this client group.
- c) Community Transport managers and service co-ordinators also have a high level of transport organisation skill and expertise. In particular, scheduling services and fleet management are specialised skills needed to obtain the highest level of output from the available resources.
- d) While providing service predominantly for HACC clients, Community Transport also provides service for other transport disadvantaged sectors of the community. It fills a gap for these people where there are no mainstream public transport services. This gap has widened for many sections of the community as a result of the rationalisation of bus services in NSW.
- e) Community Transport is also able to work with local organisations and especially with local councils to attract extra support and sources of funding to provide a wider range of services for the transport disadvantaged community. For example, innovative shuttle services have been very successful in some areas such as North Sydney and South Sydney Council areas, providing transport where mainstream public transport services are inadequate or not suitable for some people. Community Transport also builds links with local businesses. Examples in Northern Sydney include support from Bendigo Bank and Warringah Shopping Mall, which allows provision of additional services.
- f) The Community Transport sector also has the infrastructure in place to provide specialised transport services. There is a large, specialised vehicle fleet designed to meet the needs of people with mobility restrictions. Most minibuses are wheelchair accessible and have been modified with handrails and low steps appropriate for clients with mobility difficulties.
- g) A range of services can be provided depending on local community and individual client's needs. For example, group services in minibuses for social outings and shopping give clients the added benefits of social interactions as well as accessing essential services, whereas individual transport services in cars provide a higher level of service particularly for clients when accessing medical appointments. As Community Transport Services' staff are fully aware of their clients' needs and capabilities, they can be provided with the most appropriate level of service at any time.
- h) Community Transport is able to attract, train, manage and maintain a highly committed and skilled local volunteer workforce which extends the resources available for meeting the demand for services.

While there are many Community Transport Services across the State, there is a lot of networking and sharing of information and ideas across the industry on both a formal and informal basis. In some areas, such as our own in Northern Sydney, incorporated regional organisations have been formed to assist in the co-ordination of services and the improvement in efficiencies of service delivery. In other areas smaller services have been amalgamated to form larger more efficient organisations.

We believe that it is possible to build on these strengths and that Community Transport in NSW provides the basis for the most efficient and effective model for a transport service for those people in the community who do not have access to

private transport and have difficulty accessing the existing mainstream public transport services.

We would therefore make the following recommendations:

- a) A continuation of funding for transport to specialised transport organisations such as Community Transport and a consolidation of all other HACC funded transport programs into the Community Transport Services. Services can then be brokered to other HACC services and to Health and Ambulance services more efficiently by a specialist transport provider.
- b) The development of larger more efficient Community Transport Services working on a regional basis. Transport requires larger numbers of clients to achieve operational efficiencies. With larger numbers of clients going to common destinations shuttle services can be used on fixed or semi fixed networks and schedules wherever possible.
- c) It is still important for Community Transport to maintain its high levels of client service and also to maintain its links with the local community. Community Transport organisations can still work with individual local councils and other organisations in a region to meet local needs. Recognition and support from funding bodies and regulators needs to be given to Community Transport in these endeavours.
- d) Accreditation of Community Transport Services with regulations and service guidelines to maintain service standards and equity of service provision in all areas needs to be implemented.
- e) An increase in funding for transport for non-HACC transport disadvantaged clients through programs such as the NSW Community Transport Program which could be implemented at a national level with Commonwealth funding. It is important that Community Transport is able to provide service to a wider range of clients than just the HACC target population. As mentioned, transport needs a high patronage base to even attempt to achieve efficiencies of operation, but also there are a lot of people in the community, outside the HACC target population, who are transport disadvantaged and not serviced by the mainstream public transport services. Providing Community Transport service to a certain section of the population which has to meet eligibility criteria as a community service, rather than as a transport service, is open to inefficiencies and wasteful use of resources.

In the US the county bus operators are also responsible for providing specialised transport for the aged and those who cannot use mainstream public transport so that the mainstream provider provides a seamless and total package of public transport. The advantage of this approach is that this specialised transport is delivered as a transport system, by operators with transport expertise and, where possible, is integrated with the mainstream services. The fact that the system is then available to all in the community who need it, not just those that meet particular eligibility criteria, also opens the service to greater patronage loads and therefore allows for further efficiencies of operation.

This approach may have some advantages, and may indeed be considered as a long term goal for transport in Australia. The Review of Bus Services in NSW (known as the Unsworth Review) 2002 opened the door for greater co-operation and integration of services between the Community Transport sector and the mainstream public bus

operators. However, there has been little progress in implementing this approach in the 10 years since the Review and it would require the right regulatory and funding mechanisms to make it achievable. The Community Transport industry, while being generally supportive of working more closely with other transport providers, would need to be assured that a high level of client service and duty of care to clients could be maintained in any future transport system.

Despite some weaknesses, as outlined above, in the current Community Transport model in NSW, it is the most highly developed transport service for the aged, people with a disability and other transport disadvantaged sectors in the community across Australia. It is imperative that these people have access to a transport service that gives them access to community services and reduces the risk of social isolation, health problems and loss of wellbeing. It is requested that the Commission considers Community Transport, not only as a HACC service, but also takes into account these wider roles of Community Transport and the recommendations in this submission.

If the Commission would like any further information or clarification of this submission please contact the Manager, Regional Co-ordination Office for Community Transport in Northern Sydney on (02) 9449 2211 or at info@easytransport.org.au. We agree to the submission being made publically available on the Commission's website or by any other means.