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10 April 2015

Concessions Review Expenditure Review Division Chief Minister, Treasury and Economic Development Directorate Email: concessionsreview2015@act.gov.au

## **RE: Expenditure Review of the ACT Concessions Program**

The Health Care Consumers' Association (HCCA) provides a voice for consumers on local health issues and also provides opportunities for consumers in the ACT to participate in all levels of health service planning, policy development and decision making. HCCA involves consumers through consumer representation, consultations, community forums, and information sessions about health services and conducts training for consumers in health rights and navigating the health system.

HCCA welcomes the opportunity to provide input into **ACT Government Concessions Review.** HCCA recognises the ACT context of current fiscal pressures and budget constraint in reviewing expenditure on concessions in the region, however we urge you to continue to look at these concessions through a lens of social inclusion, equity and equality. We are supportive of a streamlined approach to concessions in the ACT and would like to see a whole of government definition for concessions and their use.

As members of the ACT Council of Social Service Inc (ACTCOSS), HCCA endorses and supports their submission to the ACT concessions expenditure review. We highlight below the key issues we have identified.

## **Duplication in Health System Spending**

As a peak health consumer's organisation who works closely with all aspects of the ACT health system (public, private, acute and primary care) we often see duplication in health service spending and projects. This includes but is not limited to information technology projects in primary care and in public and private hospital settings, policy and standard operating procedures, committees and working groups. We are supportive of initiatives such as the Peninsula Model for Primary Health Planning (the Peninsula Model) in Melbourne<sup>1</sup> or the New Zealand Canterbury Initiative (CI)<sup>2</sup>. Both of these initiatives are based on a population health approach, and these models use the collective effort of providers around agreed health priorities to address service gaps for their region. This collective effort maximises impact and makes efficient use of resources through integrated planning,

<sup>&</sup>lt;sup>1</sup> Accessed 9<sup>th</sup> April 2015 :http://www.peninsulamodel.org.au/introduction

<sup>&</sup>lt;sup>2</sup> Accessed 9<sup>th</sup> April http://www.canterburyinitiative.org.nz/Home.aspx

reduced duplication of effort, and shared ownership of processes and outcomes. We see the Better Services Blueprint and ACT's adoption of HealthPathways as a positive move towards this.

We also note a perceivable increase in the use of external consultants in ACT Government projects including health service planning, ACT infrastructure projects and community projects. We encourage the review of spending on external consultants and consider the use of some of those funds to provide partnerships and tender opportunities to the community sector. This is likely to save considerable amounts of money and efficiently deliver services and consultation to the community by utilising organisations with longstanding connections and reach in the ACT community.

## **Collection and Analysis of Data**

This review has sought feedback on how the ACT Government Concessions Program could be re-targeted or adjusted to improve equity. We are strongly of the view that the principles of social inclusion, equity and equality need to be applied when looking at spending in this area. We also encourage the ACT Government to focus on the collection of gender and disability disaggregated data. One of our membership organisations, Women with Disabilities ACT (WWDACT), has shown that women with disabilities are recognised to be significantly disadvantaged, experiencing discrimination and exclusion on account of the intersection of both their gender and their disability<sup>3</sup>.

'In Australia, women can expect to live for 7.5 years of their life span with a severe or profound disability compared to 5.5 years for men. In the ACT, no gendered data exists comparing the disability experiences of women and men.' - 2014 WWDACT Fact Sheet - Women with Disabilities in the ACT

Without adequate collection of this data, it is impossible to provided targeted assistance strategies to those in our community who are most vulnerable.

## **Public Transportation Concessions**

The drop in the use of concessions for accessing both government assisted transport scheme and ACTION buses (Pensioner Transport) as seen in Table 1 of the Expenditure Review of the ACT Discussion paper is also worth noting, along with the increased growth in the cost for motor vehicle registration and driver's licencing.<sup>4</sup> The rise in those using personal vehicles in Canberra possibly highlights the anecdotal evidence we have from members that public transportation in Canberra is not meeting their needs in terms of accessibility, timeliness and routes. Redistributing funds to provide better transport for the

<sup>&</sup>lt;sup>3</sup> WWDACT, 2014, *WWDACT Fact Sheet* - Women with Disabilities in the ACT, Canberra Australia Accessed 7 April 2015: http://www.wchm.org.au/WWDACT/wwdact

<sup>&</sup>lt;sup>4</sup> ACT Government, 2015 *Discussion Paper On The Expenditure Review Of The Act Concessions Program* Accessed 1 April 2015:

http://www.timetotalk.act.gov.au/storage/Discussion%20Paper%20on%20the%20Expenditure%20Review%20of%20the%20ACT%20Concession%20Program%20final.pdf

community would be both cost effective and reach those in the community for whom car ownership or driving is not an option.

We would welcome any opportunity to provide further comments on the Expenditure Review if the opportunity arises.

Yours sincerely,

Sentor

Darlene Cox Executive Director

10 April 2015