

WESTERN SYDNEY (CP-NEPEAN)

REGIONAL HACC/COMMUNITY CARE FORUM

Wednesday 7 July 2010

Nirimba Room, Blacktown City Council

Convenor: R Lacsina (WSCF)

Guest speakers: C Regan (NCOSS); E McGarrell (ADHC Metro North); M Waterford (WSCF)

Notes transcribed by: D McIntosh

SMALL GROUP WORKSHOP

No. of participants = 53 (out of 60 attendees)

Services represented = 26

1. Western Sydney Community Forum
2. ADHC-Metro North
3. ADHC- Home Care (Wangary)
4. Sydney West Area Health Service
5. Multicultural Access Project- Cumberland Prospect & Nepean
6. Tri Community Exchange, Penrith
7. Holroyd City Council
8. The Hills Shire Council
9. Blacktown City Council
10. Guildford Community Centre
11. Katoomba Neighbourhood Centre
12. Legacy
13. Blue Mountains Home Modification
14. Blue Mountains Food Services
15. Wesley Home Mod & Maintenance
16. BCS Carlingford
17. BCS Castle Hill
18. Uniting Care Ageing
19. Anglicare
20. SydWest Multicultural Services, Inc
21. Gilgai Aboriginal Centre
22. Australian Chinese Community Assoc
23. Diverse Community Care
24. Southern Cross
25. Greek Welfare Centre
26. Care Connect

Workshop questions

Q1 (5 minutes)

Divide your butcher's sheet into two columns.

- In the first column - what do you think are the **STRENGTHS** of the current HACC system?
- In the second column - what are its **WEAKNESSES**?

Q2 (5 minutes)

Think ahead to the year 2012 and beyond, when HACC is already being fully funded and managed by the Commonwealth government (Department of Health and Ageing, instead of ADHC). What would be the **features of an IDEAL system** for you at this time?

Q3

Please write any recommendations/new strategies you have with regards to the following areas (choose one or as many as you can) **(15 minutes)**

- Access to HACC services
- Supporting client independence and their social participation (“wellness”, re-ablement model)
- Being more flexible in responding to diversity of needs
- Minimising complexity of the HACC service system
- Transitioning between levels of care
- Transitioning into a new system
- Others

Workshop notes

Q1 STRENGTHS

Group 1: c/ Monika

- Flexible Service Types
- Responsive
- Provides services to low needs >>high need
- It is well known
- Knowledge of HACC increasing
- Community Development positions
- Responsive to local needs
- Good consultation processes
- Good relationship with ADHC
- Forums - Networking, linking
- Not strictly based on aged - “functional disability”
- Transitioning processes between services levels

- Aboriginal aged bracket (45+)

Group 2: c/ Nicole

- Multicultural services, Aboriginal and CALD service, models & providers
- Able to service clients on CACP & each waiting list
- Local knowledge and networking amongst service providers and the department

Group 3: c/ Louise/Vicki

- Diversity of NGOs and Government providers
 - ✓ Small, medium, large
 - ✓ CALD
 - ✓ Service Provision
 - ✓ Staff/workers
- Partnerships between agencies
- Holistic and Person centred processes

Group 4: c/ Jacqui

- Aged and Disability = flexibility
- Diversity of service providers
 - ✓ Provides choice to clients
 - ✓ Ensures mix of large/medium/small/local/ethno specific, etc
- Broad range of service types enables mix of services to meet individual needs
- Expertise in sector
- Community Development
 - ✓ Forums
 - ✓ Networks
 - ✓ Dedicated staff
- Partnerships and collaboration - long history of working like this

Group 5: c/ Kylie

- Clear guidelines
- Growth
- Standards

Group 6: c/Fiona

- Flexible
- Diversity of services offered
- Person centred care
- Adaptable to meet client needs
- Being able to match workers/volunteers to clients and receive regular feedback

Group 7: c/Fran

- Small service providers with local knowledge, networking and consulting community
- Client group understand community (somebody else needs service too)
- Diversity of services collects a lot of information
- DAHC is now closer to grass roots and has better understanding of client

Q1 WEAKNESSES

c/ Monika

- Focus on aged care rather than spectrum (young/child>>aged) - not holistic
- Complexity of system
- Gaps in service - provision, e.g. domestic squalor, transport
- Strict guidelines >> takes focus away from individual needs

c/ Nicole

- MDS Reporting - accountability and transparency - not capturing realistically time spent with clients/time spent doing client work.
- Improve on service models to specific cultural groups
- Lack of funding for transport
- Inadequate funding for required needs should be included in overall funding
- Health transport should be health rather than HACCC funded.
- Financial management systems
- Gap for Aboriginal clients with certain service types

c/ Louise/Vicki

- Rigid in eligibility
- Reports/admin processes multiple systems/database
- System difficult to navigate
 - ✓ Providers
 - ✓ Client (Service users)

c/ Jacqui

- Lots of providers = complex system - hard to navigate
- Duplication
- Cost = outputs - unit costs totally unrealistic
- Tendering process diluted by unrealistic unit costs
- Double ups and inconsistencies with assessment processes
- Total inconsistency in fees policies across the sector
- Inconsistencies in intake and access processes - can be double dips
- Lack of robust data to measure gaps/double ups, etc.
- No comparative data
- No feedback from funder re data

c/Kylie M

- Promotion
- Access >> easy pathway
- Regionalisation
- One size fits all

c/ Fiona

- MDS
 - ✓Confusing/conflicting (what we can report)
 - ✓Doesn't reflect accurate service delivery - expectation too HIGH
 - ✓Quality services not quantity
- Care workers - crappy pay not reflective of what they do

c/ Fran

~~WEAKNESSES~~ CHALLENGES

- Reliance on petrol and volunteers
- Comprehensive insurance
- Changing OH&S and safety issues
- Baby boomers to have higher expectations

Weaknesses

- Over-reporting, inadequate and inappropriate reporting
- Pressure of output
- Competitive tendering system
- Too many people not enough hours
- Uncertainty of services (all)
- Luck of draw whether service is available

Q2 IDEAL HACC SYSTEM

c/Nicole

- Aboriginal clients accessing services at 45 (not 50)
- More incentives for bilingual workers
- Transport as part of core funding if needed to deliver the service
- More specific CALD dementia services
- Seamless partnership with mental health/health services and drug & alcohol services
- Less bureaucracy (paperwork, reporting, etc)
- Prior to transition, community consultation, research, feedback, etc (inclusive of small and emerging communities)
- Equal pay for HACC workers
- Recognition for qualification
- Flexible service delivery
- Professional development - skills and training
- Project liaison officers/DO's/MAPS
- No "wrong door" concept

c/Monika

- Based on individual needs
- Wellness approach
- Flexible, less prescribed
- Easy to navigate
- Access to interpreters
- Connecting CALD communities - basic services to assist in full participation (e.g. Transport, social support)
- Coordinated approach
- Referral pathways

c/Louise/Vicki

- Link between funding and outputs
- Realistic unit costing, consistency between areas
- Administration functions positions funded
- More community transport for clients
- Flexible criteria within service contracts

c/Jacqui

- Effective, central, accurate, current access and information point
- Consistent, operational fees policy
- Effective community forums for ongoing development
- Realistic and achievable outcomes for funding which are measurable
- Clear frameworks and guidelines in which to operate
- Clear lines of communication about the funding body/is
- Adequate resources for training
- Continued funding of designated development services
- Mix of small/medium/large/ethno specific services
- Flexible choices for clients including self-directed care models that are realistic and viable
- Accessible and appropriate choices for people from a CALD background - including access to free interpreting services
- Accessible and appropriate choices for people from Aboriginal and Torres Strait Islander background

c/Kylie M

- Central intake system = localized
- Central intake system = assessments
- Person centred
- Flexibility in service delivery
- System highly promoted
- Brokerage = cash (\$) + in kind (services)
- Evidence based practice
 - ✓ So always developing and moving forward

- Research other models
- Consortium

c/Fiona

- Staff receive adequate pay
- Packaged care provides service providers knowledge of all services/costs clients receive
 - ✓Package can stay with client continuity of care as needs increase/change
- Services working together for the benefit of our clients
- Community model not a Business model

c/Fran

- Single reporting
- Flexibility of services
 - ✓More person centred service
 - ✓looking at client needs
 - ✓Improve transparent reporting of MDS which records informal and formal hours
 - ✓Identifies all clients!!
- State and Federal Planning laws which produce housing stock in which people can age in place
- Financial self cased age packages (not home mods)

Q3 RECOMMENDATIONS/NEW STRATEGIES

c/Nicole

- Being more flexible in responding to diversity of needs
 - ✓Services should be more client-focused
 - ✓Increased accessibility to self-directed care
 - ✓No “wrong door” concept
- Supporting client independence and their social participation
 - ✓Support “wellness” approach/model as long as it does not emphasise cost-cutting and does not remove client autonomy
 - ✓Technology requirements tailored for specific client needs, e.g. home modifications
 - ✓CALD - appropriate service delivery models
- Transition between levels
 - ✓More seamless and user-friendly especially MDS
- Transition into new system
 - ✓Communicated to all service levels
 - ✓Appropriately translated information for CALD communities

c/Monika

- Access to HACC Services
 - ✓Flexible boundaries
 - ✓Case work/Case mgmt and staff for CALD
 - ✓Advocacy Services
 - ✓Access to bilingual staff and interpreters (clients & service providers)
 - ✓Variety of information dissemination strategies - community radio, web, fact sheets, social groups, art activities
 - ✓Translated information
 - ✓Information resources (communication aids)
- Supporting Independence
 - ✓Transport options - flexible, accessible, individualized
 - ✓Flexible, individual activity options
 - ✓CALD Day Centre activities in language groups
- Minimising Complexity
 - ✓Flexible for individual needs - more flexible service descriptions
 - ✓Fewer gateways
- Transitioning Level of Care
 - ✓Responsibility of service provider, not client
 - ✓Planning in advance
 - ✓Standardised transition plan/ Best practice guidelines
 - ✓Best practice in HACC is incorporated into new system - keeping strong models
- New System
 - ✓Publicity/promotion of new system and how to access >>GPs, Neighbourhood Centres, etc
 - ✓Preserving community development projects like HACC Dos, MAP, Council Workers
 - ✓Clear accountability measures for organisations
 - ✓Recurrent funding for organisations who meet accountability/compliance

c/Louise/Vicki

- Packaging care, i.e. funded according to client service provision > person centred
- Smooth transition between services
 - ✓“One-stop shop” type service, e.g. bucket of money that includes various levels and types of community care services similar concept to “ageing in place” within residential care.
 - ✓Well-planned process
 - ✓Effective communication
 - ✓Time frames provided
- Organisational security “organizational survival”
 - ✓Job security

- Supply hard copy of translated information

c/Jacqui

- Access to HACC Services/Minimising complexity
 - ✓ Central access point to monitor vacancies, provide information
 - ✓ Preferably include multiple access options to reflect diversity
 - ✓ Accessible for clients and providers alike
- Being more flexible in responding
 - ✓ Ensure clients with mental health issues are able to access appropriate supports, eg., case management , home support (personal care, domestic assistance, respite, etc) accommodation, allied health.
 - ✓ Maintain mix of service providers to ensure clients have choice and flexibility to meet their individual needs.

c/Kylie

- Access to HACC Services
 - ✓ Online referral service
 - ✓ Directions online
 - ✓ Centralised as per Q2
 - ✓ Unique client ID which is transferable
- Supporting client independence and social participation
 - ✓ Linking in with existing groups, eg., pensioner groups
 - ✓ Health promotion/population health
- Others
 - ✓ Domestic Squalor
 - ✓ Flexibility in transport delivery
 - ✓ Emphasis on engagement
 - ✓ Flexibility in all services
 - ✓ Immediate service delivery with no waiting lists

c/Fiona

- Central Register (not referral)
 - ✓ So HACC services know what other services are being accessed by the client
 - To assist with capping of fees
 - Not doubling up on services
- Centralised vacancy register for all services/linked to Carelink?

c/Fran

- Create a user-friendly system
- Fully trained staff/career path
- Increase staff moral
- More incentives for people to stay