The Multi-Purpose Service Initiative As An Example Of Flexible Service Provision

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Introduction

I am very pleased to have the opportunity to talk to this seminar group at the 3rd National Rural Health Conference here at Mt Beauty.

In talking to you about rural initiatives and remote initiatives in the Commonwealth's Aged Care and Community Care Program, it is important to mention broader issues that face aged care as part of the overall human services and health system. An important consideration is to more closely link the service provision for older people into this system, while at the same time taking the needs and aspirations of local communities into account.

The Aged Care Reform Strategy was initiated a decade ago. We are now looking at what needs to be done in the years ahead to consolidate the reforms that have been put in place, and to progress the agenda in meeting the needs of frail older people.

As a result of recent reviews into aged care, the most important of which is the Report by Professor Bob Gregory, the Department, in consultation with major stakeholders in the aged care industry, is examining the need to give older Australians greater choice in the variety of services they can access. We are looking at ways of improving the quality of nursing home buildings and the need to put the needs of the aged care consumer at the centre of any policy and program analysis.

Other issues that are also being considered at this time include the increasing role played by community care. This includes the Commonwealth/State Home and Community Care Program and the new Care packages funded by the Commonwealth.

In her remarks opening the Conference, The Minister for Human Services and Health, the Hon Carmen Lawrence MP, mentioned the importance of developing flexible service models to service the aged care needs of older people living in rural and remote Australia. In this context, the Multi-purpose Service Program is a good example of a flexible and innovative program that seeks to take local needs into account.

It was interesting to hear the comments yesterday by Professor Mooney who, in his keynote address, stressed the importance of the setting of priorities by local communities. This is a sensible approach, and is consistent with the consumer focus of the programs of the Department of Human Services and Health.
An example of this is the Multi-Purpose Service Program which includes local community priority setting within a framework of flexible service delivery.

**What is the Multi-Purpose Service Program?**

The objective of the Commonwealth/State Multi-Purpose Service Program is to improve aged and health care services in small rural and remote communities. It is a response to the limited supply of aged care resources and to the limitations of health services in many small communities.

Communities are able to pool the funds from previously separate Commonwealth and State aged care and health programs to provide a more flexible, co-ordinated and cost effective framework for service provision, which aims to meet the aged care and health needs of local communities.

It is hoped that allowing funding to be pooled will lead to:

- a better, more appropriate mix of services to meet the needs of individuals;
- improved quality of care for members of the local community; and
- provision of services in a cost effective and co-ordinated manner.

The Multi-Purpose Service Pilot Program is the outcome of a joint Commonwealth-State taskforce established by the Australian Health Ministers' Conference in March 1991. Up to thirty-four projects are now being developed nationally. Depending on the program's success and the level of need, further expansion may be considered on a case by case basis once allocated projects in each State are approved. The principle behind the funding of multipurpose is striking in its simplicity. Basically, Multi-Purpose Services pools funds.

For example, the Commonwealth could contribute funding equal to ten nursing home beds and fifteen hostel places in a particular area. This would result in funding in excess of $360,000 per year. Such a figure would be added to by funds from the resident contribution, the HACC program, and by the State contributing its hospital funding, other health funding and HACC funds. That money would then be provided to the local community controlled Multi-Purpose Services body, which could allocate those funds according to community needs to meet aged care and health needs. The funding provided is based on the amount standard programs would allocate to a community.
Pooled funding has a number of major benefits, some of which are:

**Increased aged care funding**

A nursing home of less than twenty beds is not likely to be viable. Small hostels are also limited in the extent of their services. This means that many small communities do not have residential aged care services. Instead people in those towns either have to move to the regional centre or stay in their local hospital.

Under Multi-Purpose Services the Commonwealth can determine the number of aged care places which a community needs and the average funding which those places would attract and contribute that amount to the funding pool. In this way the overall amount of funding for the community can increase.

**Provision of service can be more flexible**

The demand for services will fluctuate from time to time. In larger communities this is not such a concern. If only ten people need a nursing home in one area, twenty people might have those needs elsewhere. The next year the reverse may be true. Overall, thirty nursing home beds will suffice.

Multi-Purpose Services allow the flexible use of residential care to adapt to variable demand - a particular room may be used by someone receiving nursing home care one month, hostel care the next, and be used by people recovering from acute services after that. Multi-Purpose Services funding also allows communities to use funds to increase community-based services to reduce the need for residential care.

In effect, the MPS approach allows rural communities to trial the delivery of nursing home services at home and in intermixed residential care settings. This is an approach that we are beginning to develop in metropolitan areas as well.

**Accountability Requirements**

Another important benefit is that for small communities, the standard accountability requirements for program funds often impose a heavy burden upon a small service because the time involved does not decline in proportion to the smaller number of clients.

Multi-Purpose Services are subject to one set of accountability requirements for the whole service, set at a minimum level to ensure suitable monitoring of the project and minimum administrative burden.
The pilots are subject to an evaluation which focuses on the impact of MPS from early 1994 to the end of 1995. The evaluation is being conducted by a group comprising Health Solutions Pty Ltd. (based in Melbourne), the Centre for Ageing Studies/ Centre for Health Advancement and the Consortium for Evaluation Research and Training (Flinders University).

The evaluation focuses on the communities' achievement of their objectives for MPS. The first evaluation report was presented to the Council of Health and Community Services Ministers in March 1994. The initial results of the evaluation are promising. The evaluators reported that:-

- The most significant factor in the development of the Multi-Purpose Services ... has been the degree of local community input and support for the change to traditional services and for the aims of the Multi-Purpose Services. ...

- At this stage of the evaluation progress, it can be confidentially reported that Multi-Purpose Services are a most appropriate way of providing health, community and aged care services to rural and isolated areas.

Since the release of the first evaluation report, the evaluators have continued to visit Multi-Purpose Services sites. These visits were used to conduct detailed Goal Attainment Scaling Exercises to assist communities to identify their objectives in participating in the initiative and to plan the achievement of these objectives through the setting of a series of targets and performance indicators. Further information on the evaluation process was given by John Dunn in this session of the Conference.

Other programs of benefit to older Australians living in rural/remote areas

The Multi-Purpose Service Program provides one model of service provision to small rural communities. It is important not to consider the Program in isolation from the other initiatives which the Department of Human Services and Health has developed to provide more flexible and co-ordinated services for rural and remote communities.

These include the Multi-Purpose Centre Program, which facilitates co-ordination of health and community services in rural communities but does not allow pooled funding. There are thirty-six Multi-Purpose Centres in rural communities across the nation in all States and the Northern Territory.

An important initiative which will have most of its impact in rural and remote areas was announced as part of the 1994 Budget. The initiative will result in the provision of flexible aged care services for rural and remote Aboriginal and Torres Strait Islander communities.
Using as a base the MPS and other programs, Departmental officers have been working together with State officers in some States, including New South Wales and Western Australia, to achieve improved co-operation and more efficient use of resources by Commonwealth and State health and aged care services in rural communities outside the Multi-Purpose Service Program.

The continuation of this work was agreed by the Council of Health and Community Services Ministers in March 1994 and is expected to lead to improved co-ordination of services in a number of rural communities in the next few years.

These initiatives may result in the achievement of better service delivery for rural communities, and each may provide insights into improving outcomes for rural communities in the future.

The needs of rural and remote communities are complex and diverse. No single model of service delivery is likely to hold all the answers to better service delivery for these communities.

Conclusion

In a wider context, it is worthwhile mentioning the recent establishment of the Access Section in the Aged and Community Care Division.

The new Section will be responsible for the co-ordination of strategies which will aim to meet the care needs of frail older people who live in rural and remote, as well as older people of Aboriginal and Torres Strait Islander, and ethnic backgrounds. Much work has been done on this latter issue in recent times, which time will not permit me to outline. Stan Piperoglou, Director of the Access Section, is here and will be able to talk with you on the work of the Section.

The Section will aim to link activities across areas where that is practical and appropriate. In this way, the Department is aiming to further develop the flexibility of programs aiming to meet the needs of various special needs groups in the Australian community.

The outcome of the MPS evaluation, and the other on-going activities of the aged care program will aid the future development of flexible service provision for older people in rural communities for the rest of this decade and into the next century.