



SOUTHERN SERVICES  
REFORM GROUP

**SSRG Workgroup Meeting**  
**Workgroup: In Home Services**  
**Date: 24 October 2012**

Present: Jacqui Bowden (Chair), Theresa Howard-Jones, Melissa Evans, Patricia Field, Melinda Olsson, Kathy Monks, Franca Antonello, Louise Fuller, Helen Baxter, Keith Bettany, Sarah Cobbett, Gabrielle Ganser, Christine Smith, Martin Cooney, Sally Warnes (SSRG Project Officer), Bev Bannister (minutes)

Apologies: Fiona Paterson, Shelley Simpson, Leanne Taylor, Russell Humphrey

Agenda Items	Discussion	Actions
Welcome & Apologies	<ul style="list-style-type: none"><li>• Welcomes and apologies were made</li><li>• Welcome to new members and guest speakers</li><li>• Introductions were made around the table</li></ul>	
Previous minutes and business arising	Minutes approved <ul style="list-style-type: none"><li>• A group discussion was had on the various training offered by the Better Practice Project</li></ul>	
Guest Speakers	<ul style="list-style-type: none"><li>• Martin, Christine and Gabrielle from the Community Geriatric Service were introduced</li><li>• They gave a brief presentation</li></ul> <p>Below is the information flyer they distributed to the group: The Community Geriatric Service is a program funded by the Council of Australian Government (COAG) until June 2013. It is a comprehensive geriatric assessment service that can provide short term case management and support</p>	

to older people residing in the southern region of Adelaide. The aim of the service is to provide a responsive and timely clinical assessment and to support frail or vulnerable older people with complex care needs who are residing in the community. The Community Geriatric Team consists of 2.9 Full Time Equivalent (FTE), comprised of 1.0 Registered Nurse, 1.0 Social Worker and 0.9 Occupational Therapy. The team works collaboratively with the geriatricians at the Repatriation General Hospital (RGH), who can provide geriatric expertise on the care needs of the client. There is no cost to the client for the service.

**Target Group**

- Frail older people with complex care needs living in the southern region of Adelaide who are at risk of institutionalisation and are keen to remain at home
- People who have had a rapid deterioration in their level of functioning due to chronic age related health issues
- People who are having difficulty managing in the community and at risk of institutionalisation or hospitalisation

**Aim**

- Build a bridge between the interface of acute care and community care
- Provide specialised geriatrician input and consultation
- Prevent inappropriate admissions to hospital
- Provide advocacy and support to clients and their carers who wish to remain in the community
- Not to duplicate current services

**Eligibility**

- People 65+ years of age with complex care needs who require input from a geriatrician
- Aboriginals and Torres Strait Islanders will be considered from age of 50

**Exclusion**

- People under the age of 65
- People case managed by other service providers are not considered for ongoing CGS but may be eligible for short term geriatrician input and evaluation
- People who's primary health issue/concern is psychiatric

**Role of the GGS**

- Undertake a comprehensive holistic assessment in the home

	<ul style="list-style-type: none"> <li>• Link clients and carers to appropriate supports and services</li> <li>• Working closely with GP's</li> <li>• Facilitating clients' access to geriatrician expertise</li> <li>• Monitoring of clients in the community and developing action plans</li> <li>• Assist clients and carers to maintain optimal functioning in the community</li> </ul> <p><b>Referral process</b> If you feel a client may be appropriate for this service or if you wish to discuss with one of the clinicians please feel free to contact the CGS (please note these numbers are not for public distribution)</p> <p>Christine Smith (RN) : 0401 684 894 1 0 FTE  Martin Cooney (SW) : 0401 684 876 1.0 FTE  Louise Giles (OT) : 0401 684 911 0 4 FTE  Gabrielle Ganser (OT) : 0421 144 199 0.5 FTE</p> <p>(Service is available Monday to Friday 0900 -1700 excluding public holidays)  Referrals to be faxed to Community Geriatric Service - Fax: 8275 2809</p>	
Introduction to new Project Officer	<ul style="list-style-type: none"> <li>• Louise was introduced and welcomed as the new Health and Community Informed Choices project officer</li> <li>• <b>Monthly Report – Health and Community Informed Choices Project Period</b> 26<sup>th</sup> September to 24<sup>th</sup> October 2012</li> </ul> <p>Research and Planning Period - October to December</p> <p><b>Planning - Projected Timelines</b></p> <p><b>October to December</b> –Research, Planning and Development  Research how providers access information  Identify beneficial resource features  Identify Pilot Project Sites  Collate community service information  Investigate working with other organisations  Investigate types of resources – feasibility, cost, availability</p> <p><b>January to March</b> - Develop Resources  Design resources  Collate information into resources and presentations  Obtain feedback from Draft versions and Revise</p>	

	<p>Incorporate resource sustainability features  Complete resources  Develop marketing plan  Design presentations format</p> <p><b>April to May</b> – Distribution and Presentations  Take presentation bookings  Distribute resources  Provide presentations along with resources distribution</p> <p><b>June to July</b> – Presentations, Evaluation  Continue with presentations to health sector, TAFE, community sector  Complete  Evaluate – formally and informally</p> <p>Change in work days – alternate between a 3 day week and 4 day week. Annual holiday in late May and June 2013</p> <p><b>Meetings</b></p> <p><b>Brain Storm Meeting</b> - Tuesday October 2nd, 2012 with Jacqui, Fiona, Sally, Bev and Louise</p> <ul style="list-style-type: none"> <li>• Clarified project parameters and brainstorm ideas for the resource/s.</li> <li>• Confirmed that resource will focused for the use of health professionals - to assist them in understanding community services, who can then provide relevant and useful information to clients</li> <li>• Target Population will be newly qualified health professionals</li> <li>• Debated on headings and types of services to include and the depth of information to be provided</li> <li>• Discussed resource/s - App – android, iPhone, Webpage</li> <li>• Suggested contacts to follow up</li> </ul> <p><b>Interim Catch up Meeting</b> - Tuesday October 16<sup>th</sup>, 2012 with Jacqui, Sally, Bev and Louise</p> <ul style="list-style-type: none"> <li>• Louise outlined research and planning completed so far</li> <li>• Discussion and suggestions given</li> <li>• The discussion and suggestions at this meeting are incorporated into the following section of the report</li> </ul>	
--	---	--

## **Research**

❖ **Directories** – on the internet included Community Services Finder (used and linked with council information and services), Onkaparinga Community Directory, City of Holdfast Bay website has a direct link to Community Services Finder

Health Services Finder- Some health professionals said they use this resource  
Commonwealth Carelink – Feedback so far indicated that was rarely used by health professionals; however it's the most comprehensive of all the databases in the aged care area

Paper Based Directories – City of Onkaparinga Seniors Guide, Mitcham Councils range of Information Sheets i.e. Accommodation for Older People

Smaller and Specific Directories developed by Medicare Local – Primary Health Care Finder and another is GP Plus - Resource Directory

Alternatives to Home Care

❖ **Fact Sheets** - lots

❖ **Brochures** - lots

❖ **Resource - The mechanism that links or/and provides information**

**Applications** (Apps on mobile Phones) – HealthChannel App that Vic Health uses

Contacted App developer – John Warnock and are investigating feasibility of this method of resource delivery

To determine what the app will hold – service information, fact sheets, links to other data bases, prompts or questions providers should consider asking a client or could it be a specific service finder for a client's specific needs

**QR Codes** – (a more sophisticated bar code that used in conjunction with a free QR reader (an app on a smart phone – takes you directly to a website, map, fact sheet, data base etc.)

Provides quick links to specific information

**PokitPal** – A small booklet with robust magnetic ends which protects the pages enclosed within the ends. It will be small enough to carry around and fit in bag or pocket. To be used as a Directory or Pathway to Community Services  
Information could include major service types with contacts that include phone, websites. Also include a number of QR Codes to direct the user to the app and major databases or fact sheets.

Presently waiting on pokitpal costs, printing costs and availability from 3 design

and promotional marketing firms

❖ **Contacts**

Contacted range of health services professionals to assess what they are presently using. Paper based resource folders, the brochure wall, the internet i.e. Human Services Finder and talking with fellow colleagues.

Would like a one ***stop shop thing***

**Summary of Research and Planning to Date**

❖ **Suite of Resources**

A suite of resources that will connect to already available information in a user friendly, quick and informative way

To achieve this outcome a combination of resources will be required. At present, considering a paper based directory (i.e. pokitpal). The pokitpal will contain main service types and contact details including websites. Through the use of a number of QRcodes attached to some services, the user will be directed to specific information and websites. It will also link into the app which will enhance to available information. The health professional will also be able to download the free app and retrieve the same information from a different starting point.

**More than just facts - Enhance Community Services**

The resources will highlight/enhance the importance of community services which will result in an increased understanding of services and knowledge that will lead to appropriate referrals. Include prompts or questions for the users like

Is there a carer?

Are they linked to council services?

How will your client access domestic assistance?

Is your client requiring ongoing or short term services?

**Pilot Project**

Due to budget restraints it will be most unlikely that we can trial resources at specific sites and then refine the design before releasing the resources to the target group. (Small print runs much more costly)

Therefore, it has been suggested the need to develop a relationship with a couple of organisations (or sections of) where management is keen and encouraging about the project and will provide quality feedback types of resources, vital information and on draft versions of the resources. Jacqui suggested an inner south and an outer south project site.

	<p>Finally, the development of presentations (i.e. PowerPoint) will accompany the introduction of the resource.</p> <p><b>To Continue</b></p> <p>Research how providers access information</p> <ul style="list-style-type: none"> <li>• Continue to discuss with providers</li> </ul> <p>Identify beneficial resource features</p> <ul style="list-style-type: none"> <li>• Continue to discuss</li> </ul> <p>Identify Pilot Project Sites</p> <ul style="list-style-type: none"> <li>• Research possible sites</li> </ul> <p>Collate community service information</p> <ul style="list-style-type: none"> <li>• Build upon resources so far collected</li> </ul> <p>Investigate working with other organisations</p> <ul style="list-style-type: none"> <li>• Meeting with Jenny Hughes CEO of SIS next Wednesday 31st October – how we can work together</li> <li>• Continue to discuss</li> </ul> <p>Investigate types of resources – feasibility, cost, availability</p> <ul style="list-style-type: none"> <li>• Explore resource types</li> <li>• Establish resource costs and feasibility</li> <li>• Clarify information – service categories and depth of information</li> </ul>	
<p>SSRG Project Officer report</p>	<ul style="list-style-type: none"> <li>• Sally gave a brief description of the SSRG workgroups and how they work for the benefit of the guest speakers</li> <li>• <b>Appreciative Inquiry for Adaptive Change – Jeremy Scrivens.</b> The collaborative projects are jointly organising workshops by Jeremy Scrivens. One workshop will be held in the ‘hills’ region and the second will be for the metropolitan areas – at Burnside Ballroom. The Burnside workshop is scheduled for October 25</li> <li>• <b>Keeping Connected</b> - The workshop is presented by the Better Practice Project and will utilise findings from Alone in the Crowd research focusing on the five dimensions of loneliness. It will be held at the Marion Hotel on 15 November</li> <li>• <b>Be Confident, Stand Up and Deliver</b> – presented by the Better Practice Project on 29 November at the Marion Hotel. This workshop will invigorate training and presentation skills. The aim is to provide a range of practical strategies and tips that participants can take away from the workshop and put into practice immediately</li> <li>• <b>Innovative Projects Forum</b> - showcasing some of the innovative projects</li> </ul>	

completed in 2012 in the southern region. The forum is scheduled for 23 November at the Marion Hotel

- **Dementia Training** - The DTSC in collaboration with the SSRG are organising younger onset dementia training sessions – scheduled for 5 December 2012 at Onkaparinga and 13 February 2013 at Marion

**Demystifying Consumer Directed Care Conference** – Brief notes taken at the conference:

**Ben Vincent:** Department of Health and Ageing

- From July 2013 all NEW packages offered CDC then.....July 2015 ALL packages will be CDC
- Number of high care packages increasing
- From July 2013 – Level 1,2,3 & 4

Level 1 – basic needs

Level 2 – equivalent to CACP

Level 3 – Intermediate needs

Level 4 – equivalent to EACH

Also behavioural supplement for Dementia and Veterans

EACH D will be level 4 with supplement

- CDC – more choice and control
- Will be offering 3 levels of control – lower level high case management fees / higher level low case management fees
- Some different models, one being....Capacity building model – intensive case management initially and then tapered off and client takes over
- 2 phases of development

Phase 1: define and design elements with working groups (National Aged Care Alliance – NACA) Questions would include eligibility, how to control, how to set budgets

Phase 2: includes program guidelines, evaluation framework

What is likely to come about?

1. Individual transparent budget
2. Scope of services should be broader
3. ACAT – when assessed if eligible for level 2 then also eligible for level 1, if eligible for level 4 also eligible for level 3
4. Development of detailed information for assessors, consumers and providers
5. Evaluation strategy developed

Want the sector and Government to work together – co-design model



	<p>Compliance / police checks – no answer yet A seamless continuum of care will be established</p> <p>Home support will have a reablement focus.</p> <p>No substantial changes until after July 2015</p> <p>Gateway: My Aged Care Website National Call Centre National Assessment Framework</p> <ul style="list-style-type: none"> <li>• Standardise assessment</li> <li>• Seamless and equitable</li> <li>• Graduated continuum of services</li> </ul> <p><b>Pat Sparrow: COTA</b> <b>Rights Issue....fundamental right – fair, equitable and transparent</b></p> <p><b>Coral Trowbridge: Flinders University</b></p> <p>Client centred care – ‘Client being the ‘cog’ of the support. The services are the spokes. If one is missing the wheel can’t turn easily.</p> <ul style="list-style-type: none"> <li>• Discussion about the gateway and CDC was held</li> <li>• Guest speakers to be added to SSRG main mailing list</li> </ul>	<ul style="list-style-type: none"> <li>• Bev to add to mailing list</li> </ul>
<p>Information Sharing</p>	<p>Helen – Stanhope</p> <ul style="list-style-type: none"> <li>• In home respite hours available</li> <li>• Domestic assistance - traffic lights on amber</li> </ul> <p>Keith – City of Holdfast Bay</p> <ul style="list-style-type: none"> <li>• Recently back from leave</li> <li>• Lots of referrals for basic home maintenance services</li> <li>• Short term cleans</li> <li>• Carers Day morning tea at Kingston House tomorrow</li> </ul> <p>Sarah – A2HC</p> <ul style="list-style-type: none"> <li>• Has been in her role as a CSO at A2HC for one week</li> </ul> <p>Franca – Ethnic Link</p>	

	<ul style="list-style-type: none"> <li>• Statistics for 2011 show increase in number of CALD clients especially in the 80+ group</li> <li>• Statistics can be found on the ABS website</li> <li>• Community needs are changing – there are greater needs for CALD clients</li> <li>• With the new aged care reforms Ethnic Link are working on a strategic plan for CALD clients</li> </ul> <p>Kathy – Resthaven</p> <ul style="list-style-type: none"> <li>• New to the south region</li> <li>• All packages are full and have waiting lists</li> <li>• COPS packages are available especially in personal care</li> </ul> <p>Melinda – Anglicare</p> <ul style="list-style-type: none"> <li>• Anglicare have moved office – still in same region</li> <li>• Have HACC hours available</li> <li>• Traffic lights are on amber</li> <li>• There are a couple of CAPS packages available in the Marion/Mitcham region</li> </ul> <p>Patricia – Older Persons Mental Health</p> <ul style="list-style-type: none"> <li>• Busy as usual – lots of clients</li> <li>• All funds are being used</li> </ul> <p>Jacqui – ACH</p> <ul style="list-style-type: none"> <li>• Some HACC services available</li> <li>• Social programs have some vacancies</li> <li>• Home Assist – home mods available –full for all other services – contact Russell</li> <li>• Some vacancies for In Home Care South – amber to red traffic lights</li> <li>• CAPS – zero waiting lists for most of Onkaparinga region providers</li> <li>• ACH have 140 CAPS in region – all full</li> </ul> <p>Melissa – ECH</p> <ul style="list-style-type: none"> <li>• ECH have taken over most of Masonic Homes including Almond Grove</li> </ul> <p>Teresa - Resthaven</p> <ul style="list-style-type: none"> <li>• Many different services/programs and groups being offered</li> <li>• In Home services available</li> <li>• Hersey Cottages - vacancies six days a week</li> <li>• contact main office for all enquiries</li> </ul>	
Next Meeting	<p>Wednesday 28 November 2012  2.30 – 4.30 pm  Civic Area, City of Onkaparinga</p>	

