



SOUTHERN SERVICES
REFORM GROUP

SSRG Workgroup Meeting
Workgroup: Steering Committee
Date: 24 July 2017

Present: Margaret Potts (Carer Support), Mel Olsson (Anglicare), Jen Day (City of Onkaparinga, Disability Network) , Natasha Boots (Carers SA), Karen Fields (Catalyst Foundation), Christie Blackmore (Baptist Care), Lui DiVenuto (City of Onkaparinga), Rima Sallis (City of Marion), Julia Overton (City of Mitcham), Meredith McLeod (City of Onkaparinga), Jacqui Bowden (APM), Janine Callegari (Trinity Baptist Care and Share), Helen Carmichael (SSRG), Sally Warnes (SSRG)

Apologies: Monica Du Plessis

Agenda Items	Discussion	Actions
Welcome and apologies	<ul style="list-style-type: none">welcome and apologies	
Introduction, previous minutes & business arising	<ul style="list-style-type: none">previous minutes acceptedintroductions were made around the tableNo business arising	
Project Officer update	<p>Assistant project officer position</p> <ul style="list-style-type: none">Welcome to Helen Carmichael who won the position of Assistant Project Officer.	

Aged Care Pathways Workgroup

- The main focus of this group will be to continue monitoring and discussing the reform process to support its implementation.
- During these meetings, we are delivering parts of the Because I Can program to focus on wellness and promote consumer independence.

Dementia Workgroup

- The group has begun a co-production project focusing on carers of people who have dementia. The first official meeting with consumers has been scheduled for the first week of September. The consumer project information is being finalised and will be sent out soon to targeted older people and the planning of the first meeting is being mapped out.
- Please see the documentation explaining the direction of the project.

Ageing and Technology Workgroup

- The micro web-site has been developed for the on-line training package. Not all of the content has been loaded yet as the final scenarios and activities are currently being finished off and presented for feedback to the workgroup.
- The project is a partnership arrangement with St John Flourishing Lives Program and due to additional funding received from City of Onkaparinga 3 logos will appear on the site – St John, City of Onkaparinga and SSRG.
- The project is very near completion – suggestions for a successful launch would be appreciated.

State-wide Collaborative Projects

- The State-wide collaborative Projects held a symposium, 7 July 2017 at Morphettville Race-course titled 'No one has no one'.
- Total number of attendees was 160 from a variety of state-wide community organisations.
- The SSRG website is hosting a web-page <https://www.ssr.org.au/content/no-one-should-have-no-one-0> to create a community of practice around loneliness and social isolation. The web page is titled 'No one should have no one' and all the power point presentations from the symposium can be viewed there. This page will also be used to

	<p>link people to useful resources and information and to advertise relative training options.</p> <p>South Australia Self-Management Alliance (SASMA)</p> <ul style="list-style-type: none"> Continuing to plan for the 4th SASMA Symposium titled ‘Find your power, look within’. It will be held in conjunction with the Disability, Ageing and Lifestyle Expo in October. Further planning of the proposed You-tube film clip has resulted in a plan to share stories of self- management, resilience and wellness to use to empower and encourage others – to find your power within! Please see attached project plan. <p>Wellbeing and Resilience Workshops</p> <ul style="list-style-type: none"> A partnership project between the City of Marion, Holdfast Bay, Onkaparinga and SSRG delivering the SAHMRI course to consumers at Hallett Cove was completed in July. 17 older people completed the 8 week course and the feedback received has been positive. A second course is being planned to be delivered in the Holdfast Bay council area and supported by the tri-council partnership. It will commence 8 August 2017. The desired outcome is to build the wellbeing and resilience of older people in the region, increasing their confidence, independence, community connections and supporting them to make healthy choices - a wellness approach. 	
<p>Warm up: With a partner discuss what is going well and what’s not</p>	<p>Issues around locating secure affordable accommodation for older people, particularly older women. Stats on homeless women are high.</p> <p>MAC does not always seem to refer to Assistance with Care and Housing</p> <p>Change and lack of certainty beginning to show in the team.</p> <p>Change fatigue – every phone call there are questions about the correct process required.</p> <p>Reduction of respite funding – scary – Challenging to accommodate need with dwindling funds. How do we meet the need that we know is out there?</p> <p>A myth that because an NDIS plan is in place that the carer is getting what they need.</p> <p>Seems to be a mirroring of issues between the roll out of NDIS and the age care reforms.</p>	

	<p>HCP waitlist – there are not enough places to meet the need</p> <p>Wellbeing and resilience program having positive outcomes</p> <p>There have been some improvements at MAC. Trying to give a more consistent message.</p> <p>WEAAD – SA has helped the national review of elder abuse.</p>	
<p>Future Reform – an integrated care at home program to support older Australians: SUBMISSION</p> <p>(Discussion formed the basis of the SSRG submission)</p>	<p>We would welcome your views and feedback on the February 2017 (<i>Increasing Choice</i>) reforms (excerpt from the SA Collaborative Project 2017 survey results)</p> <p>Stage 1 Increasing Choice in Home Care Feedback April- May 2017 (Executive summary only)</p> <p>1. Introduction</p> <p>One of the key roles of the Collaborative Project Officers is to identify the impact of Aged Care Reforms on the South Australian aged care sector and feedback pertinent information to the Department of Health.</p> <p>On 27th February 2017, Stage 1 of the Increasing Choice in Home Care reforms commenced, and the former Home Care Packages system was superseded by “A new national process (that) will deliver a consistent national system for assigning home care packages to eligible consumers.....managed by My Aged Care.”</p> <p>To ascertain the impact of the new system on service providers and consumers, the SA Collaborative Project network conducted a survey of service providers.</p> <p>This report summarises the findings of the survey which was completed by 100 respondents from the following regions during the period 21st April – 4th May 2017.</p> <p>2. Executive Summary</p> <p>There was disagreement that two of the underlying principles of the Reform were being achieved, namely regarding a reduction of red tape for service providers and a more</p>	

equitable distribution of packages for consumers, however some comments acknowledged that it was “Too early to tell”.

Whilst the majority of respondents indicated that they understood the National Prioritisation process for Stage 1, some comments indicated that the MAC Contact Centre does not have the same level of understanding. Also the lack of information regarding waiting times was frustrating for both service providers and consumers, and there was a perception that there are less packages being allocated in SA.

The new system has not addressed the perennial problem of a lack of level 3 and 4 packages.

“There are not enough L3 and L4 packages available so clients are forced to go to up to 4 organisations to get services under CHSP to service their needs, eg a client has personal care from Dom Care, social support from Wesley Care, cleaning from the council, respite from ECH, dementia support from AASA.”

Consumer confusion regarding the assessment, approval and allocation process was cited a number of times.

“The lack of information about waiting times is creating great unrest, particularly amongst older people and their carers. The lack of transparency in the process also is frustrating. Clients new to the system do not understand why they have to wait and why they can't be told where they are on the waiting list.”

Respondents indicated that they need advice from the Department of Health particularly regarding the use of CHSP as a gap filling measure. A large number of clients were being advised to utilise CHSP services in the interim period between approval and allocation of a HCP. Service providers expressed concern at the impact on the long term CHSP capacity to fill these gaps.

On a positive note, the majority of respondents indicated that their organisation has the workforce capacity and flexibility to respond to market demand.

The majority of respondents indicated that they were dissatisfied with the number of HCP

referrals they had received since 27th February with a number stating *“We have yet to receive one referral”*. Again there was acknowledgement that it is *“Still early days.”*

Respondents provided a range of specific examples about service providers and consumer experience with Stage 1. A number of examples demonstrated consumer confusion regarding the process and frustration with the length of time it takes to receive a service.

“Most of our clients are now so confused about who has called them, not knowing who to contact to get services and end up just giving up and going without any services, resulting in extreme carer stress and increased vulnerability of clients that don't have carers. I have been informed by QEH of carers who are presenting to outpatients exhausted and desperate.”

Ongoing issues with MAC were cited in particular regarding inconsistency with initial screening and eligibility assessment.

Again there were examples of clients using CHSP to fill gaps whilst waiting for an allocation of a package, and also in preference to accepting a Package due to the cost.

“Many clients are not taking up HCP due to confusion, being overwhelmed and financial implications, instead CHSP is being accessed because affordable, and because volunteer supported, is flexible to client need rather than imposed for specific time periods.”

Service providers also expressed concern about the apparent drop in the number of CALD clients and about the welfare of consumers who have no advocates. Also, about the future of community transport and respite and the need for block funding for group social support.

Question

What do you believe could be done to improve the current assessment arrangements, including addressing variations or different practices between programs or care types (e.g. residential care, home care and flexible care)?

ACAT and RAS need to sit together under the same legislation to ensure a more streamline approach.

Low to medium assessments could be done for up to level 2 packages. The comprehensive, clinical assessment is best suited for level 3 and 4 packages.
The health and wellbeing of the carer needs to be included in the assessment process; residential respite is important and must be included during the ACAT.

Create a more user-friendly 'Home Care' finder including meaningful terms of reference for comparisons so consumers can make informed choices.

Assessors also need to have knowledge about a range of options for secure and affordable accommodation and make referrals to ACHA when required.

Consumer expectations need to be addressed from the very beginning, that is, from before the point of referral. Ongoing population education and marketing with a consistent message and language of how the system works will reduce the time spent by assessors in debunking preconceived ideas and expectations.

It is important that during the assessment process realistic expectations are discussed with the consumer, including their strengths and linking them back to successful wellness, reablement and goal outcomes to stay living independently at home. It is essential not to promise interventions that cannot be achieved.

Question

Which types of services might be best suited to different funding models, and why?

Whatever the funding model, it is imperative that there is clarity and transparency around client contributions using consistent language.

Many organisations are using volunteers to deliver services (social) which is empowering for both client and volunteer. Volunteering needs to fit within the new structure. Block funding will make it possible to continue to use volunteers in meaningful ways and to promote innovation and quality.

	<p>Social programs connect people, particularly through the many group activities and experiences that are developed to meet peoples' needs. Transport is an integral part of successful social programs which aim to reduce social isolation and loneliness. Maintaining strong social connections would be best achieved through continuing to block fund both social and transport programs. Under individualised funding there is a concern that providers will be unable to continue to cover the costs involved in delivering social and transport options.</p>	
	<p>Question Should consumers receive short-term intensive restorative/reablement interventions before the need for ongoing support is assessed? If so, what considerations need to be taken into account with this approach?</p>	
	<p>Yes, short term intensive restorative/reablement interventions are essential. However, they are usually about physical interventions. What could be included in this model is wellbeing and resilience or/and self-management interventions. For physical interventions to be worthwhile, people need to be motivated and have positive self-belief (self-efficacy) to improve or maintain their physical abilities.</p> <p>It is important to be aware that reablement is more time consuming and intensive. Funding needs to reflect this.</p> <p>Reablement is important – it is empowering.</p>	
	<p>Question How could a wellness and independence focus be better embedded throughout the various stages of the consumer journey (i.e. from initial contact with My Aged Care through to service delivery)?</p> <p>Consumer wellness and independence need to be addressed from the very beginning, that is, from before the point of referral. Population education about client expectations with a consistent message and language of how the system works and can benefit them will reduce the time spent by assessors in debunking preconceived ideas and expectations and will promote a wellness and independence focus.</p>	

	<p>It is important that during the assessment process realistic expectations are discussed with the consumer, including their strengths and linking them back to successful wellness, reablement and goal outcomes to stay living independently at home. It is essential not to promise interventions that cannot be achieved.</p>	
	<p>Question How do we maximise the flexibility of care and support so that the diverse needs of older people, including those with disability, are met?</p>	
	<p>Maximising the flexibility of care and support is closely linked to good consumer goal setting and an understanding of what is most important to stay living independently at home. Assessors need to also focus on consumer strengths, linking them to successful goal outcomes and wellness. Consumer education is vital with a message communicating that each person is unique and they are the drivers of their own care and support. In all communications there needs to be a consistent message and language. We all need 'to be on the same page'.</p>	
	<p>Question Until an integrated care at home program is introduced, is there a need to more clearly define or limit the circumstances in which a person receiving services through a home care package can access additional support through the CHSP? If so, how might this be achieved?</p>	
	<p>To support equity and transparency of services the Portal could display all services provided by all providers (view only, no edit) to ensure fairness, reduction in over-servicing and being referred twice.</p>	

Next meeting date: Monday 25 September 2017

Time: 2.00 - 4.00 pm

Venue: Marion Council