

12 February 2016

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

## **RE: Discussion Paper Options to Improve the Fairness and Targeting 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** and respond to the discussion paper: **Options to Improve the Fairness and Targeting of the ACT Concessions Program**.

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 and their response to the discussion paper. We highlight below the key issues we have identified.

### **Improving Fairness vs Cost Saving Measures**

In the introduction to the discussion paper (page two) you discuss the submissions from the previous consultation stating that *'many submissions noted that there is a risk involved in adjusting concessions for vulnerable households that could lead to households entering crisis, breaking down or impacting on quality of life.'* It is not clear that this discussion paper addresses these risks at all, but rather focus on cost cutting measures, some of which would leave families with \$200 less a fortnight. It is unclear how these cost cutting measures improve fairness, and for whom. It is difficult to understand the impact of picking one measure over another especially given that the paper states each measure is presented separately and that in some cases choosing one option will prevent others from being applied. This lack of transparency means that it is challenging to assess the risk to

vulnerable households. We recognise the current economic pressures for the ACT but strongly urge you to look to other areas of the budget before looking to cut concessions.

We would also be interested to see more of a discussion of means testing for concessions to achieve a targeted concessions program, which is discussed only sparingly in the discussion paper.

### **Duplication in Health System Spending**

As discussed in our previous submission to this review, we see duplication in the ACT health system spending as a prime area to look for savings. 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, reduced duplication of effort, and shared ownership of processes and outcomes. We see the Human 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.

### **Improving the Equity of Utility Concessions for Retirement Village Residents**

We support proposal three, to extend the Water and Sewerage concession to include those eligible in Independent Living Units. This can be achieved by increasing the Energy and Utility Concessions by the equivalent amount. We are not supportive of the proposal to pay the accommodation operators, rather advocate this money goes directly to the individuals.

### **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. Whilst we appreciate the inclusion of some

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

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

NATSEM modelling data, we note this does not include in gender or disability break down or analysis. 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 provide targeted assistance strategies to those in our community who are most vulnerable. We would like to see the impact on women, those with disabilities, and carers each proposal could have.

### **Changes to Public Transportation Concessions & Changes to the Motor Vehicle Registration 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 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 community would be both cost effective and reach those in the community for whom car ownership or driving is not an option.

We are concerned that the proposals in current discussion paper discusses both cuts to concessions for transport and for motor vehicle registration. We know anecdotally that many consumers have difficulty accessing health and human services in the ACT. Older people are more likely to be accessing multiple health services, with 87% of older Australians (65+) reported having a long-term health condition in 2012<sup>5</sup>. Combined with the evidence that a lack of transport has the potential to negatively influence the ability of older adults to access

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<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>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>

<sup>5</sup> ABS (2012), 4430.0 - Disability, Ageing and Carers, Australia: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/682B6E1F8ACC3D5DCA257C21000E5085?opendocument>

health services and this effect was consistent across rural, regional and urban settings<sup>6</sup>, points to the fact that limiting both access to affordable public transport and vehicle registration for those eligible to concessions could have severe negative impacts on health.

We would like to know how you can assure the ACT community that these proposed cuts and targeting of concessions will not negatively impact our health?

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Darlene Cox', with a stylized, cursive script.

Darlene Cox  
Executive Director

12 February 2016

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<sup>6</sup> Corcoran, K; McNab, J; Girgis, S and Colagiuri, R. Is transport a barrier to healthcare for older people with chronic diseases? [online]. *Asia Pacific Journal of Health Management*, Vol. 7, No. 1, Jun 2012: 49-56. Availability:<<http://search.informit.com.au/documentSummary;dn=409505051546471;res=IELHEA>> ISSN: 1833-3818. [cited 27 Jan 16].