



SOUTHERN SERVICES  
REFORM GROUP

**SSRG Workgroup Meeting**  
**Workgroup: Aged Care Pathways**  
**Date: 24 May 2018**

Present: Janine Callegari (Chair - Care and Share Trinity); David Smith (ECH); Terry Hales (City of Onkaparinga); Vanessa Leane (UniSA); Sally Warnes (SSRG); Helen Carmichael (SSRG/City of Onkaparinga); Melinda Olsson (Anglicare SA); Allison Warneford (Southern Cross Care); Maria Shialis (City of Onkaparinga); Malcolm Racz (SAPOL);

Apologies: Karen Smith (DCSI); Cathy Fulton (Resthaven); Theresa Howard-Jones (Resthaven); Lynda MacPhail (Mitcham Council); Rachael Fawcett (City of Holdfast Bay); Mark Trebilcock (Aged Care Alternatives);

Agenda Items	Discussion	Actions
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><li>• Janine Callegari accepted minutes, Vanessa Leane seconded.</li></ul>	Amendments to last week's minutes, Angela Lovett was an apology

<p>CPO Symposium</p>	<p>Helen and Sally described the 'Role Play' section of the CPO's Symposium and the scenarios that are proposed. They asked for feedback regarding this and for volunteers from providers and assessors to be part of authenticating the characters and scenarios to ensure 'typical' examples are being portrayed.</p> <p>Malcom Racz from SAPOL was asked to provide/organise a 5min pitch at the symposium, he accepted.</p>	<p>Email to be sent with prospective dates to: Janine Callegari &amp; Melinda Olsson.</p>
<p>Update from the Department of Health (information from Department's visit to Collaborative Project Officers' meeting, new CHSP Program Manual, Transforming Aged Care discussion paper)</p>	<p><b><u>Some of the new things you will see in the agreement</u></b> update from Louise Hamilton (Catriona Gladwell; Di Robinson)</p> <p>New grant agreements under the CHSP will be offered using the new Commonwealth Standard Grant Agreement (SGA).</p> <p>The department has started offering new CHSP grant agreements. These are being offered to existing CHSP service providers at existing funding levels.</p> <p>The extension does not provide funding for:</p> <ul style="list-style-type: none"> <li>• organisations to become new CHSP providers</li> <li>• existing CHSP providers to deliver more or new services.</li> </ul> <p>Service providers must inform the department as soon as possible if they do not want to continue delivering services. These providers will need to start their transition-out plans during the current agreement period. Service providers are expected to deliver services to their clients until an alternative provider is in place.</p> <p>In addition to the existing funding conditions, from 1 July 2018, CHSP funded service providers will be required to deliver against the following funding conditions:</p> <ul style="list-style-type: none"> <li>○ An annual wellness report on wellness and reablement approaches to service delivery; and</li> <li>○ Provide data to the Department on all existing CHSP clients that are not registered with My Aged Care.</li> </ul>	<p>ACTION: Send link to paper</p>

**Wellness Report**

The introduction of the annual wellness report on wellness and reablement approaches to service delivery is designed to assist the department to better understand how wellness approaches to service delivery are being implemented by individual CHSP service providers and whether there are any specific gaps in understanding.

The initial report will provide the department with a baseline from which progress will be measured on an annual basis.

The department is finalising the wellness report template, which will be sent to CHSP service providers by 31 August 2018. The report is not intended to be overly burdensome for service providers and will not require specific client level data to be included. The wellness report will be due to the department by 31 October each year, with the first report due on 31 October 2018.

**Existing Clients**

Service providers with existing clients who are not yet registered on My Aged Care will be required to provide information on these clients to the department as outlined under Chapter 4 of the CHSP Program Manual 2018.

The department is investigating the most appropriate way to collect this data, which will take into consideration the potential impact on service providers and any privacy requirements.

**Internal audit**

From 1 July 2018, the department will be undertaking an internal audit of up to 10 per cent of service provider's service delivery data on My Aged Care and the Data Exchange. The audit will assist the department to better understand CHSP client pathways and to review whether the services delivered are assisting clients to meet their independence and wellness related goals as agreed in their support plans. Support goals need to be actioned.

**Why is this happening**

The Government is trying to gain a better understanding of GAPs and needs across the community. As a result you will notice:

Flexibility provisions have been reviewed and you can no longer do a service type that you are not funded for or move funding across funded regions. This will be reviewed by GAMs by looking at your

DEX data.

The GAMs will be required to performance manage organisations to ensure that the obligations under the funding agreement are being met

KPIs are in accordance with your AWP, the number of outputs you are funded for in the regions that you are funded for

DEX will not be re-opened to allow data corrections –you need to ensure that your data is uploaded regularly and accurately

We recommend that you ensure MAC accurately reflects the services you are funded for in the regions you are funded for – we can provide a document that will assist in putting correct suburbs into ACPR

Will need to have the hard conversations with clients to ensure that you have a valid referral through MAC before accepting a client for services. All referrals need to have come through MAC

**What has not changed?**

Under the terms and conditions of the new CHSP Grant Agreement, service providers are required to deliver their CHSP services in line with existing program principles, including:

- The CHSP is an entry-level aged care program designed to provide small amounts of a single service or a few services to a large number of frail older people who require only a small amount of assistance to remain independent.
- Older people with more complex needs are out-of-scope for the CHSP and should be supported through other aged care programs such as the Home Care Packages (HCP) program, residential aged care, specialised aged care programs or the health care system.
- CHSP services can be delivered on a short-term, episodic or ongoing basis.
- CHSP services should be delivered with a focus on activities that support independence and social connectedness and take into account a person's individual goals, preferences and choices.
- Entry and assessment for the CHSP is through My Aged Care.
- New clients seeking access to aged care services must contact My Aged Care to discuss their

aged care needs and have a client record created.

- Existing clients seeking new service types or significantly increased services must be referred to My Aged Care for a review before any new or additional services can be provided.
- CHSP clients are expected to contribute to the cost of the services they receive if they can afford to do so, in line with the CHSP Client Contribution Framework.

#### **The Grant Manager Role after July 2018**

Your current Grant Manager will be moving to the Community Grants Hub and the administration of your CHSP grant will be done through the hub. The Hub is to provide a streamlined approach to offering a simplified grant experience for providers. It will be a seamless transition for providers but the way we work into the future will change.

Melinda said she was finding that the goals from assessments have been very broad; so they have to drill down and be more specific. Coordination is hard to incorporate into it, because it is not covered in the fees.

CHSP Manual becomes active 1<sup>st</sup> July – key features (Sal read out) emphasised the entry level bit

Sal read out the information about the wellness approach

Facts Sheets from the Department of Health website were distributed. They were released with the budget, stating where funding is going.

- Better Ageing - supporting activities in older Australians
- Better Access to Care – streamlined consumer assessment for aged care
- Better Ageing – better care for people living with dementia

Workforce is an issue – Discussion Paper by ACSA, Transforming aged care

Sal read out some key areas from the paper. This included:

*‘The provider also wants to tap into a different pool of talent from similar industries that provide ‘exceptional customer experience’, such as the hospitality and retail industries.’(Transforming Aged Care, 2018, p33)*

<p>WellnessCPR Workshop – explanation of workshop and discussion</p>	<p>Sally explained how the WellnessCPR came about. Showed the VIA Strengths descriptions, VL talked about it and how we can create a profile about a person including their core strengths and therefore what their core values are; and what is important to them that gives them meaning.</p> <p>The group shared examples of using strengths:</p> <ul style="list-style-type: none"> <li>• Appreciation of beauty and excellence – I love a good sunset and a good spreadsheet</li> <li>• Cooking – look at different recipes, try something from another country creativity, curiosity (taste like) and love of learning (researched it), enjoy servicing to others (kindness/giving)</li> <li>• Appraisal – communication above and below the line and things can run away sometime, using balance and fairness</li> <li>• Fairness – everyone has to have the same amount of everything</li> <li>• Leadership – getting people together</li> <li>• Leadership – older person who attends Rotary, he does Craniofacial fundraising</li> <li>• Bravery and kindness - organised a fundraising model to support Cerebral Palsy</li> <li>• Social intelligence: Look for people that were looking sad at cafes and then offer to pay for their coffee to see them smile</li> <li>• Reader (curiosity, social intelligence) – no longer have the opportunity to share with people, so they need someone that is not solely task orientated, but someone who also loves an interaction</li> </ul>	
<p>Wellness and reablement project Webazine –discuss content – look at wellness resources</p>	<p><b>Due to time restraints this was not addressed.</b></p>	

<p>Project officer update</p>	<ul style="list-style-type: none"> <li>• Change of date - CPO Symposium 'Putting into practice: Wellness and Reablement' - it will be held at SunnyBrae Estate on Friday 31 August 2018. The program will include key note speakers, pitch presentations and a World Café workshop responding to thought-proving role-plays acted out by professional actors – the role plays will be based on wellness and reablement scenarios. Apologies if the date change has caused any inconvenience</li> <li>• A small group of CPO's (including the SSRG) are working on a magazine-type production on wellness and reablement which will be web based and called a Webazine.</li> <li>• The co-production workgroup continues to create a dementia specific respite resource that will relate directly to the phases of caring. The resource will also include carer tips, helpful information and support needs. Some providers have reported that they are experiencing a reduction in respite referrals which has further highlighted the importance of a carer's perspective on respite requirements and the importance of the caring role.</li> </ul>	
<p>Information sharing</p>	<p>Janine – Attended the Connecting Up conference in Brisbane. Interested in social marketing, won a prize which was grant writing support (\$500) with a company in Brisbane</p> <p>Business as usual, always looking for new participants</p> <p>David – holding village meetings, over a 100 villages and talking to residents about changes and answering questions. Split between others in the team, David has 30, meetings are an hour long. Some residents are still fully independent, some have CHSP and Packages. Do about four meetings per week.</p> <p>Alison – Steady influx. 11 new packages this month. Health and Wellness has moved from the office in Keswick to North Plympton. CHSP coordinator for all of Metro Adelaide - 460 clients on books. Registered nurses coordinate the packages and they help with CHSP when Alison on holidays. Social transport, domestic, allied health, respite</p> <p>Melinda – Quality Review, met all outcomes.</p>	

	<p>Large amount of clients being offered Level 1's, offered full fee waivers and only offering one CHSP task type with this. Not sure what will happen after July. RAS are still referring CHSP services even though they have been offered packages</p> <p>Helen – Quality review &amp; role plays</p> <p>Vanessa – persevering with my PhD. Focus on having a conversation / assessment to get a profile of a person, a new model and making it practical for use. A way to understand people through their story telling. UniSA is interested in this for students who are on placement, as they have time to do more in-depth profiles. Designing the story telling - a discovery to get a rich profile.</p> <p>Terry – number of respite client's never been this low. Many vacancies. Had a number of exits, but very little coming through. Feel that because the carers are no longer the client receiving respite services, it is not being taken up as readily by the care recipient.</p> <p>Maria – Wellbeing &amp; Resilience workshop continues. Working within our team to further embed wellbeing and independence into service delivery. Doing a workshop with social program volunteers to introduce them to wellness and wellbeing.</p>	
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**Next meeting date: Thursday 28 June 2018**

**Time: 2.00 - 4.00 pm**

**Venue: City of Marion**