

**July 2019****FROM THE CHAIR**

Lyndon Stevenson, Chair – ACTA

With the recent election and cabinet changes, it is appropriate that ACTA represent position papers to the newly appointed Hon Michael McCormack MP – Minister for Infrastructure, Transport and Regional Development, Hon Greg Hunt MP – Minister for Health and Hon Richard Colbeck MP – Minister for Aged Care and Senior Australians, Hon Stuart Robert MP – Minister for the NDIS.

Contact will also include state premiers and cabinet raising concerns about the NDIS and a position to continue block funding for continued transport providers who are currently bringing commonwealth funding into the states that if lost will place extreme pressure on state governments.

**NATSIC Conference 15/16 May 2019**

I recently attended the WA conference speaking to delegates about transport concerns. Several speakers helped identify the specific transport issues for Aboriginal & Torres Strait Island people especially for regional and remote communities.

Congratulations to the planners of this event and the opportunity for ACTA to be represented.

**FUNDING SUBMISSION:**

A proposal seeking funding to strengthen ACTA as the peak body, by covering its ongoing administrative costs, was submitted to the Hon. Ken Wyatt AM, MP. The proposal was generated through the outcome of ACTA's ongoing discussions with Minister Wyatt AM, MP and the Dept. of Health. Unfortunately the proposal is unable to be supported at this time. The ACTA board will continue to seek opportunities for future funding streams

**ACT & WA ALLIANCES:**

The ACTA Board congratulates our ACT representatives for their efforts in the creation of the ACT Alliance, a collaboration of community transport providers across the Territory.

The Board also welcomes the appointment of Jo Cochrane as Director to the ACTA Board.

Graham McKercher retains the role of Committee member.

Phil Holman, Director from WA is also working with other WA community transport providers to establish an alliance. These opportunities enable ACTA to receive information from the state providers where no current peak is in operation.

With several alliances now in place, the model of ACTA has changed. So a contract with 180 degree consulting who from July, over a period of 12 weeks, determine the most appropriate national model to ensure that ACTA can continue to represent the sector.

**FAREWELL BEN WHITEHORN:**

In March 2019, CTO representative Ben Whitehorn tendered his resignation from the ACTA Board.

We wish Ben well in his future endeavors and thank him for his support and direction during his time at ACTA.

The ACTA Board will seek to fill the two vacant CTO positions in the coming months and the appointed Directors will be announced when finalized.

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## **ACTA's LOBBY TO DEPT HEALTH FOR CONTINUED BLOCK FUNDING FOR TRANSPORT**

ACTA is concerned that for community transport services, a switch to consumer-directed funding could have some or all of the following undesirable effects:

- Consumers insufficiently funded to cover their transport needs
- Funding resources tied up in under-utilised consumer accounts
- Uncertain supply and increased cost of services
- Deterioration of service quality due to insecurity of income
- Increased pressure demand on residential care facilities as consumer are unable to access other needed services from home
- Reduction in the number of volunteers involved in this crucial community service
- Unintended consequences of further social isolation
- Reduction of services and employed persons in this sector

It is ACTA's contention that a consumer-directed payment system would mean that income for community transport providers becomes unpredictable and therefore unreliable. This would very likely result in reduced reliability of the services, and even in some instances discontinuation of the services – especially in the more rural and remote areas where it is needed most, but low volume of usage cannot sustain it.

ACTA already have the national disability funding program, NDIS, as an example of where transport provision might head in the advent of consumer-directed payment. The participants' transport needs have been significantly under-estimated and the provisions do not take into account variability in local, regional and state transport infrastructure, rather applying a very basic 'one size fits all' approach. Consequently, participants are finding themselves unable to access transport when they have need of it, not only to attend treatments and activities associated directly with their health needs, but also incidental social, personal and business contacts.

ACTA is requesting that:

1. The Dept give strong consideration to retaining some form of block funding arrangement for provision of community transport services, which are a vital component of aged care provisions.
2. A clear decision on this issue be made as a matter of urgency, and providers be reassured that some form of block-funding model will continue when the current CHSP funding period ends.