

Aged Care Planning and Service Development Project

What did you tell us? -

**Key messages from
the service provider consultation**

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Overview

- Project overview
- Hume Region snapshot
- Consultation
 - What did you tell us?
 - Interpretation
- Next stage

Project aim

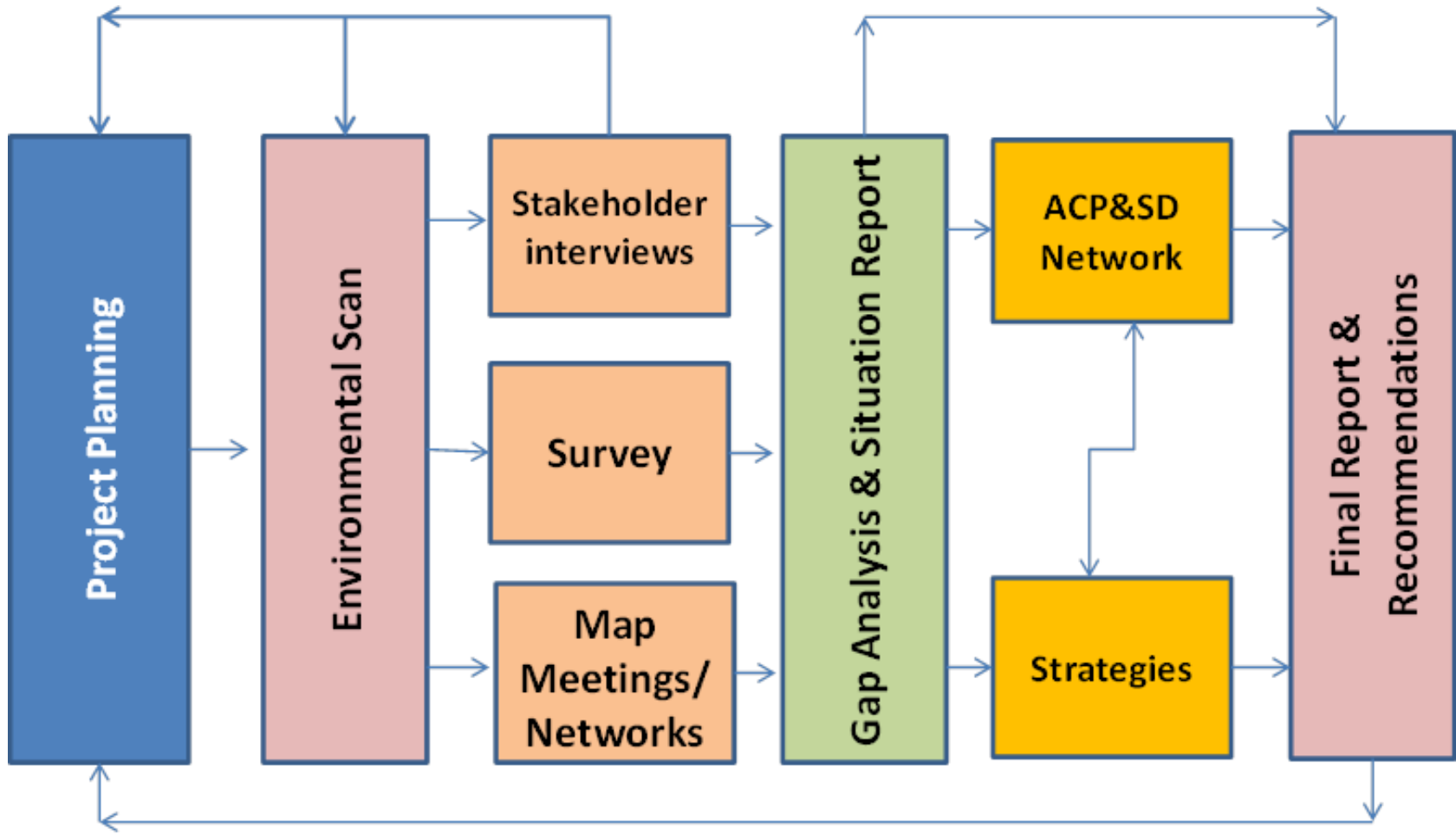
- To facilitate strategies to achieve the recommendations of the HIACP, through a partnership management approach;
 - Recommendation 1: Promote effective collaboration
 - Recommendation 2: Improve mechanisms to provide and share information



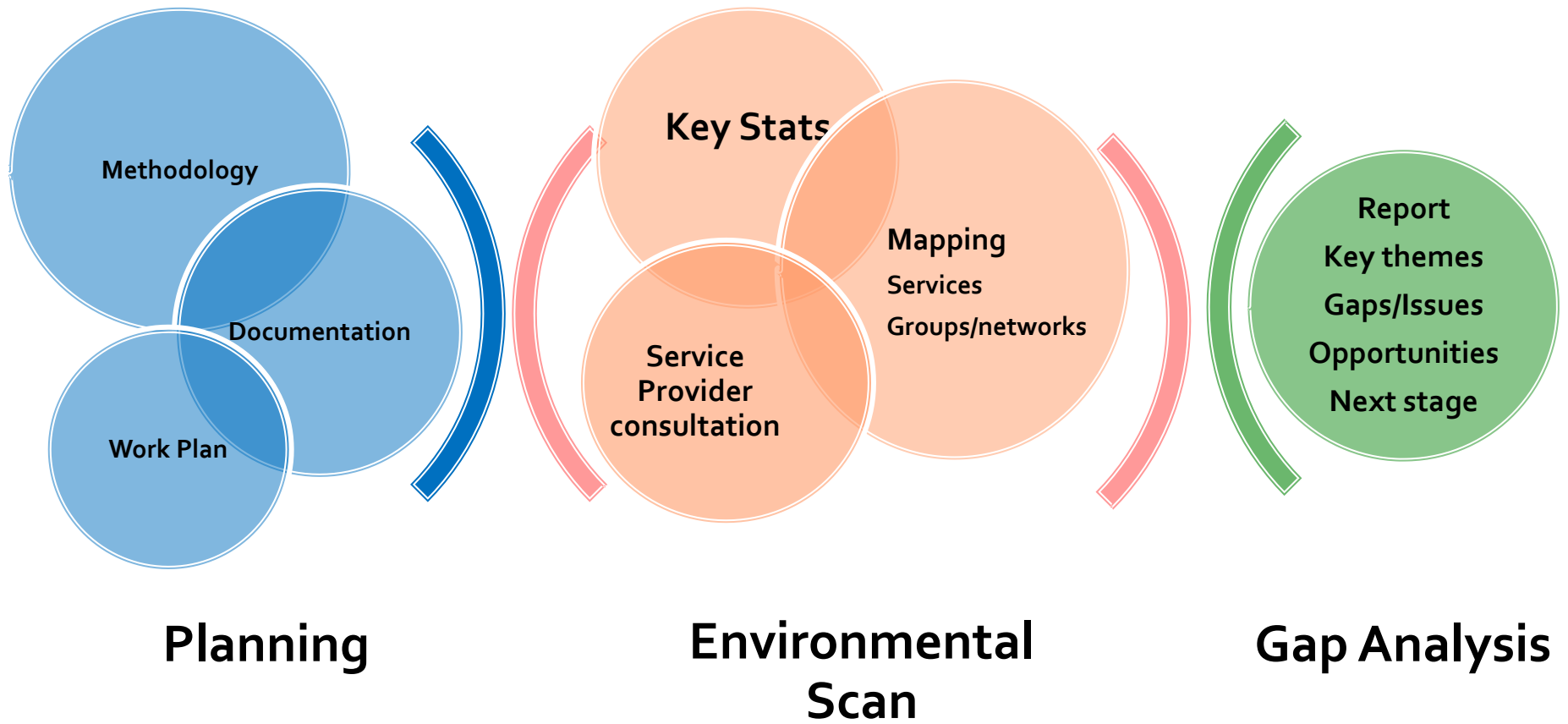
Project objective

- To establish a sustainable platform of communication and engagement with all relevant stakeholders in aged care sector, to promote and support;
 - Collaborative planning
 - Service development
- Mechanism – proposed aged care planning and service development groups

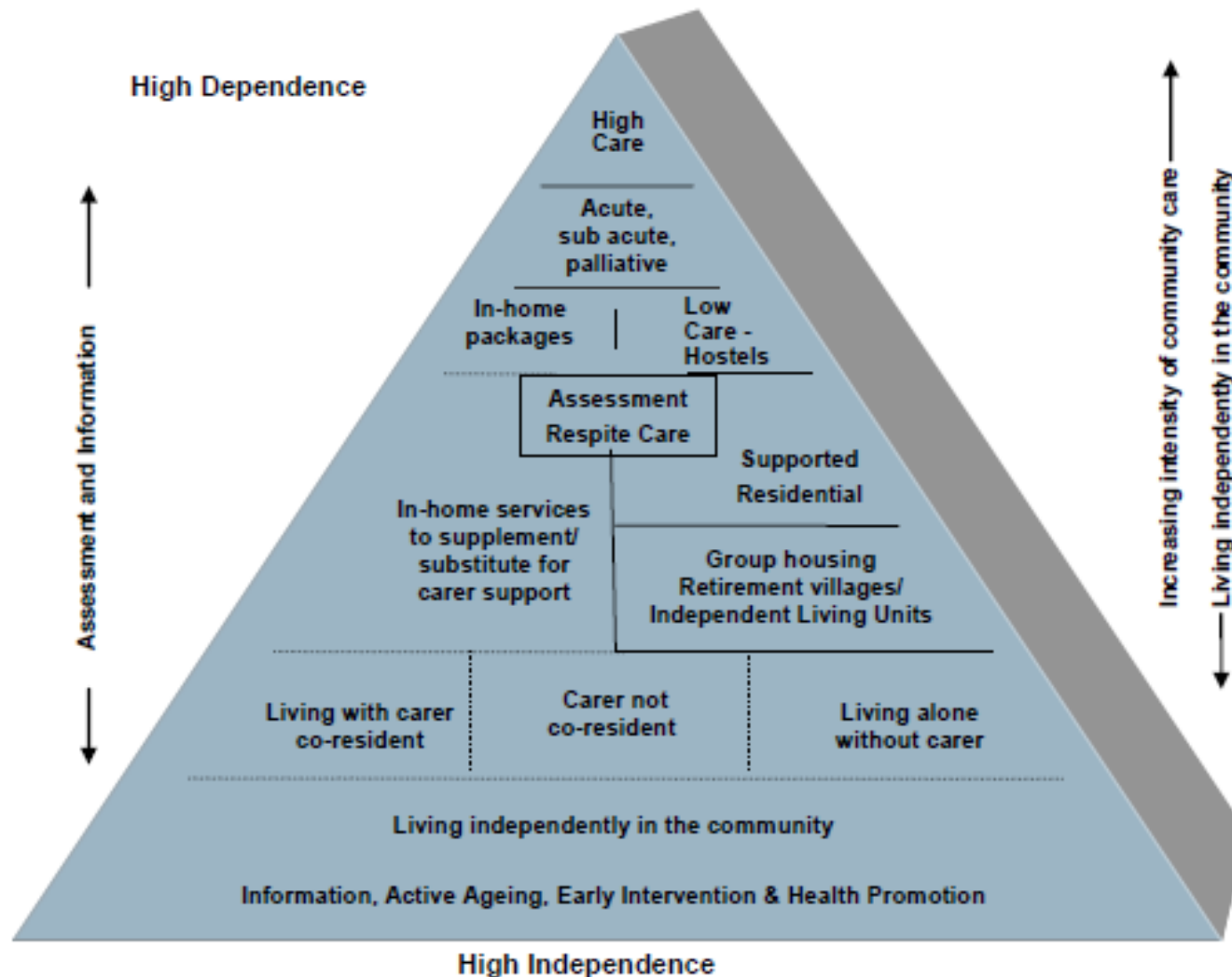
Methodology



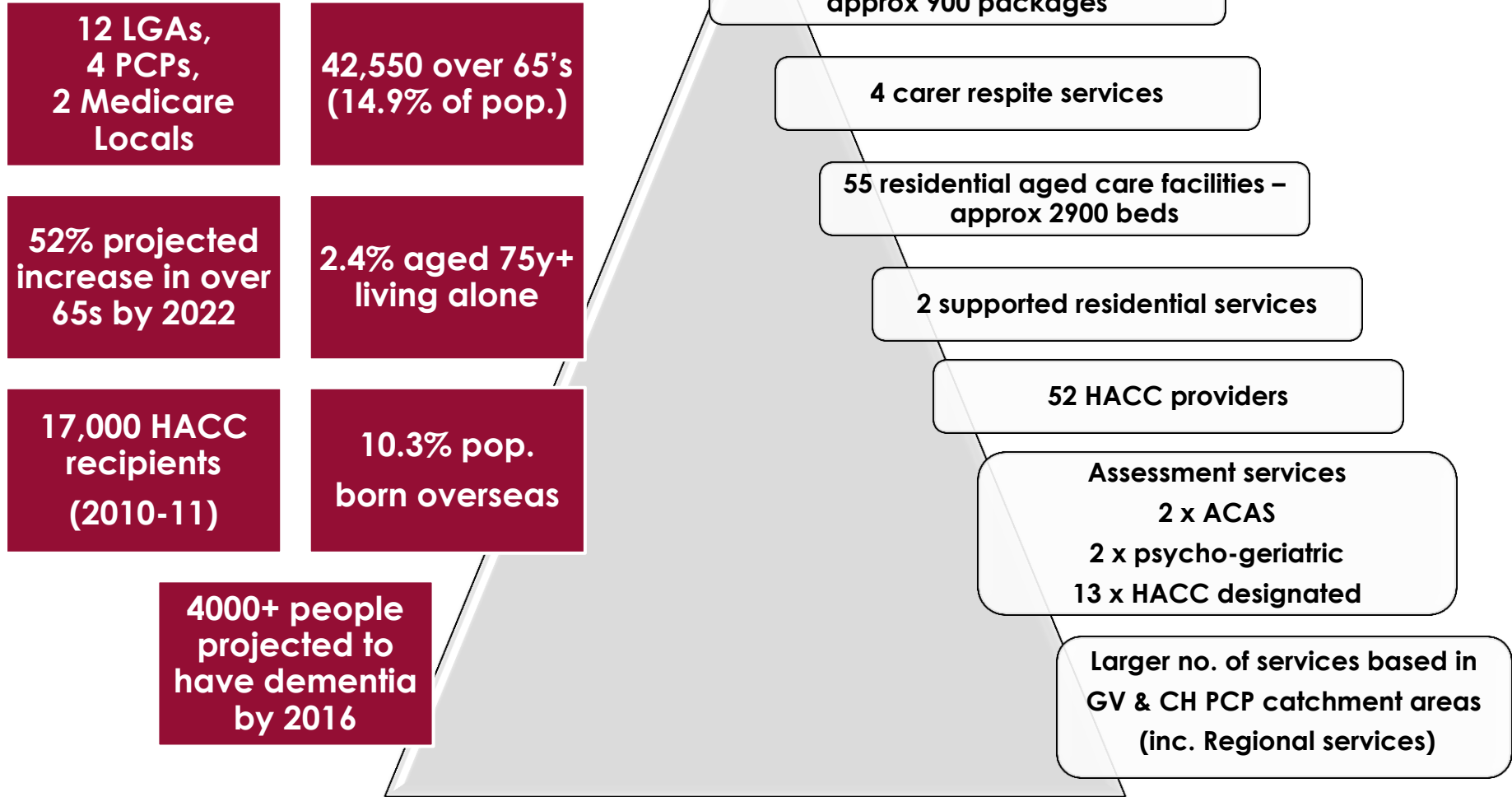
Progress to date



Aged care system overview



Hume Region Snapshot



(ABS 2006, HIACP 2010)





170+ face to face
interviews
Comprehensive,
but incomplete



On line survey
132 respondents
58 organisations
Variety of sectors
Varity of roles
All LGAs



Meetings
Regional
Sub-regional
LGA based
Organisational

Service Provider Consultations

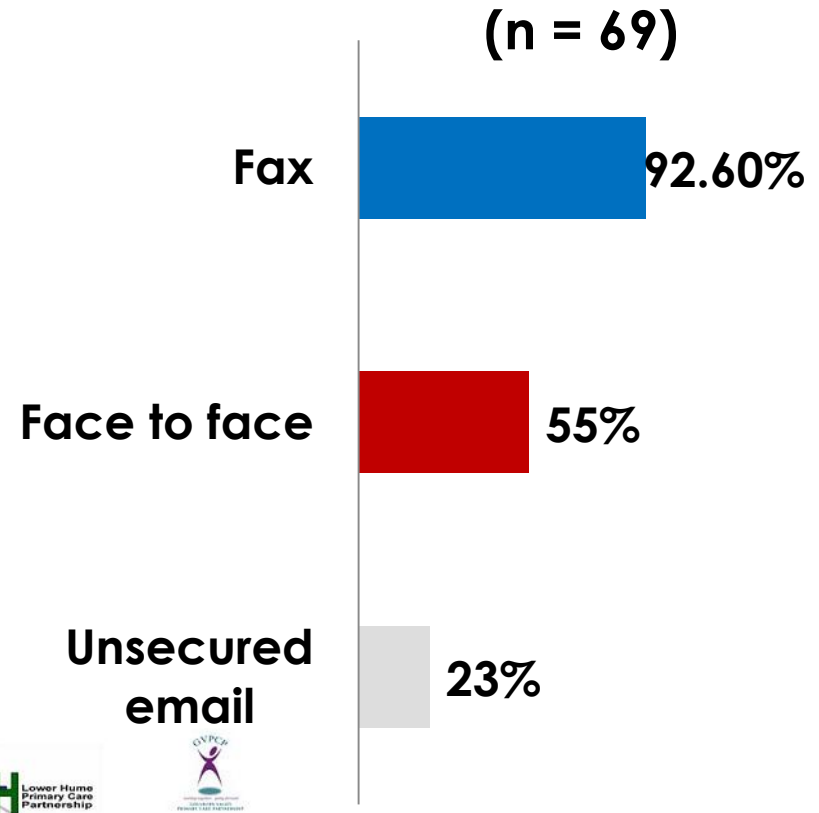
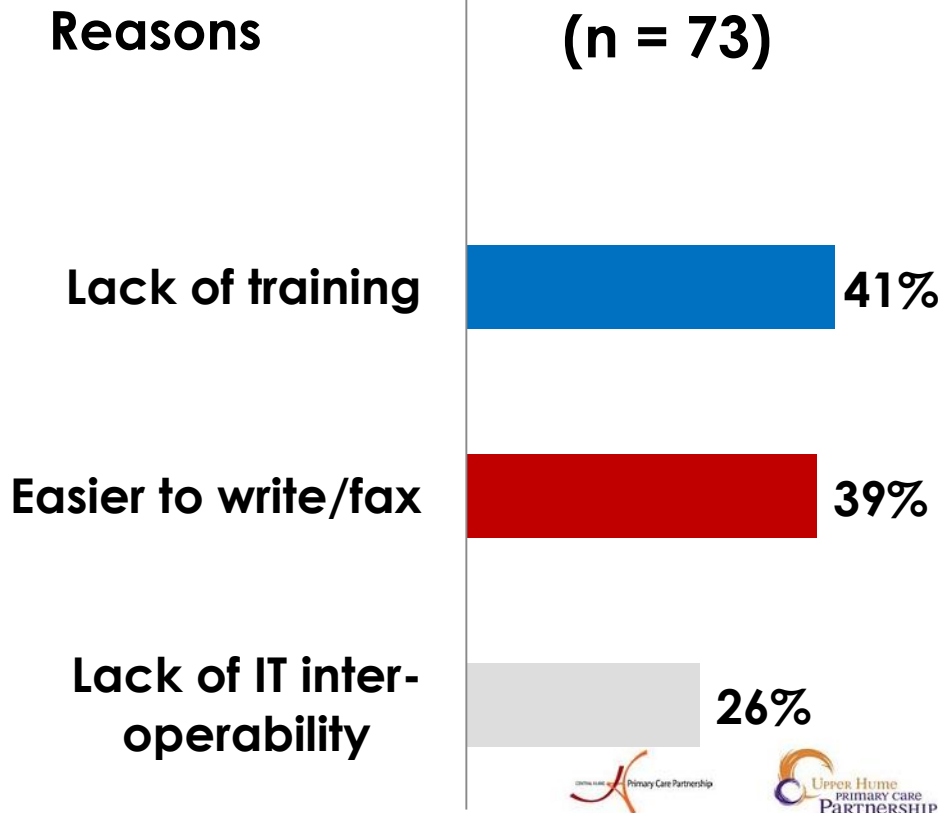
Focus of consultation

- Service co-ordination and collaboration
- Client information sharing between providers (secure messaging and e-referral)
- Information about aged care services for the public

Information sharing (e-referral & secure messaging)

50% did not use an electronic referral system

Other referral systems;



Information sharing (Service Coordination Tool Template)

56.2% = primary referral tool (n=89)

Reasons why not used as primary tool;



Information sharing - gaps and issues

- ICT – issues with inter-operability
- User competence
- User confidence (in ICT system)
- Support to set up systems and processes e.g. PKI
- SCTT not widely embraced
- Single assessment processes – varying needs
- Common client records – security concerns
- HSD not kept up to date
- Reliance on individual staff knowledge
- Best practice – not widely shared
- Single point of access to information

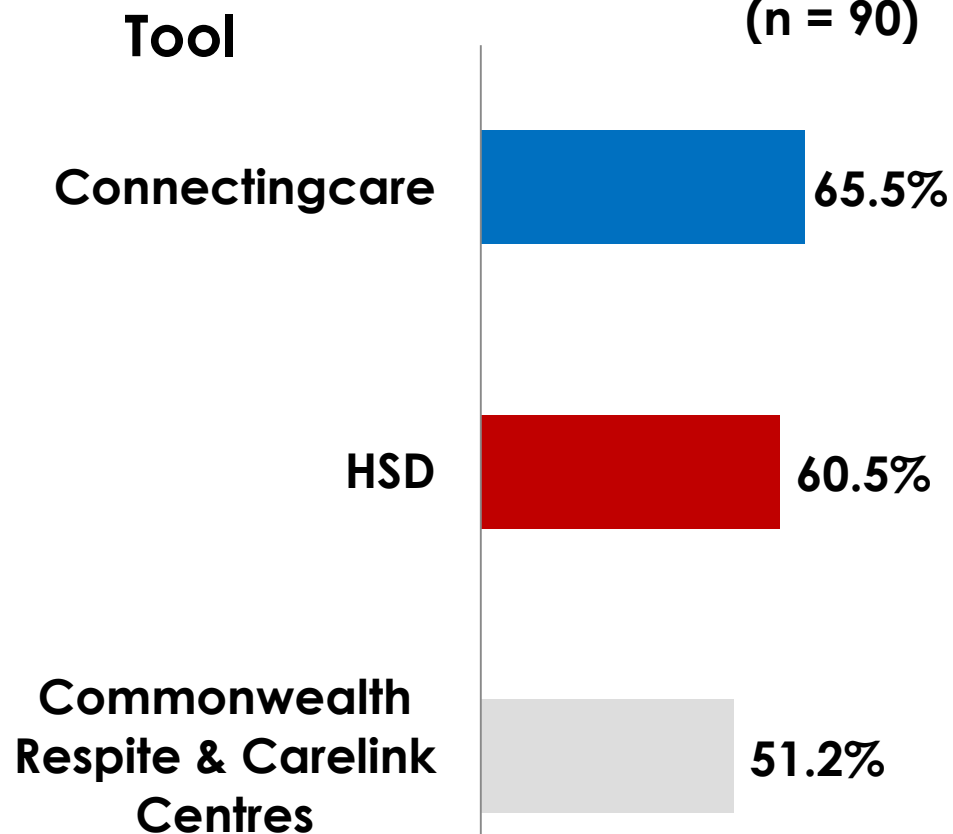
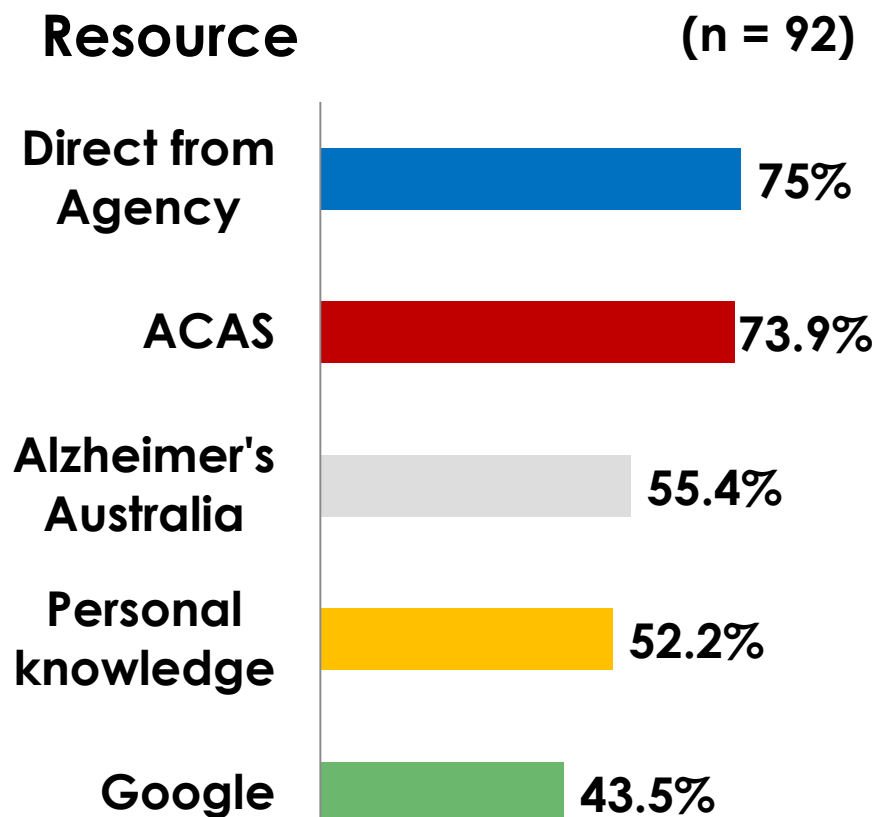
Information for the public

- In general, *somewhat* to *very effective* in provision of information
- Identified room for improvement;
 - CALD groups
 - Aboriginal and Torres Straights Islander communities
- Barriers; (n=91)
 - Too much information – 42.9%
 - Difficult to keep staff up to date – 51%
 - Conflicting information – 57%

Information sources

Trusted and used

Not trusted / not used



Public info – gaps and issues

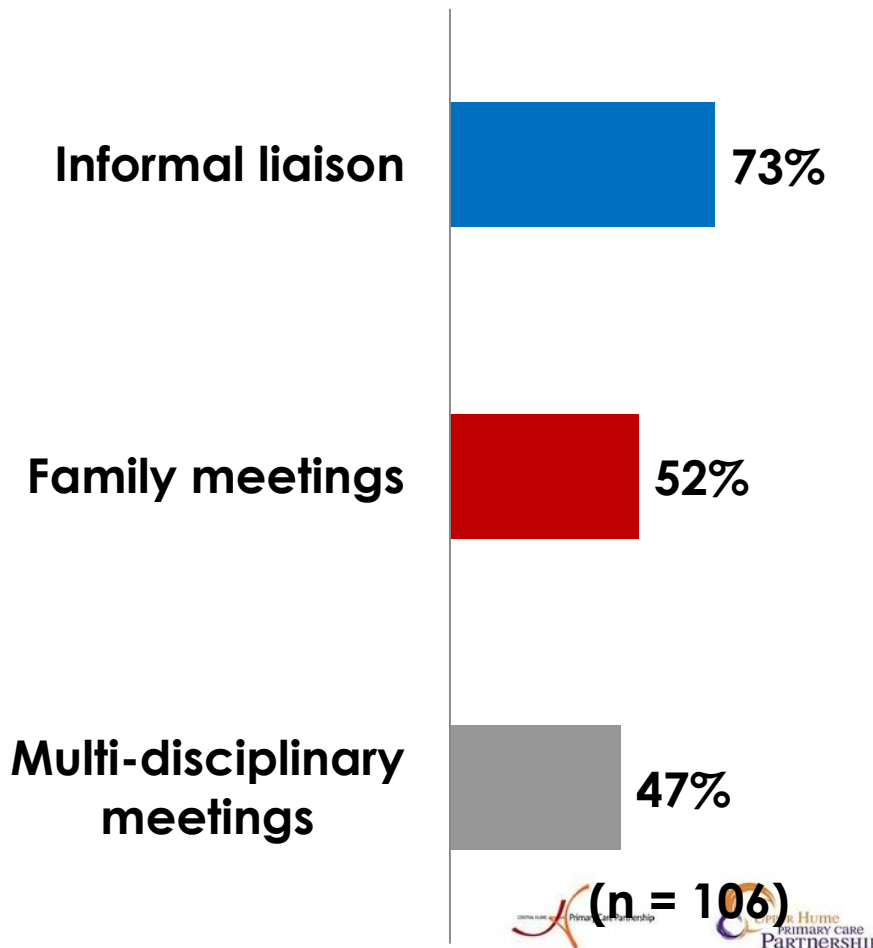
- Numerous resources - which are appropriate?
- Who gives out what information?
- “Official” tools not widely used
- Older people, and/or their carers, access information in a time of crisis
- Older persons awareness of what services are available is limited
- Access – information not widely available in multiple formats and in places where older people go

Service coordination and collaboration

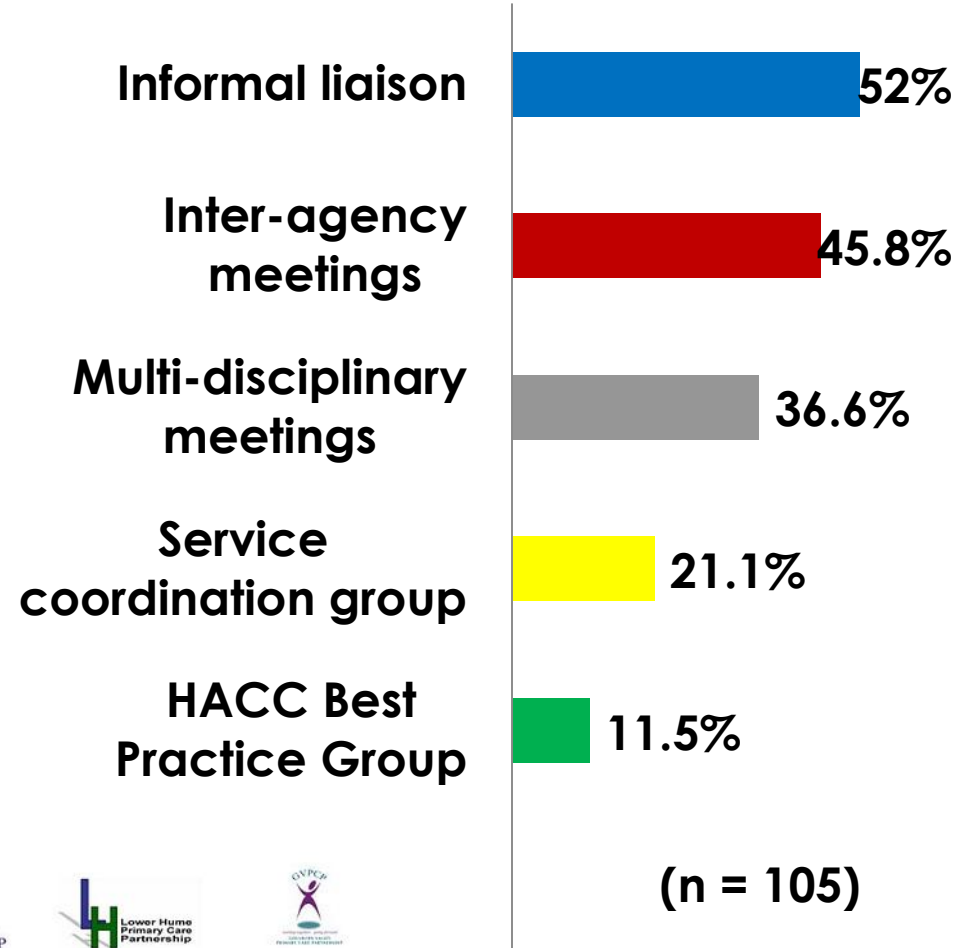
Individual client care

Working with other providers

Mechanism



Mechanism

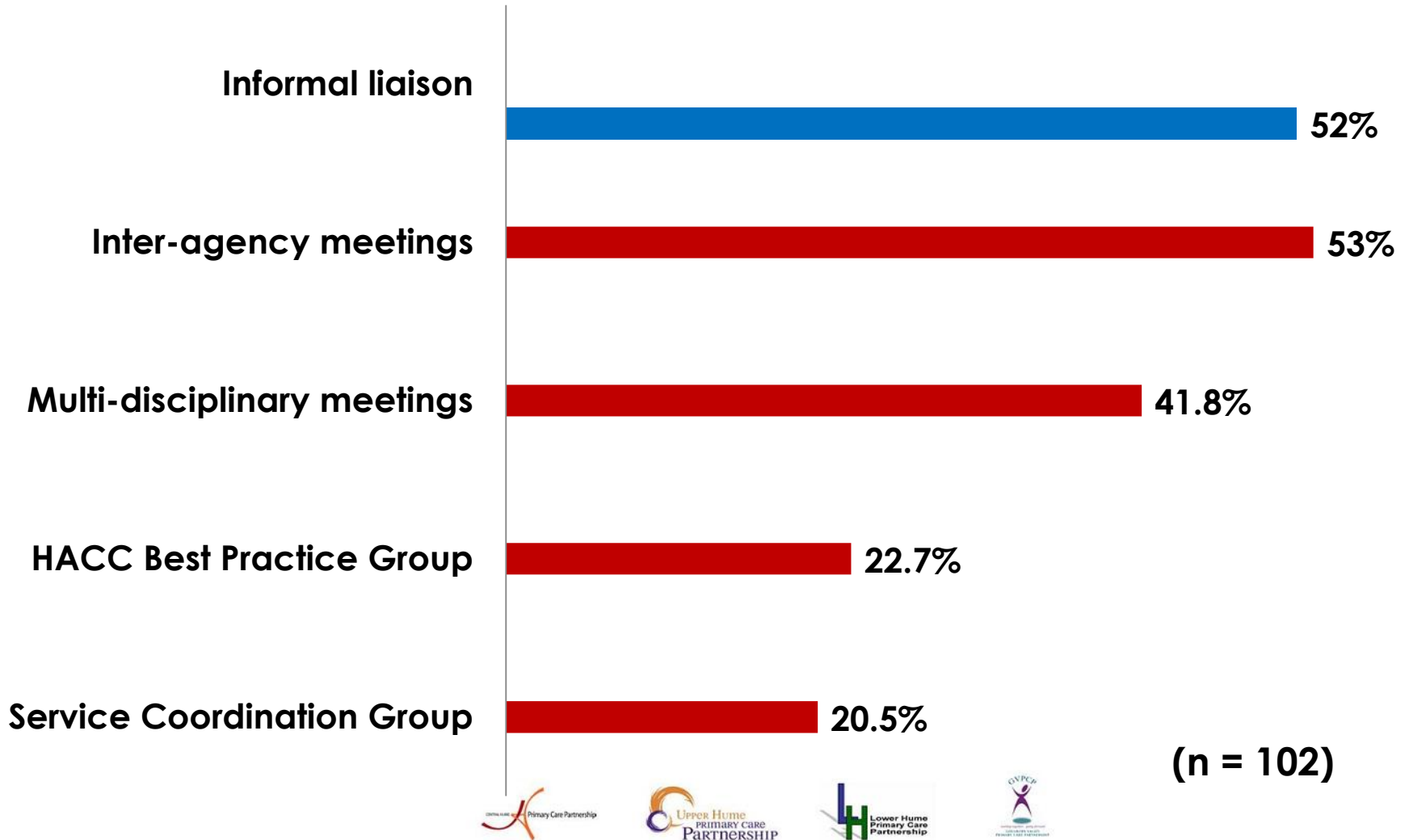


Effectiveness of current collaboration

Mechanisms

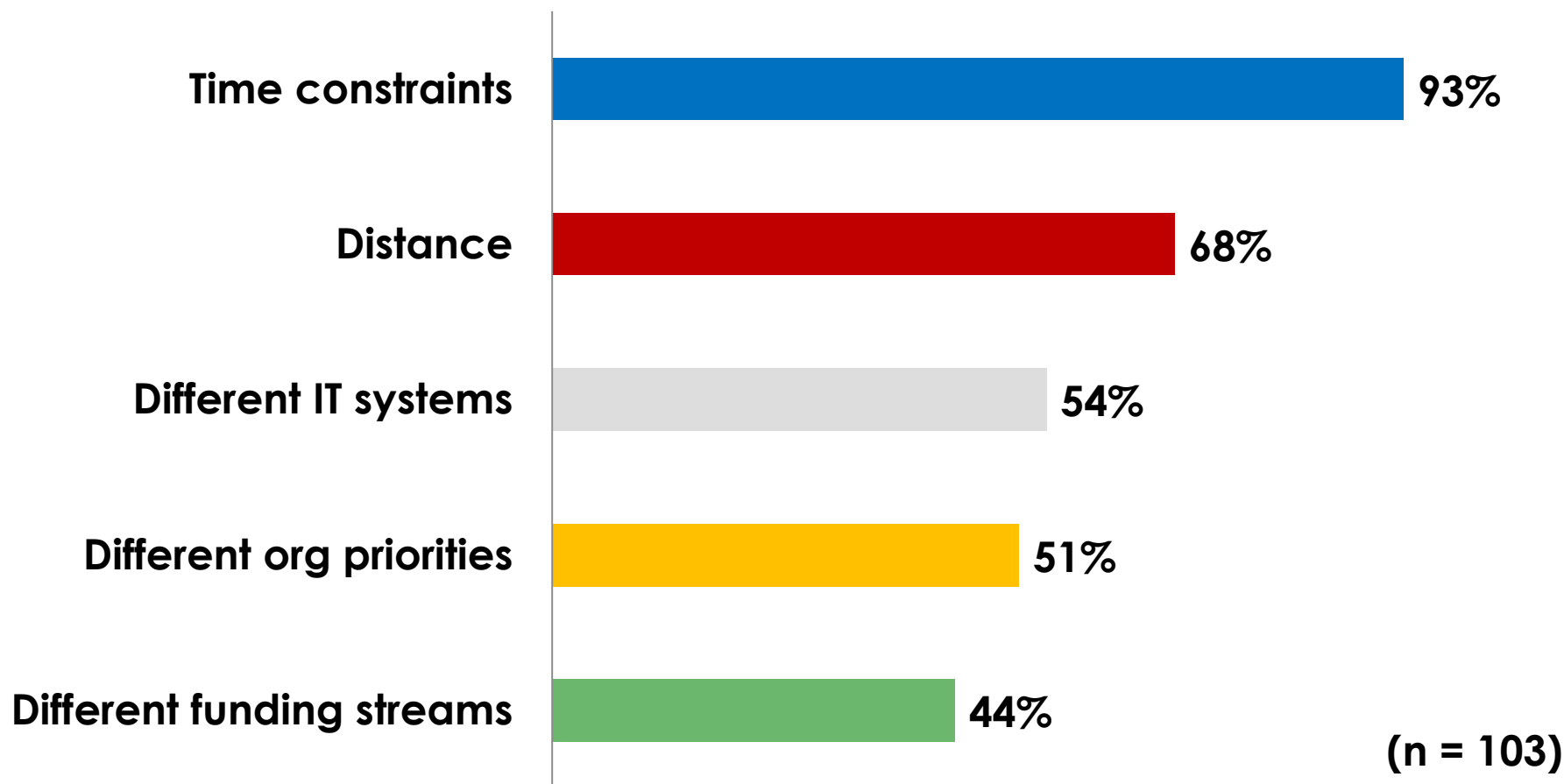
■ Somewhat

■ Very



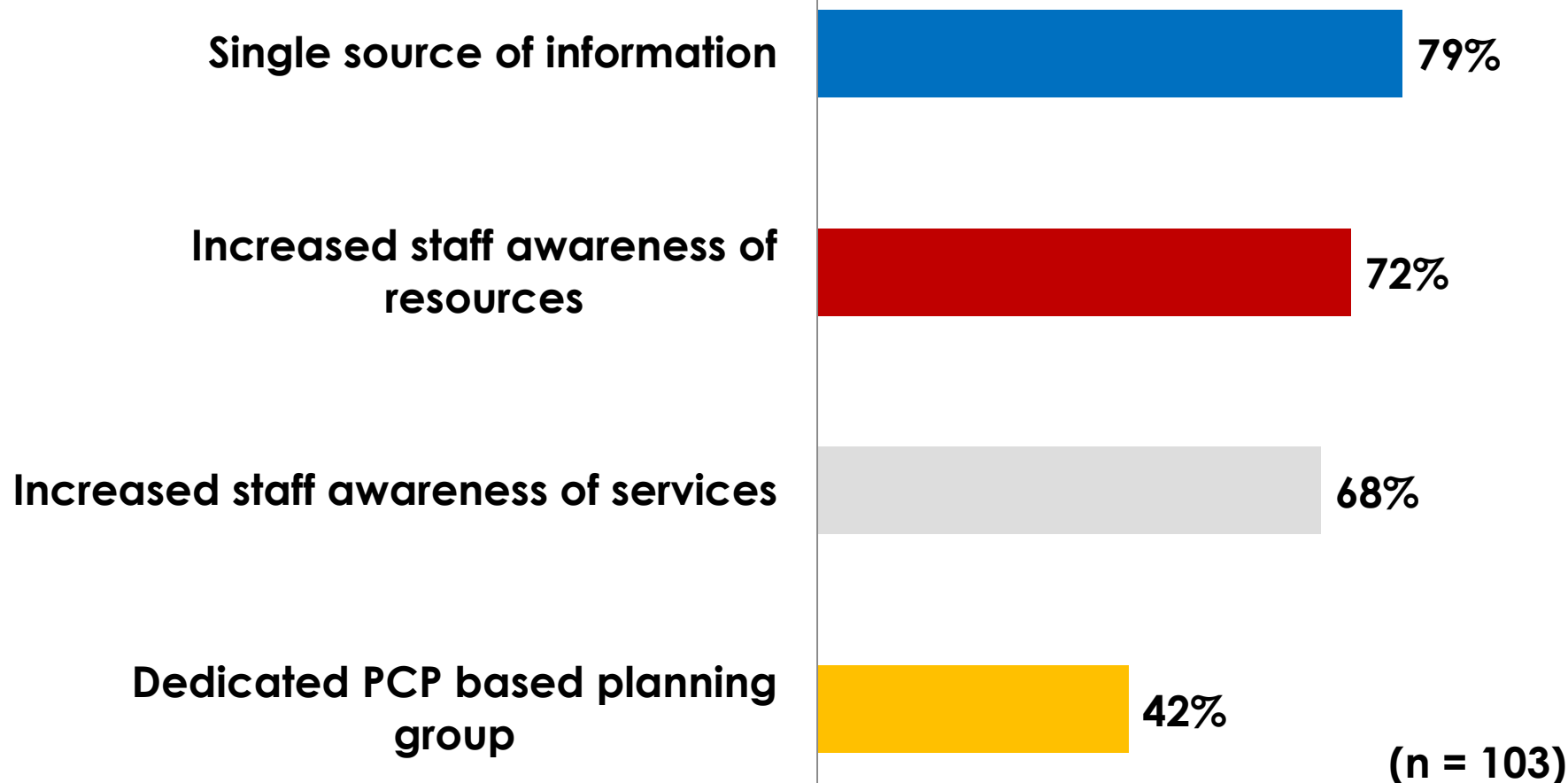
Barriers to collaborative working

Barriers



Improving the client journey

Strategies with high impact



Collaborative working – gaps and issues

- Time and distance
- Numerous meetings /networks
- No single forum for all aged care sectors
- Minimal use of video conferencing
- Different priorities / competing demands within different sectors
- Multiple providers /stakeholders – how to include everyone?
- Competitive environment – trust issues
- Program / funding stream driven
- Lots of initiatives in aged care, but can occur in isolation



Interpretation – What are aged care providers looking for?



Leadership and Support

- Direction
 - National Aged Care Reforms
 - Priorities in Hume Region
- Guidance and resources
 - To support/facilitate collaboration
 - Support to organise and sustain meetings and groups

Consistency and clarity

- Federal and State govts. giving consistent messages
- Dept. of Health giving consistent messages and initiatives to be system rather than funding stream/program driven
- Medicare Locals – unclear impacts on aged care
- Primary Care Partnerships (PCP) – aged care focus area – need consistent roll out across region

Resources

- Funding
 - Care packages
 - Future of residential care (impact of national reforms)
 - ICT (infrastructure)
- Training
 - Joint training opportunities
 - Subsidised
 - Back fill costs
- Workforce
 - Ageing workforce
 - GPs
 - Limited specialists

Information

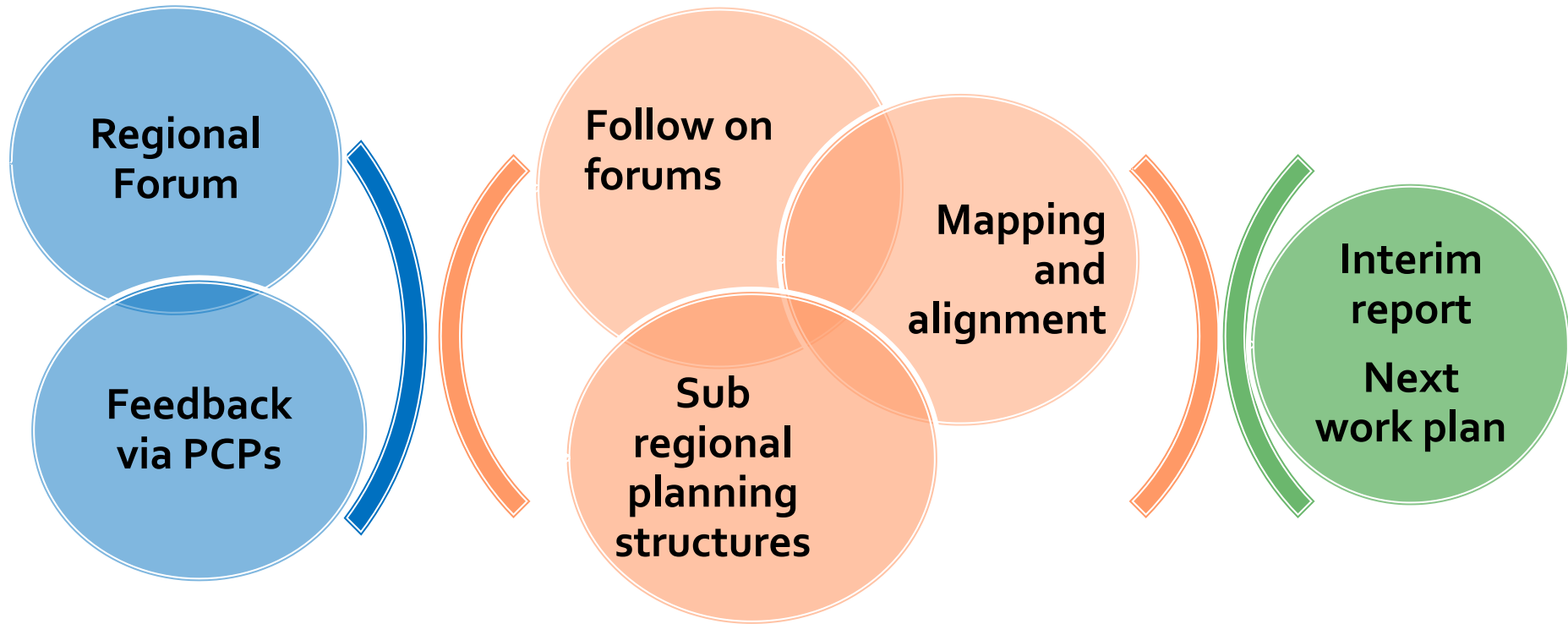
- Who is doing what and where? (enabling referral and co-ordination of care)
- Single point of access to information for consumers and service providers
- Multiple information strategies
- Keeping up with changes in aged care – local, sub-regional, regional, state-wide, federal

Outcomes -

What have we done with this feedback?

- Preliminary Gap Analysis and Situation Report – PCPs (next week)
- Summary Report - today
- Feedback to HIACC and Dept. of Health (Hume)
- Review original proposal for PCP based groups - today
- Influence future of project

Next stage of project.....



Implementation = planning & strategies

Review

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