Hume Region
Aged Care Planning and Service Development Project

Preliminary Gap Analysis and Situation Report
Feb 2012 - Summary

Introduction

The Gap Analysis and Situation Report relates to the initial and mid-phases of the Hume Region Aged Care Planning and Service Development Project. The report brings together preliminary data from service provider face-to-face consultations and the service provider survey. The report aims to demonstrate the key gaps, issues and opportunities for the Hume Region in relation to consistent and sustainable, coordinated approaches to integrated service planning and delivery.

Hume Integrated Aged Care Plan 2010–2015 (HIACP) Recommendations

1. Promote effective collaboration between aged care providers through further development of Hume Region's partnership approaches, planning structures and processes

2. Improve mechanisms to provide and share information among providers and ensure service information is accessible to consumers

3. Facilitate innovative approaches to building and maintaining capacity and capability in the aged care workforce to meet current and projected demand

4. Promote innovative and flexible service models to enable service providers to better respond to the needs of older people and their carers

5. Promote health and wellbeing for older people

Background

The project commenced in April 2011, with 2 coordinators appointed to work with agencies in an East/West divide, across the Hume region.

Project Aim;

To facilitate and manage the desired outcomes of recommendations 1 and 2 of the Hume Integrated Aged Care Plan (HIACP), through a partnership management approach.

Project Scope;

To communicate with all relevant stakeholders within the Hume Region, based on Primary Care Partnership catchment areas.

Project Objective;

To establish a sustainable platform of communication and engagement with all stakeholders for planning and developing;

◊ A shared understanding of the HIACP
◊ Collaborative practices to improve the client journey for older people
◊ Consistent and sustainable integrated approaches to care planning and delivery
◊ New approaches to promote aged care information dissemination
◊ Access to relevant and consistent service information and referral at all locations
◊ A sustainable communication hub for all stakeholders

Project Methodology, Diagram 1;

The following methodology was developed;
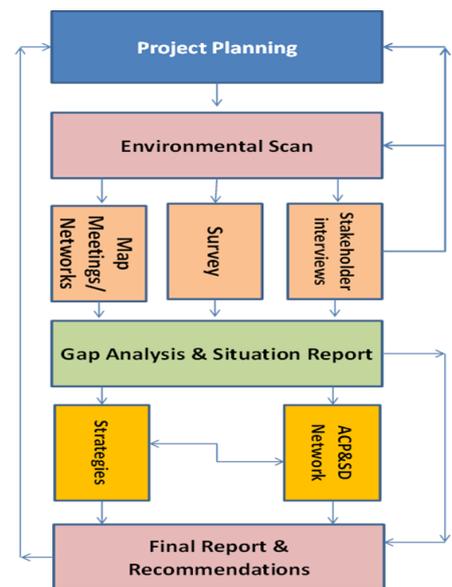
Project Activities;

A range of activities have been undertaken to deliver the Gap Analysis and Situation Report, including;

◊ Project plan and agreed documentation
◊ Stakeholder consultation
◊ Environmental scan
   ◊ Key population and health factors
   ◊ Aged care service provider mapping
   ◊ Mapping existing groups/networks
◊ Meetings attended at a variety of levels
◊ Reports prepared

Key Findings of Stakeholder Consultation

Consultation Methodology

Stage 3 of the project involved direct contact with aged care service providers across the region. Contact with older persons was not included as part of this stage, as the focus was on the service provider systems and processes, and not direct client care.

Face-to-face interviews
Face-to-face interviews were carried out across all sectors of the aged care industry. To date, over 170 interviews have been conducted, although not all service providers have been engaged and attempts to involve all stakeholder groups are on-going.

On line survey
The on line survey was designed to provide an insight into the factors that influence and impact on an older person's entry into, and journey through aged care service pathways, and highlight potential opportunities to improve that client journey.

The on-line survey was circulated widely across the region and 132 responses were received, from 58 different organisations. This was a good response rate, given that there are approximately 100 organisations involved in aged care in the Hume Region.

Responses were received from a wider range of stakeholders than were interviewed. Approximately 48% (n=129) of respondents were non-managerial staff. No responses were received from General Practice doctors.

"Any initiatives which benefit the care, health and independence of the aged would have my wholehearted support".

Quote from survey

Aged Care Services Information

In the survey, agencies were asked to consider how effective they were in providing relevant information to various client groups, and rated themselves as being *somewhat effective* to *very effective* in the provision of information to;
◊ Older persons
◊ Carers/families
◊ Health/Social/Care professionals

They rated themselves as being *not effective* to *somewhat effective* in the provision of information to;
◊ CALD groups and
◊ Aboriginal and Torres Strait Islander communities.

Respondents highlighted the complexity of information needs of the older person and the difficulties in meeting that need.

Information Strategies
Identifying what information older people require could help to streamline the amount of information available and assist agencies to use more generic information.

There is support for a single point of access in relation to information, for staff to be better able to assist their client/patient.

Existing tools and websites need to be promoted to and made more readily accessible for staff .

Secure Messaging and E-referral

Where e-referral is not used, fax is the main mechanism for referrals
(92.6% - n=69)

55% of referrals are made face-to-face (n=69)

43.6% (n=69) reported not using the SCTT
'unless they had to'

Despite being a long-standing and State-wide tool, the Service Coordination Tool Template (SCTT) has not been well accepted by staff, and is not routinely used as a primary referral tool.

The significant number of face-to-face referrals highlights that informal mechanisms bypass the formal mechanisms.

The use of e-referral is sporadic across the region. Training was identified as a mechanism to improve the routine use of e-referral. Whilst training programs vary across agencies, there is a need to ensure a systematic approach to training staff to use the secure messaging and e-referral systems available.

Aged Care Service Coordination

Systems and Processes

The processes service providers view as being effective in facilitating a coordinated approach, are based on processes around client care, rather than systemic or program level coordination of integrated service planning and development.

From the survey responses, informal liaison and information sharing appears to be the most prevalent process that service providers utilise in coordinating care for individuals (73% - n=106). This hampers formal processes as described by Victorian Service Co-ordination Practice Standards (VSCPM 2009).

Coordination of services/programs occurs in-house and at the inter-agency level, also usually through informal liaison and information sharing (65% - n=105).

Although service providers appear to be involved in multiple meetings and networks, they still considered the informal processes to be the most effective in facilitating a coordinated approach (96% - n=102).

Barriers to collaborative working were clearly identified as;
1. time (93% - n=103), and
2. distance (68% - n=103).

Respondents identified a greater level of trust and information sharing between agencies as a major enabler, which would improve the effectiveness of existing networks and processes.

Strategies for Collaboration

In view of the findings, it may be appropriate to streamline meetings into two types:
1. Program planning
2. Care coordination

Taking a strengths-based approach, planning structures need to recognise the value of locality based networks and build on these to;
1. Enable information sharing
2. Support partnerships
3. Facilitate joint initiatives

Navigating the System

Survey responses indicate that the following strategies would have a high impact on older clients' ability to better navigate aged care services:
◊ Single source of information about service providers (79% - n=103)
◊ Increased staff awareness of aged care information resources (72% - n=103)
◊ Increased staff awareness of aged care services (68% - n=103)

This is consistent with the suggested information strategies, (page 2).

Key Messages

The consultation feedback highlights key factors to enhance collaboration;
◊ Leadership and support
◊ Resources
◊ Clarity and consistency
◊ Information

> "........I don't believe any of the existing service co-ordination tools or models of care work in a way to enhance collaboration"
>
> **Quote from survey**

Response to Stakeholder Consultation

The next stage of the project plan was based on establishing 4 sub-regional groups as the preferred platform to achieve the key project deliverable of effective and sustainable platforms of communication and engagement with all relevant stakeholders, across the Primary Care Partnership (PCP) catchment areas, for the integrated planning, development and implementation of Hume region's identified aged care strategic priorities.

However, the feedback from the consultation suggests that whilst there is support in principle for the concept, local preparedness for establishing the 4 groups is variable and sustainability may be challenging.

Discussions with the Dept. of Health identified that the groups did not have to be configured as per the original Hume Integrated Aged Care Plan proposal, provided that the purpose and function of the planning structure was maintained, in line with the agreed regional aged care strategy. The project could therefore respond to stakeholder feedback and achieve the key deliverable without the requirement to set up 4 *new* groups, as it is the *purpose and function* that is the important factor, and not the group itself.

Following review with the Hume Integrated Aged Care Collaborative, a revised structure has been proposed, and will be presented to service providers in the next stage of the project, as part of the Hume Region Aged Care Forum.

Conclusion

The stakeholder consultation has been extensive and key themes have been identified.

Strategies have been outlined to progress the project to the next stage;
◊ Establishment of an integrated aged care planning and service development structure at a sub-regional level.

However, the original proposal of 4 groups, as outlined within the regional plan (2010), are not necessarily the most appropriate option to meet local needs, given the following factors;

◊ Views of stakeholders,
◊ Varying capacity of each agency to support and take an active part in the groups,
◊ Forthcoming implementation of the recommendations of the Hume Region's Allied Health and District Nursing Service reviews in the HACC sector,
◊ Expanding focus areas for Primary Care Partnerships

A revised structure has been proposed, and will be presented to service providers in the next stage of the project, at the Hume Region Aged Care Forum.

Well considered timing, planning and resourcing will mean that the aged care integrated planning and service development structure will support agencies to work collaboratively on local developments arising from the Productivity Commission Report (*Caring for Older Australians – Inquiry Report No.53, 28 June 2011),* and initiatives relating to the strategies within the Hume Integrated Aged Care Plan (2010-2015).

> "I see the role (of the co-ordinators) as essential roles in 'bringing together' the existing services and developing models of care that will enhance collaboration between service providers……"
>
> *Quote from Survey*

Hume Region Aged Care Forum - Shaping The Future of Aged Care

Although not an original part of the Aged Care Planning and Service Development Project work plan, the consultation process indicated that an aged care forum would be an important part of the next stage of the project and of the work plan of the Hume Integrated Aged Care Collaborative.

The forum will bring together aged care stakeholders to;
◊ Celebrate the anniversary of Hume Integrated Aged Care Plan

◊ Present feedback on regional initiatives, including;
  ◊ Vision of the Aged Care Collaborative
  ◊ Guidelines for Improving Social Connectedness
  ◊ Person-Centred Care pilot projects
◊ Aged Care Planning & Service Development Project - key messages and data
◊ Present continuing and short-term initiatives
◊ Introduce proposals for sub-regional integrated planning structures

Project Progress

The Project is progressing well through the planned stages;

Stage 1 – Project Planning
Stage 2 – Research
Stage 3 – Stakeholder Consultation — completed
Stage 4 – Service Mapping
Stage 5 – Gap Analysis and Situation Report
Stage 6 – Implementation - integrated planning structures - in progress
Stage 7 – Evaluation - impact and process
Stage 8 – Final report — June 2012

The Aged Care Planning and Service Development Project is funded by;

State Government Victoria | Department of Health

The full version of the Preliminary Gap Analysis and Situation Report may be obtained from each of the Primary Care Partnerships.

For more information.........

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