



Seniors Collaborative  
Action Project

Barossa.Gawler.Light.Adelaide Plains

## **Minutes of the Gawler Region Aged Care Network Meeting held Wednesday 20 June, 2018, at the Gawler Elderly Centre**

- 1. PRESENT:** Caron Geracitano (Barossa Village); Corinne Bruer (Uniting Communities – RAS); Deb Anderson (SCAP); Emma Young (Country SA PHN); Felicity Hage (Aged Care Assistance); Sarah West (Gawler Home Assist); Jacqueline Jones & Avalon Symes (BHFR Country Health Connect); Penka Tayloe & Jill Wilkinson (Gawler Care & Share); Peter Smith (Gawler Community Retirement Homes)

**APOLOGIES:** Craig Gogoll (ACNA – RAS); Fiona Brown (Hyde & Partners); Jo Parker (Barossa & Light Home Assist); Kerrie Draper-Rose & Sandy Lehmann (Gawler Home Assist); Lucy McFadyen (Barossa Village); (Morna Coats (Dementia Aust); Rachel Koehne (Uniting Communities - RAS); Sue Reid (Northern Health Network) Remie Munson (Angels Care)

**2. CHAIRPERSON**

Corinne chaired the meeting

**3. MINUTES OF PREVIOUS MEETING HELD 18/042018**

Accepted

**4. BUSINESS ARISING**

4.1 GRACN Review – Member Survey  
Refer Attachment 1

4.2 Wellness & Reablement Symposium  
Friday 31 August, 9am-4pm, Sunnybrae Estate. Flyers with booking information have been sent out.

4.3 World Elder Abuse Awareness Day (WEAAD)

- Gawler Home Assist cut out purple figures for seniors to write their name on and displayed at Council and then in the Elderly Centre.
- Hyde and Partners had purple morning tea.
- Gawler Care and Share had a speaker from ARAS.
- Deb organised Pop Up Expo in the Nuri Coop Mall with 3 other service providers.
- It was suggested that next year we organise something region-wide

4.4 Gawler Expo

Sarah reported they were pleased with the day:

- 75 Stall holders, 43 were both aged care & disability
- 300 consumers counted
- 183 feedback forms received
- Stall older survey currently underway
- Started working on next year's Expo – hoping to get Maggie Beer as a draw card speaker.
- Peter stated that it was the best AIS Expo they had attended and had a lot of interest on the day and have had sales as a result.

#### 4.5 Local Directory

Felicity has volunteered to put the local directory together. A couple service providers and RAS met to discuss what is needed. Draft template for collecting content was tabled. Please provide feedback asap.

#### 5.6 New NSAF Support Plan

Corinne provided information about the new National Screening & Assessment Form (NSAF) which is the form used by RAS and ACT when doing assessments.

Old form was reviewed as it wasn't being referred to by service providers. The new form will be used from 2 July and has a lot more free text, less pages, less questions so it flows a lot better - story like. Focus on strengths. Support plan should also look better.

### 5. REFORM UPDATE

Refer Attachment 2

### 6. DISCUSSION

- Truro – Barossa Home Assist received calls about services being withdrawn by Country Home Services. (This could be due to changes to flexibility arrangements – service providers can no longer do a service type they are not funded for or move funding across funded regions).
- Following TCP there is an 8 – 12 week review to determine degree of improvement and service level required.
- Should get referrals for TCP and CHSP at the same time
- Reablement plan in rural and remote areas unrealistic as can't get services.
- HCP can move across boundaries but CHSP can't.
- Issues with workforce in some areas eg Country Health Connect uses casual workforce who can stipulate the geographic areas they will cover
- Post-acute shouldn't come through MAC (only for post post-acute)
- Good to get CRU along to one of these meetings.
- Peter spoke about concerns regarding liability if people are staying in their homes when they aren't really receiving the level of support they need – need to check legal ramifications.

### 7. INFORMATION SHARING

- Felicity - Advance Care Directive sessions at Barossa Council commencing October. 1 hour appointment – may need up to 3 – to put together their Advance Care Directive. Will pilot in Barossa and roll out across the region if have enough volunteers.
- Emma – Living with serious illness program continuing. Waiting for work plan to be approved and will then know what flexible funding is available.

### 8. NEXT MEETING

15 August, 2018, 3:00-4:30pm at the Gawler Elderly Centre, 37 Fourteenth St, Gawler

### 9. CLOSE

Meeting closed 4.30pm

## ATTACHMENT 1

# GAWLER & REGION AGED CARE NETWORK (GRACN) MEMBER SURVEY

| ANSWER CHOICES   | RESPONSES |
|--|-----------|
| ▼ I attend meetings when I can and read minutes if I can't and that suits me   | 93.33% 14 |
| ▼ I would attend more frequently if there was a change of venue, time or day of meeting (please provide details in comments below) | 0.00% 0   |
| ▼ My organisation won't allow me to attend   | 0.00% 0   |
| ▼ I just don't have the time to attend meetings  | 0.00% 0   |
| ▼ I don't get any value from attending   | 0.00% 0   |
| ▼ I wish I could attend every meeting but it's not always possible   | 40.00% 6  |
| ▼ I would attend more often if there was a guest speaker / presentation at meetings  | 6.67% 1   |
| ▼ The meetings should be held more frequently, that is, once a month   | 0.00% 0   |
| ▼ The meetings should be held less often - (please provide details of frequency in comments below)                                 | 0.00% 0   |
| ▼ None of the above  | 0.00% 0   |
| ▼ Other, (please provide details in comments below)  | 0.00% 0   |
| <b>Total Respondents: 15</b>   |           |

- We try to have a representative from our organization at these meetings, which is becoming more difficult due to location of office space
- I appreciate the networking and information updates received at meetings - especially now that I am not working within aged care but want to maintain my knowledge. When working in residential care it was very interesting to hear what was happening with NDIS and community support services. Thankyou for chairing and coordinating such a group. I do know it is always helpful to newly appointed people - improves awareness of services and puts a face to the people they talk with via email or over the phone. I believe this creates an environment for even better client support problem solving.
- As I have only just begun attending the meetings it is difficult to give a view as to the previous meeting schedule . A guest speaker would be interesting at some of the meetings, not necessarily every meeting. My attendance will depend on how busy my schedule is. I would hope to be able to attend most meetings

## Do you read the minutes of GRACN meetings that are sent to you?

| ANSWER CHOICES    | RESPONSES |
|-------------------|-----------|
| ▼ Always or Often | 93.33% 14 |
| ▼ Sometimes       | 6.67% 1   |
| ▼ Rarely          | 0.00% 0   |
| ▼ Never           | 0.00% 0   |
| ▼ Unsure          | 0.00% 0   |
| <b>TOTAL</b>      | <b>15</b> |

What do you like most about being a member of GRACN? Choose as many as you like.

| ANSWER CHOICES   | RESPONSES |
|--|-----------|
| Opportunity to network with other service providers                    | 86.67%    |
| Opportunity to network with RAS  | 73.33%    |
| Good source of information about what's happening in Aged Care Reforms | 86.67%    |
| Opportunity to promote my service                                      | 26.67%    |
| Opportunity to be involved in projects and events                      | 33.33%    |
| Opportunity to discuss issues impacting on service delivery            | 73.33%    |
| Opportunity to problem solve   | 73.33%    |

Please indicate which, if any, of the following topics you would be interested in hearing about at a GRACN meeting. Choose as many as you like.

| ANSWER CHOICES  | RESPONSES       |
|---|-----------------|
| Department of Health representative                   | 80.00%          |
| Advance Care Directives, Wills, Power of Attorney etc | 40.00%          |
| Older Person's Mental Health                          | 53.33%          |
| How do I respond if I suspect Elder Abuse?            | 33.33%          |
| LGBTIQ awareness                                      | 20.00%          |
| Wellness & Reablement                                 | 66.67%          |
| Dementia  | 40.00%          |
| Aged Care Assessment Team (ACAT)                      | 86.67%          |
| Regional Assessment Service (RAS)                     | 73.33%          |
| Working with Culturally Diverse communities           | 33.33%          |
| Working with Indigenous communities                   | 26.67%          |
| A General Practitioner (GP)                           | 33.33%          |
| Carer Support   | 20.00%          |
| Palliative Care                                       | 40.00%          |
| Respite Care  | 40.00%          |
| None of these   | 0.00%           |
| Other, please comment                                 | Responses 6.67% |
| <b>Total Respondents: 15</b>                          |                 |

In general mental health services because I believe they aren't networking together and this meeting structure may create the environment for them to do so ie SA Health services based at Gawler Hospital; MH projects C/- Northern Health Network and the Rural & Remote MH service providers based in old Barossa Village building.

## How important is it to you that GRACN meetings continue during the new contract period 2018-2020?

|            | EXTREMELY IMPORTANT | QUITE IMPORTANT | NEUTRAL / UNSURE | NOT VERY IMPORTANT | NOT AT ALL IMPORTANT | TOTAL | WEIGHTED AVERAGE |
|------------|---------------------|-----------------|------------------|--------------------|----------------------|-------|------------------|
| (no label) | 26.67%<br>4         | 66.67%<br>10    | 6.67%<br>1       | 0.00%<br>0         | 0.00%<br>0           | 15    | 1.80             |

Great networking opportunity that we will lose. The relationships built assist in everyday transactions.

## Please provide any suggestions about how GRACN could best service its members.

- That you are there Debra with a wealth of knowledge about the regions services is wonderful. People are probably relying on you to do all the communicating and the work! The aged care services expos are wonderful for our community services awareness. I would like GRACN meetings to continue as they are re networking and industry updates.
- Guest speakers on all the above topics

## Any other comments

The meetings are a great opportunity to put faces to various service providers. I always learn something new and walk away more informed.

## **ATTACHMENT 1**

### **REFORM UPDATE**

#### **The budget and CHSP**

This Budget will also focus on wellness and reablement approaches, by trialling an assessment model that supports aged care consumers to access short-term or episodic services. These services will focus on maintaining or regaining independence and social connectedness prior to receiving ongoing services through CHSP or other types of aged care.

<http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-t-ageing-and-aged-care>

#### **Some of the new things you will see in the agreement**

New grant agreements under the CHSP will be offered using the new Commonwealth Standard Grant Agreement (SGA).

The department has started offering new CHSP grant agreements. These are being offered to existing CHSP service providers at existing funding levels.

The extension does not provide funding for:

- organisations to become new CHSP providers
- existing CHSP providers to deliver more or new services.

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.

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:

- An annual wellness report on wellness and reablement approaches to service delivery; and
- Provide data to the Department on all existing CHSP clients that are not registered with My Aged Care.

#### **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.

## **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

## **Sector Support and Development**

The CHSP will support a range of activities to support, develop and strengthen the home support service system. The types of activities may include:

- Developing and disseminating information on the CHSP and its interaction with the broader aged care system.
- Embedding wellness, reablement and restorative care approaches into service delivery.
- Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs.
- Brokering, coordinating and delivering training and education to service providers, workforce and consumers.
- Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system.

### **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 including our attendance at these meetings.