



**Seniors Collaborative  
Action Project**

Barossa.Gawler.Light.Mallala

**Minutes of the Gawler & Surrounds Healthy Ageing Network Meeting  
held Wednesday 26<sup>th</sup> October, 2016, at the Gawler Elderly Centre**

1. **PRESENT:** Beth Hudman & Jill Wilkinson (Gawler Care & Share Craig); Craig Gogoll (ACNA – RAS); David Dann (ECH); Deb Anderson (SCAP); Melissa Burgemeister (Uniting Communities); Sanna Brannan (Gawler Home Assist); Sharon Hoffmann (Northern Carers Network)
2. **APOLOGIES:** Anya Lizoguboff & Karen Hunter (ACNA); Bev Galway (Tanunda Lutheran Home); Corinne Bruer (Uniting Communities -RAS); Gail Harding (Wheatfields); Jo Parker (Barossa & Light Home Assist); Jen Fyfe (Rally Home Care); Kerrie Draper-Rose, & Sandy Lehmann (Gawler Home Assist); Lena Lesnikov (APM); Leonie Grant (Uniting Communities); Peter Smith (Gawler Community Retirement Homes); Simon Newbold (Barossa Village); Tracey Murray (Anglicare); Tracy Maynard & Brenton Chappell (Country SA Primary Health Network); Vonny Edwards,( Country Home Services)
3. **CHAIRPERSON**  
Beth Hudman offered to Chair the meeting.
4. **MINUTES OF PREVIOUS MEETING: 24/08/2016**  
Accepted
5. **BUSINESS ARISING:**
  - 5.1 Increasing Consumer Choices  
Quote from speech by Minister for Health and Aged Care Minister for Sport, Hon Sussan Ley MP at the Leading Age Services Australia National Congress 9<sup>th</sup> October at the Gold Coast Convention and Exhibition Centre  
*“Before I end, I know that many of you will be interested to hear about the future home-based care reforms - beyond the Home Care reforms of February 2017.  
As you know, the Government announced its intention to move towards a more integrated care at home system in the future.  
What we want to do is to make the system easier to navigate for consumers, increase their choice and control, and ensure that the system is sustainable into the future.  
We also want to encourage restorative care and re-ablement approaches in community based care settings and to make sure that consumers get the right level of service for their needs.  
The Government is open to discussing with the sector what approaches best deal with these objectives.  
I know the sector has a strong expectation that design and implementation arrangements will be informed by consultation and co-design.  
I want to emphasise that this is my expectation as well.  
I also want to assure you that existing funding agreements will remain in place until they expire.  
No decisions have been made about specific funding models or the final scope of these next reforms. We will continue to work together to make the right decisions so that people get the care they need.*

*Depending on the outcomes of the consultations, it could be that the best reform path is not necessarily a single program. We may need multiple programs that work in an integrated way. I am very aware of the enormous contribution of volunteers in looking after people at home – the meals that are delivered, the community transport, and the social capital created through these activities. It will be important to preserve this in the future. You will hear from us soon about the consultation process and opportunities that will allow you to participate in this discussion over the next three to six months as we embark on this next wave of reform.”*

## 5.2 “After the ACAT”

- This is an on-going issues following Fiona reporting earlier in the year that she’d noticed that patients/consumers (particularly those without advocates) were often confused about next steps after having an ACAT and being assessed as eligible for packaged care. At the last RAS/MAC Troubleshooting Working Group, Mark Schuster from Community Aged Care Services, Country Health SA indicated that he would follow up with this as he would be overseeing ACAT. The next Troubleshooting meeting is scheduled for 17<sup>th</sup> November.
- At a recent network meeting of the Collaborative Project Officers, it was pointed out by a DoH staff member that if at the time of having an ACAT, a client indicated that they wanted to accept a package, the ACAT assessor could make a referral and organise a package at that time. This will be discussed at the next Troubleshooting meeting on 17<sup>th</sup> Nov.
- Barossa Council is currently exploring the feasibility of establishing an information service where people can make an appointment to discuss how to navigate the aged care system and to get information about the service providers that are available in the region.

## 5.3 Dementia Awareness Month - September

Service providers who participated in the DAM Pop-Up Expo on Sept 20<sup>th</sup> and 22<sup>nd</sup> included: AA Dementia Link Worker, ARAS, Carers Link, Country Home Services, SA Country Carers, Tanunda Lutheran Home, Uniting Communities and Wheatfields.

Carer’s Link hosted a Dementia Friendly Dinner “Changing Minds” on September 19<sup>th</sup> at the Vine Inn which had about 150 attend. Morna Coats – DLW – presented a community info session on ‘Memory and Ageing’ at the Barossa Council Chambers on September 21<sup>st</sup> which attracted 35 participants.

## 6. RAS/MAC issues

### 6.1 Feedback from DoH and ACS

The Collaborative Projects presented DoH and ACS with a summary of MAC issues – ‘What’s Working and What’s Not Working’ compiled from all regions. At the October Collaborative Project Officers Meeting, Louise Hamilton, Lorna Fairbank from DoH and Peta Braendler from ACS - SA & NT responded to the issues.

Notes are attached.

6.2 Gawler Care and Share reported that 5 inbound referrals had been knocked back by MAC. If they are receiving a single service they need to be referred back to RAS assessor.

## 7. CONTINUITY OF SUPPORT PROGRAM (CoS)

From 1 July 2016, CoS will support older people with disability who are aged 65 years and over accessing state-administered specialist disability services under the National Disability Agreement (NDA). In addition to this group who do not meet NDIS age access requirements, CoS will assist Aboriginal and Torres Strait Islander people with disability aged 50 years and over accessing state administered specialist disability services under the NDA who do not meet other access requirements of the NDIS. The target population is a fixed cohort that will increase across the NDIS

roll-out and then decline over time. There will be no new entrants to the activity following the implementation of CoS in a region. CoS will assist these existing clients by providing timely, high-quality specialist disability services of accommodation support, community support, community access, respite, Individual Support Packages and interface with broader aged care services.

Support will be available to people transitioning to the CoS Programme through the Department of Health and the National Aged Care Advocacy Programme.

Implementation of CoS will be phased across regional areas from 1 July 2016 in line with the NDIS which reaches full implementation by 1 July 2019. CoS will only be available to clients in regions where the NDIS is available.

Deb has asked DoH if someone would come out and present information to service providers about the CoS which will come into effect in SA 30/6/17.

## **8. CHSP GROWTH FUNDING ROUND**

The final CHSP Growth Funding Round was opened on Monday. Service types available in the Yorke, Lower North & Barossa region are: Transport, Home Maintenance and Specialised Support Services.

## **9. SCAP UPDATE**

9.1 Ageing in Style Expos -. Last Expo for 2016 tomorrow Thursday 27<sup>th</sup> October at Nuriootpa. 35 stall holders and 4 presentations on Centrelink Tips & Traps, Falls Prevention, Advance Care Directives and Aged Rights & Advocacy.

9.2 Training & Development

Regional Care that Matters group is seeking funding for 2017 through the Work Ready Jobs First Program for two Cert 3 in Community Care courses for 20 participants each, one in Disability one in Aged Care.

Any suggestions for other T&D for the sector please advise Deb.

## **10. INFORMATION SHARING**

10.1 Northern Carers Network

Providing going respite services, carer support and NDIS services, also CHSP and Aboriginal services  
33 carer support groups

New Integrated Carer Support Model to be released soon for implementation in 2018.

Carers Week event last week attracted over 70 people.

10.2 Uniting Communities – Smithfield

Mental Health Carer Respite program currently provides support for people caring for non-diagnosed mental health issues. Will be changing due to NDIS – transitioning to MAC.

Fear that information and advocacy services will be lost. Will need at least 5 years of support letters to be deemed eligible.

10.3 Gawler Home Assist

20% increase in referral per month.

Looking to the future. Report going to Council in November.

Moving into TAFE mid-Dec

10.4 Gawler Care and Share

Having problems getting referrals

## **11. NEXT MEETING**

3:00-4:30pm at the Gawler Elderly Centre, 37 Fourteenth St, Gawler

- Wednesday 22<sup>nd</sup> February 2017

## DOH & ACS FEEDBACK ON ISSUES RAISED BY COLLABORATIVE PROJECT OFFICERS OCTOBER 2016

### **MAC (Call Centre) staff - assessing not just screening clients**

This is evidenced by clients being deemed ineligible by MAC and not being referred to RAS. Customer Solutions Specialists in My Aged Care (MAC) have received further training to ensure that they do identify vulnerable or socially isolated consumers within the screening process. Previously they did not continue if a consumer answered “no assistance required” to a number of questions, but that has recently changed and the screening continues beyond. It’s important to understand that when consumers are being screened through MAC and referred for either a RAS or ACAT it is to determine what they need in the way of services rather than what they want. Through the screening process, questions are asked around risks, hazards, risk of falls, and clarification on social contacts.

### **Complaints Process**

The department has advised consumers and providers previously that the complaints process is:

- Seek to resolve the issue with contact centre asking to speak to Team Leader
- If not resolved, contact by email [myagedcare@health.gov.au](mailto:myagedcare@health.gov.au)
- Contact Commonwealth Ombudsman

The department has recognised that this does not provide a more independent complaints process similar to ACAT and are working to rectify this.

### **Vulnerable People Falling through the Cracks**

The Department is aware of the gap when dealing with ‘vulnerable people’ and have held a workshop in Canberra in August with around 30 providers nationally to address this gap and provide solutions to this issue, a report from this workshop is not available as yet.

MAC Team Leaders have had extensive training and many of the earlier MAC issues have been resolved through further training and system enhancements. Nationally, the issues raised by SA are not dissimilar to issues raised by other states and the department is aware of these. It’s now time to be more positive about MAC and only advise the Department of new and emerging issues.

People with Younger Onset Dementia - under 65 so most likely will be eligible funder the NDIS ***Note: we are waiting further clarification from Canberra regarding this***

### **Service Providers not Funded for Assessments & to Support Clients to Navigate the System**

Through a process undertaken in late 2014, the Service Group 2 funding was reclassified into direct care services. Staff in the SA office spoke with service provider management or financial staff to get the relevant information. That is, service providers had the opportunity to factor in assessment and support costs and add this onto their unit costs. In some cases it appears this information has not been funnelled down to front line staff. This is an issue for staff to take up with their respective management areas. It is possible that service providers are unwilling to invest resources in the event that clients do not choose them after an assessment.

## **Tracking of Referrals**

Tracking of referrals continues to be a problem. When a web based referral form is submitted a referral confirmation is given. It is recognised that a referral confirmation for all online referrals would be advantageous and it is another enhancement that is expected soon.

It was noted that web based referrals are starting to come through with no mandatory information, this should not be occurring. Community Health Professionals Fact Sheet provides information on how the web based referral form should be completed.

The correct use of Consent forms by MyAgedCare staff has been raised as an issue in Canberra

## **Grandfathering of CHSP Clients**

It is anticipated that during the term of the CHSP funding agreement, most clients would have a change in their needs prompting a MAC referral, if this isn't the case, it is advisable that all eligible clients be registered on MAC by June 2018

**Note: we are waiting further clarification from Canberra regarding this**

## **Follow up after an ACAT**

Consumer is visited by RAS then referred to ACAT and uncertain about next steps

It appears the assumption is that there is someone who can assist them with the next step in the process ie to seek a service provider.

If, at the time of having an ACAT, a client indicates that they want to accept a package, the ACAT assessor can make a referral to providers and organise a package at that time.

## **Follow up calls to clients by MAC re referral**

Recent change to how this is being managed. MAC calls consumer first, if no answer they now contact the referrer (in past they attempted contact with client a few times then 'gave up'). It is referrer's responsibility to ensure their details are correct on the referral form.

## **Homeless People**

Homeless clients can go directly to an ACHA service provider who can assist them to contact MAC and be present during RAS if client wants this. The department is aware of the issues with vulnerable people and have taken steps to address this including a workshop held in Canberra in August.

## **No referrals for Respite**

Many providers have stated they are not receiving referrals for respite – this has been escalated and was a focus of the co-design workshop held in Adelaide recently  
MAC will be addressing training for contact centre staff in future.

## **Transport**

As per the manual: Transport refers to the provision of a structure or network that delivers accessible transport to eligible client and includes:

Direct transport services which are those where the trip is provided by a worker or a volunteer; and

Indirect transport services including trips provided through vouchers.

It is not anticipated transport would be used if it sat within a State Government PATS scheme

### **MAC not set up for one-off services**

This includes gutter cleans, window cleaning, lawn mowing etc.

This is something that is likely to be included in the Stage 2 reforms consultation. May not be considered an eligible entry level service as this type of home maintenance is considered to be the responsibility of the home owner as has always been the case. However, CDC consumers will be able to purchase these services.

### **Service Finder Issues**

Service Providers – must take responsibility for information available through the MAC Service Finder.

There are some system issues around post codes as they sometimes drop off, providers should monitor this within their MAC service provider portal.

CHSP Funding – services are provided by Aged Care Planning Region. A provider can provide services anywhere within the region that they receive funding for.

Packaged Care – services can be provided State wide.

Future MAC system enhancement will add Sub Groups within service types.

When there is a system issue in MAC this requires an enhancement, next due February 2017, then again in June/July.

If there are policy and process issues they are worked on by the Dept outside of these enhancements

Carer Gateway – funded under DSS

Community Health Professional Fact Sheet (Referring Clients for Aged Care Services)

<https://agedcare.govcms.gov.au/news-and-updates/aged-care-speaking-requests>

### **Growth Funding Round**

LH/LF – Minister announced that there will be growth funding for CHSP in this calendar year

### **The Department requests the following from Collaborative Project Officers :**

- Support the Department/ Providers and Consumers positively in the Aged Care Reforms
- Report only new and unique issues, the next tranche will not be until the New Year.
- Make sure you and Services Providers keep up with changes via the following:

Latest Newsletter

<https://agedcare.health.gov.au/news/information-for-aged-care-providers-newsletter-issue-2016/19>

Sign up for ongoing Newsletter

<https://agedcare.health.gov.au/ageing-and-aged-care-news-and-updates/advice-to-the-aged-care-industry>

## Announcements

<https://agedcare.health.gov.au/ageing-and-aged-care-news-and-updates-advice-to-the-aged-care-industry/announcements>

### Webinars

<https://agedcare.health.gov.au/ageing-and-aged-care-news-and-updates/webinars>

### Publications

<https://agedcare.health.gov.au/publications-and-articles>

### Consultations

<https://agedcare.govcms.gov.au/ageing-and-aged-care-news-and-updates/consultations>

### Briefings & Workshops

<https://agedcare.govcms.gov.au/ageing-and-aged-care-news-and-updates/briefings-workshops>

### Speaking Requests

<https://agedcare.govcms.gov.au/news-and-updates/aged-care-speaking-requests>

### Aus Tender

<https://www.tenders.gov.au/>

### Multi Purpose Services (MPS) Subscription

<https://agedcare.health.gov.au/programs-services/flexible-care/multi-purpose-services-program>

### ACAR

Please note ageing and aged care web content has migrated from the DSS website to **agedcare.health.gov.au**. Please ensure you update your links

Providers need to be more informed – it is up to providers to ensure they are subscribed to email newsletters from the department. These emails will provide information about the Aged Care Reforms, when consultation from the sector is required and any potential funding rounds.