

SSRG Workgroup Meeting Workgroup: Steering Committee Date: 28 May 2018

Present: Tali Warnock – Anglicare SA (Chair); Rima Sallis – City of Marion (Vice-Chair); Margaret Potts – Carer Support; Sally Warnes – SSRG; Lui DiVenuto – City of Onkaparinga; Carole Mathews – Resthaven; Kristy Blackmore – Baptist Care; Bev Galway - Catalyst Foundation; Helen Carmichael – SSRG/City of Onkaparinga; Tania Robertson – ACNA; Monica du Plessis – City of Holdfast Bay; Janine Callegari - Care and Share.

Apologies: Lynda Macphail – Mitcham Council; Carly Hamilton – Baptist Care (standing apology, will attend when she can); Roy Inglis (Department of Health)

Agenda Items	Discussion	Actions
Welcome, apologies & introductions	 welcome and apologies introductions were made around the table 	
Update from the Department of Health (information from Department's	Some of the new things you will see in the agreement update from Louise Hamilton (Catriona Gladwell; Di Robinson) New grant agreements under the CHSP will be offered using the new Commonwealth Standard Grant Agreement (SGA).	
visit to Collaborative	The department has started offering new CHSP grant agreements. These are being offered to existing CHSP service providers at existing funding levels.	
Project Officer's meeting, new CHSP	The extension does not provide funding for:	

Programme Manual)

- 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. 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

Executive meeting re 2018 priorities	Responsiveness SSRG priorities are confirmed	BG to provide fact sheet
Update from SSRG	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. SSRG priorities are under the four strategic aims: Collaboration, Reform, Engagement,	
	The Grant Manager Role after July 2018	
	 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. 	
	 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. 	
	 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. 	
	Entry and assessment for the CHSP is through My Aged Care.	
	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.	
	CHSP services can be delivered on a short-term, episodic or ongoing basis.	
	 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. 	

Making Wellness and 'Reablement' meaningful to/for clients

- How do we bring clients along?
- Best practice and training
- Setting goals / hopes / dreams
- Supporting reconnection to past abilities / skills and experiences

Carers

- Enhancing carer inclusion in CHSP services
- Ensuring carer voice is heard
- Including carers in the wellness approach

Ageing and Technology / Smart technologies

- Targeting client and service providers
- What is out there?

Technology safety was raised as a potential project for the Ageing and Technology Workgroup.

Another area of concern was the CHSP and Package interface, including the difficulties arising during the transition period.

BG from Catalyst said they are working on NBN local and they have asked to work in partnership with them. SW asked for a 'blub' with facts etc and to run workshops in the South. Sal will send out the fact sheet. BW said yes.

Rima suggested running them at Cooinda, Glandore, Cove Civic, Hackham South and Morphettville. Janine offered Care and Share as a venue in Mitcham.

It was suggested to combine safety and scams and possibly combine with the Ageing and Technology Coaching website.

	Discussion about respite: CM - respite programs are still going well.	
	MP said that carers not getting picked up, TR said they are not doing respite anymore, they found getting the word out was difficult, they had a program running in the north but numbers were very low.	
	BG – reports that respite in residential care is more difficult to get. Catalyst wants to know when there are respite vacancies; they want to let their call centre staff know so they can promote.	
	RS added that people can't pre-book residential respite beds. This makes planning ahead difficult.	
	MP advised that the next phase of the carer reforms is at the tender process.	
Collaborative Project's Wellness and Reablement event – role play discussion	HC explained about the preparation work that is being done for the up-coming CPO Symposium 'Role Plays' that will be used for the attendees to do a 'World Café' with. SW explained what a 'World Café' was.	
	HC explained that there will be a 'Role Play Workshop' to authenticate the role plays and ensure they are providing a realistic scenario for the attendees to unpack and discuss wellness and reablement approaches. HC asked if anyone would be willing to attend the workshop?	
	Bev from Catalyst Foundation, Kristy from Baptist Care, Margret from Carer Support, Carole from Resthaven and Janine from Care and Share all volunteered.	
	HC advised she will start coordinating a date.	
Group Brainstorm: 1. What are the barriers to implementing a wellness approach? 2. What do you need to implement a wellness approach?	What are the barriers to implementing a wellness approach?	
	'Helping' mindset of workers, have the habit of doing for – needs regular discussions to keep reminding them its doing with	
	Language, how we talk about services in media etc – education	
	Attitudes, it's their entitlement, I pay for these services so it is done 'for me'	
	Disincentive to reable, as I will lose my client – Word of mouth business will produce more clients if they are reabled well	

- Cultural barriers, rights, language and gender roles training and sharing of stories
- Grandfather clients, two issues for workers
 - o once they start working 'with' for other clients, how do they work 'with' their grandfather clients
 - o how to get the grandfather clients from doing 'for' to working 'with'

What do you need to implement a wellness approach?

- Clients knowing their strengths empowered
- Empowering clients
- Helping clients to find meaning of what it will be/feel like to be reabled
- Longer term goals broken into smaller actionable goals
- Understanding of clients
- Providers to know how to embed
- Wellness focused positions on staff
- Clients educated on the system hard for grandfather client
- Training providers to be on board workforce reforms
- Population education
- Radical approach: get rid of cleaning/lawn mowing from CHSP, or it be spring clean only
- Work for the dole, increase in hours has occurred, \$900 for 26 weeks
- Customer service approach training

My Aged Care (MAC) Day – BG talked about the CIT training that had been conducted for providers to learn about the MAC learning environment. It looked at the learning platforms, 31 modules, for staff training. On the day there was some filming.

Project Office	r
update, inclu	de

SSRG Executive

 The Executive met recently and have voted Tali Warnock as SSRG Chair and Rima Sallis as Vice-Chair.

Activity Plan

• SSRG Activity Plan will be submitted by 8/6/18

Aged Care Pathways Workgroup

- The workgroup continues to focus on wellness and reablement and will play an important role giving feedback to help shape larger projects being established by the Collaborative Projects Wellness & Reablement *Webazine* and the Finding Wellness Through Strengths workshop.
- Workforce staffing has been raised as a potential barrier to implementing a wellness approach to service delivery by some organisations. High staff turn-over has become a significant problem in some instances.
- Because I Can program updated Driving Wheels to distribute. They are now called 'Because I Can: Driving Wellness'

Dementia Workgroup (Co-Production Project)

- 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.

Ageing and Technology Workgroup

- A press release has been distributed to the region to raise awareness about the Technology for Wellbeing website. It has also been distributed throughout the state by other Collaborative Project Officers.
- The resource will be launched at the CPO Wellbeing and Reablement, Putting into

Practice event in August – a pitch presentation and interactive stand.

- Postcards are being distributed throughout the region and state to promote the site.
- An abstract has been submitted for the National AAG Conference in collaboration with Vanessa Leane who is currently doing a PhD on 'wellbeing' and was a key influence in the creation of the website.

State-wide Collaborative Projects

- Representatives from the Department of Health attended a State-wide Collaborative
 Project Officer meeting to give an update about the new agreements, the recent budget recommendations and changes within the Department.
- The Putting into practice: Wellness and Reablement Symposium 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.
- 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*.
- The SSRG, Far North Collaborative Project, Adelaide Hills Collaborative Project and Vanessa leane are working together on an innovative workshop titled 'Finding Wellness Through strengths'. The workshop, that gives practical strategies of how to work with older people using a strengths based approach, will be ready to trial soon and participant feedback will inform further refinement. The workshop will come with a pocket guide resource and wellness profile template.

Wellbeing and Resilience Partnership Project

- The four southern Councils are continuing to work together to deliver Wellbeing and Resilience courses. Currently they are delivering the third course for 2018, with the aim of delivering 5.
- The SSRG is playing a lesser role in the project as processes and responsibilities have been established and shared.

	No notes taken on sharing	
Information sharing		

Next meeting date: Monday, 23 July 2018 Time: 2.00 - 4.00 pm Venue: Mayors Parlour