



WESTERN SYDNEY (CP-NEPEAN) HACC MANAGERS FORUM

“Improving HACC service delivery through linkages with other (human) services”

17 March 2010

WSCF, Parramatta

Convenor: R Lacsina

Notes transcribed by: I Wang

Notes from small group workshop

Group 1: ISSUES	LINK WITH	IDEA/STRATEGY- HOW TO
CENTRALISED COORDINATION OF WAITING LISTS (eg.PC- DA) “No clear system and processes and no clear binding, cohesive follow up” (or not common knowledge outside PC-DA Clearinghouse participants)	<ul style="list-style-type: none">• HACC funded services• ACAT• Community service providers• Centrelink• Govt. Services (referral services - various referral entry points)	<ul style="list-style-type: none">• One point referral operated effectively• Reporting - on targets and actual
CALD Community - lack of understanding of the concept of Respite		Service model needs to be flexible on how to deliver the services under the agreed framework
Community Transport too much dependence and organizations not looking at other available options (eg. Concept of enablement)		Explore re-enablement strategies



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Group 2: ISSUES	LINK WITH	IDEA/STRATEGY - HOW TO
<ul style="list-style-type: none">• Need for more cultural competency• Service eligibility• and delivering services• Linking to appropriate community resources• HS net Logo - technology literacy• Sector's perception of the usefulness of IT• Engaging CALD communities	<ul style="list-style-type: none">• STARTTS• Arab council Aus• WSCF• MDAA• Clubs• Associations• Other HACC/ Services• libraries• Book clubs• Local councils• Neighbourhood Centres• Community transport• Taxi Industry• TRI - community net• HS NET	<ul style="list-style-type: none">• Internal / external training• 'service to service' referral system like in Victoria• Weekly program of activities with other services• Taxi Vouchers• Coordination net thru peaks?• Technology website for coordination• Education/ training I.T.• Cultural competency• Bilingual workers



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Group 3: ISSUES	LINK WITH	IDEA/STRATEGY - HOW TO
<ul style="list-style-type: none"> • Waiting lists • Limited capacity for personal care domestic transport meals • Lack of flexibility of criteria needs and guidelines • Lost in jargon • Organizational ownership of funding unmet needs list • Expensive brokerage because of staffing (high costs) • What fills in the gaps • High frailty and lack of family support • No support of working carers • Short term needs unmet 	<p>ACAT Providers :</p> <ul style="list-style-type: none"> ➢ Community care link ➢ Anglicare ➢ Home care ➢ Meals on Wheels ➢ CHC ➢ Baptist CC <ul style="list-style-type: none"> • NSW Gov • ADHC • Health • RAC- have to keep referring • Access the board • Private services <p><u>Short Term</u></p> <ul style="list-style-type: none"> • Transitional care only from hospitals • No discharge planners consultation from CC end 	<ul style="list-style-type: none"> • Respite intake allocation project <p>To :</p> <ul style="list-style-type: none"> • Clarify (?) single people on waiting lists • Create a pathway for communication for case managers • Sharing information <ul style="list-style-type: none"> ○ Sector co ordination flexibility of care delivery ○ Consultation on discharge planning care providers ○ Sharing or combining resources • Multi-tasking • Innovation in care delivery ie person / car/ 4 persons/ car • Organizational ownership of funding what's in it for them to share (incentives)/ • Exploration of the sole trader as part of workforce • Case management



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Group 4: ISSUES	LINK WITH	IDEA/STRATEGY - HOW TO
<ul style="list-style-type: none">• Accompanied shopping (or 1:1 shopping)• Bariatric Care (Obese / overweight clients)• Squalor	<ul style="list-style-type: none">• Volunteering NSW data base of resources + volunteers• Churches• Sponsorship• For low level care clients• Seniors (55-65 yrs) group• COPS / Case Management• Fire Services / brigade• NRMA/ RTA• Local council	<ul style="list-style-type: none">• Access data base to link with resources / programs• Develop partnership with local parish / church group including CALD community groups• Develop partnerships with local senior groups (eg senior citizens, probus, retirement villages)• Link/ refer clients for specialized care management to investigate equipment and long term goal planning• Explore partnerships with fine service• Explore sponsorships with NRM / RTA for resources / equipment/ people• Referral pathway for HACC services- disseminate information from Blue Mountains domestic squatter guidelines



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Summary

No. of services represented: 9

Priority issues to be raised at next Triennial Planning

- Improved sector co-ordination and information sharing: do we need new user-friendly tools? New way of doing things? (e.g. S2S or “service-to-service” web-based co-ordination tool being used in Victoria?)
- Service guidelines: need to be client-focused
- Funding agreements: train services to read their funding agreements and Service Description Schedules (SDS) - correct interpretation is important
- Re-ablement model: eligibility sometimes depends on people’s mindset. Develop “self-care delivery” (self-directed funding); “capacity-building” (work to exit a client). E.g. Transitional Care (e.g. Westmead physiotherapy) has goal-setting element, but O.T. has to do it with person
- More case management
- Improved interface with Health departments