



SOUTHERN SERVICES  
REFORM GROUP

**SSRG Workgroup Meeting**  
**Workgroup: Aged Care Pathways**  
**Date: 22 Feb 2018**

Present: Sally Warnes (SSRG); Mark Tribilock (Aged Care Alternatives); Janine Callegari (Care and Share Trinity); Karen Smith (Domiciliary Care); David Smith (ECH); Maria Shialis (City of Onkaparinga); Terry Hales (City of Onkaparinga); Lisa Hickson (Aged Care Alternatives); Sarah Nicholas (Kalyra); Theresa-Howard Jones (Resthaven), Cathy Fulton (Resthaven); John Ray (SAPOL)

Apologies: Angela Lovett (ACNA), Rachael Fawcett (City of Holdfast Bay), Lynda MacPhail (City of Mitcham)

| Agenda Items                        | Discussion   | Actions |
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| Welcome and apologies               | <ul style="list-style-type: none"><li>Welcome and apologies</li></ul>                            |         |
| Previous minutes & business arising | <ul style="list-style-type: none"><li>Minutes accepted, no business arising</li></ul>            |         |
| Elect a chair-person                | Sally chaired meeting. Call for nominations for chair. Janine nominated for chair, all accepted. |         |

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| <p>Meeting with DoH: information</p> | <ul style="list-style-type: none"><li>• SW went through the notes from Steering Committee meeting that involved the DoH and Chapter 4 – Client Contribution Framework</li><li>• Level 1 &amp; 2 packages are being refused because it's costing more than self-funded or under CHSP.</li><li>• Consumers sometimes think if they can't get it through CSHP or HCP, they can't get it, but they can have private, full cost services – this brings us back to the lack of population education.</li><li>• There is limited home assist or mods happening in the south because there is no capacity<br/>Some providers are required to increase their workforce significantly to address service need and this takes time</li><li>• Only 2% HCP can be approved nationally each month - an example shared suggested that up to 58% of consumers are not acting on offers from DoH, because they don't understand the letter that they have received</li></ul> <p><b>Copy of Notes from Steering Committee Meeting with D0H, November 2017</b></p> <ul style="list-style-type: none"><li>• Grandfathering will formally be clarified in December/January. Currently it is not imperative for grandfathered people to sign up to MAC because (1) we don't want to swamp MAC, (2) the group of grandfathered client's in SA is small compared to other states.</li><li>• Posting quality reviews on the Portal - waiting for definite response from the Department</li><li>• Changes to contracts - being worked on at the moment and will be coming out early in the calendar year. (Currently all contracts end 30 June 2018)</li></ul> |  |
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- **Reminder of 80/20 rule – see below from Commonwealth Home Support Programme Programme Manual 2017**

*Under flexibility provisions, service providers may deliver additional needed services within the same Sub-Programme using up to 20 per cent of funds (from activities they are currently funded for), provided they can demonstrate they are delivering value for money and there is client demand for these services.*

*For example, where a service provider receives a large volume of referrals from My Aged Care for clients requiring Social Support, but less than the level of referrals expected for Personal Care, then a provider may use the flexibility provision. The provider can use up to 20 per cent of the funding it receives for Personal Care to deliver Social Support for a short period of time to meet the demand for Social Support services, noting that service providers must record their actual service delivery in the Data exchange in order to provide the department with visibility that they are utilising the flexibility provisions*

*In such cases, within the Community and Home Support Sub-Programme and Care Relationships and Carer Support Sub-Programme:*

- *Service providers must deliver 100 per cent of their agreed outputs; OR*
- *Service providers must deliver 80 per cent of agreed outputs and deliver the remaining 20 per cent to another service type within the same Sub-Programme.*

*Where service providers wish to use greater than 20 per cent flexibility, to manage an increased demand for services they*

*are funded for, they must seek the Department's prior approval. It may be necessary to vary the Grant Agreement.*

- If moving funds *within* sub-programs, don't delay to contact your grant manager, because if you're under in one service type, and over spent in another they will not automatically cancel each other out. The sub-programs are: *Assistance with Care and Housing, Care Relationships and Carer Support, Community and Home support*. Moving funds *between* sub-programs can be achieved but there is a much stricter process to gain permission.
- DEX reporting - don't wait until the last day to load your DEX. Once it closes it will not open again. Organisations have been caught out as the closing date has fallen on a Sunday.
- There are many unavailable services in the southern region – programs are full.

*Responses included:*

- a) Some have a wait list, but we have to call them after a few months to say we won't be able to provide the service.
  - b) At times we get referrals that we can't do - it takes a lot of staff time to investigate these.
  - c) We have not had a growth round for ages.
  - d) Some people are waiting for a HCP and accessing CHSP services in the interim.
  - e) Sometimes a person may receive a package but want to continue with the CHSP service because there is not enough room in the package to cover their needs. (remember duty of care – services cannot just be stopped)
- The 2 year extension is about getting things ready for the next stage – incorporating CHSP and HCP (if it happens at all). Grant funding to individualised funding will create some problems, particularly for services reliant on volunteers.
  - Feedback is important – either direct to the Department or

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|  | <p>through Sally (SSRG). If there is a consultation following the release of the 2 year extension, please put your responses in as providers in SA and through Sally (Collaborative Projects). SA has been very good at giving feedback.</p> <p>Group Discussion</p> <ul style="list-style-type: none"> <li>• The RAS organisations find that clients can be very definite about what they want but the active assessment that is currently being trialled is working really well- the assessors get to see what the person can actually do.</li> <li>• In the assessment there is a lot of repetition of information, it is difficult when you are trying to have a conversation, and fill in the screen. The ANZAP is being reviewed, so during an assessment questions could be pre-populated, so the assessor does not have to continually add the same information over and over.</li> <li>• Local government subsidises the CHSP services. Some LGA's have been putting it in their reports so the Department of Health are aware. (It has been noticed)</li> <li>• CHSP is entry level but the terms 'entry level' and 'short term' are not defined in the manual.</li> <li>• A good communication strategy is important.</li> </ul> |  |
| <p>Wellness and reablement</p> <ul style="list-style-type: none"> <li>• Outcomes from Celebrate and Collaborate event</li> </ul> | <ul style="list-style-type: none"> <li>• SW introduced the Celebrate &amp; Collaborate Report</li> <li>• W&amp;R Feedback from providers - some consumers are getting it, but some don't, they don't see it as part of paying for a service, plus the competitive model creates issues in</li> </ul>  |  |

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| <ul style="list-style-type: none"> <li>Update: Because I Can, Wellbeing &amp; Resilience, Self-Management</li> </ul> | <p>delivering it.</p> <ul style="list-style-type: none"> <li>There are some issues with the perception of 'cleaning'. Some carers have indicated that they are expecting the whole family home to be cleaned, not just the aged person's area –</li> <li>Example of an unique approach being undertaken - Student living with elderly person who can offer support</li> <li>Ads on TV promote an expectation that is difficult to achieve through DoH funded services</li> <li>Certificate Training providers for the Cert III, do they have a module on Wellness &amp; reablement and what does it look like?</li> <li>Public Health campaign like 'keep fit with Norm' is needed for wellbeing</li> <li>Self-management training to start in the south and will provide a suite of 'wellness' for people, Wellbeing &amp; Resilience, Because I can, Self-Management</li> </ul> | <p>ACTION: Sally to find out what is being taught re wellness and reablement in Certificate courses</p> <ul style="list-style-type: none"> <li>ACTION: Michael Mosely – Young Ones<br/> <a href="https://www.bbc.co.uk/programmes/b00tq4d3/episodes/guide">https://www.bbc.co.uk/programmes/b00tq4d3/episodes/guide</a><br/> <a href="https://shop.abc.net.au/young-ones-the-2dvd">https://shop.abc.net.au/young-ones-the-2dvd</a> </li> </ul> <p><i>Note: The episodes are no longer available on BBC, second link is to buy DVD Series for \$29.99 (which is temporarily out of stock) from ABC Shop</i></p> <ul style="list-style-type: none"> <li>ACTION: Put reablement in Wikipedia/Wiktionary and in dictionary<br/> <i>Note: Collins Dictionary rejected the request for Reablement as a new word, as another name for 'rehabilitation' in 2013. It is in the MacMillan Dictionary (crowdsourced) – “assistance provided for elderly people to give them the skills necessary to be able to live in their own home</i> </li> </ul> |
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|                     |  | <p>independently after having spent some time in hospital”<br/> <a href="https://www.macmillandictionary.com/dictionary/british/reablement">https://www.macmillandictionary.com/dictionary/british/reablement</a><br/> <i>Oxford Dictionary</i> – “rehabilitation; frequently attributive”<br/> <i>Nothing for Wikipedia or Wiktionary – it is easy to create a word in Wiktionary, just need definition to go with it</i></p> <p><i>MAC Resources:</i><br/> <i>Linking support &amp; Reablement Fact sheet -</i><br/> <a href="https://goo.gl/1Lb5AH">https://goo.gl/1Lb5AH</a><br/> <i>Living well at home: CHSP Good Practice Guide</i> <a href="https://goo.gl/7jiF5K">https://goo.gl/7jiF5K</a></p> <ul style="list-style-type: none"> <li>• <b>ACTION: Do Strengths sessions with group – next meeting</b></li> </ul> |
| Information sharing | <ul style="list-style-type: none"> <li>• THJ (Resthaven) Ridgeway House is now 7 days a week. Uptake excellent with no vacancy now for 6weeks, they are also open Easter and all public holidays. No longer starting at 8am and finishing at 4pm – times are flexible. They have listened to the needs of consumers.</li> <li>• JR (SAPOL) – lots of group presentations, growing steadily.</li> <li>• CF (Resthaven) – recruiting now in all areas</li> <li>• JC (Care &amp; Share) – new brochures for marketing plan, radio interview and Messenger drop off</li> <li>• MT (ACA) – enquires picking up and providing education re CHSP, residential respite, cottage style respite - it appears that even GP’s are not really up with all the information and they are now telling patients’ to go home and ring MAC</li> </ul> |   |

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|  | <ul style="list-style-type: none"><li>• KS (Dom Care) – are currently transiting to RDNS (non govt), should be completed by end of June</li><li>• LH (ACA) – average 6 days from accepting MAC request and assessment</li></ul> | <ul style="list-style-type: none"><li>• LH (ACA) wants to do the training in hoarding and squalor that City of Onkaparinga (Sam Berry) is organising</li></ul> |
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**Next meeting date: 22 March 2018**

**Time: 2.00 - 4.00 pm**

**Venue: Mayors Parlour –City of Marion**