Council

SENIORS ADVISORY COMMITTEE – FINAL REPORT - ENDORSEMENT

Seniors Advisory Committee Final Report
(includes appendixes)

Meeting Date: 26 March 2019

Number of Pages : 41

Shire of Plantagenet

Seniors Advisory Committee

FINAL REPORT

13 March 2019

COMMITTEE MEMBERS

Cr Ken Clements (Chairperson)
Cr Sue Etherington
Mrs Linda Sounness (Deputy Chairperson)
Mrs Bev Mulvihill
Mrs Judy Leahy
Ms Fiona Pengel

EXTERNAL CONTENT CONTRIBUTORS

Ms Hellen Dunwoodie (Regional Assessment Service)
Ms Sally Rose (Aged Care Assessment Team)
Ms Megan Bob (Silver Chain)
Ms Julie Hollingworth (Plantagenet Cranbrook Multi-Purpose Service)

EXECUTIVE SUMMARY

Changes to funding and service delivery for seniors by the Federal Government have impacted upon seniors in the community, both positively and negatively.

The major change relates to a 'person central' funding model where funds are allocated to the person who in turn acquires their required services from providers on an as needs basis. Previously, service providers received funding to provide services to eligible community members.

As a result of these changes and concerns within the community voiced during the Seniors' Expo in September 2018, the Seniors Advisory Committee was created by the Council and tasked with examining the services provided to seniors in the Shire of Plantagenet, and to monitor the changes in service provision and actual services delivered to seniors.

Conducted in conjunction with local service providers, the Committee's investigation covered assessment of previously delivered services within the area, the changes to those services and the subsequent impact on seniors within our community. The Committee identified issues including reduction in quality of services provided, lack of communication and understanding within the community, lengthy waiting times for assessment and implementation of complex needs support, reliance on internet based technology, lack of support for seniors upon discharge from hospital, lack of advocacy and reduction of services.

Service delivery changes in transport options has led to potential isolation for some seniors in the community without local family support.

This report recommends these critical factors be acknowledged, noting the crucial importance of services provided by the Plantagenet District Hospital and the vital need for these services to continue, not only for seniors but for the whole community.

The Committee also recommends advocacy by the Council regarding the delivery of services to seniors and the maintenance and improvement of facilities.

BACKGROUND

In June 2018, the Federal Government implemented changes to home based aged care services. Prior to this date, the Plantagenet Cranbrook Multi-Purpose Service (MPS) was the sole provider of low level services to eligible seniors through Home and Community Care (HACC) Service.

Funding for this service was provided from the Australian Government through the WA Country Health Service (WACHS). Funding was given to service providers to deliver specific services to eligible clients.

From 1 July 2018, the funding model changed to 'person centred' funding. That is, rather than a block of funds being given to a provider to deliver services, the funding was assigned to the client to procure services that would meet his or her needs.

The low level services formerly provided to the elderly by HACC have been renamed Commonwealth Home Support Program (CHSP).

Only organisations that are contracted by the Commonwealth Government are able to provide services under the CHSP. The two current providers of CHSP services are Plantagenet Cranbrook MPS and Silver Chain.

As a direct result of these changes, the Shire of Plantagenet, on 17 May 2018, held a Seniors' Expo in the Council Chambers. The intent of the Expo was twofold. Firstly, the Expo was designed as a means to communicate information relating to the changes to home based aged care. Secondly, the Expo would provide an opportunity for affected members of the community to comment on the changes and provide feedback to the Council. Approximately 65 elderly people attended the Expo, along with Commonwealth, State and Local Government representatives and service providers.

Feedback from the Expo indicated that with changes to HACC services, some seniors in our community were already experiencing a reduction or loss of services. Further feedback indicated that seniors were also experiencing confusion due to the changes in funding arrangements and service providers.

The response by the Shire of Plantagenet was to form the Seniors Advisory Committee. This Committee was created by the Council on 14 August 2018 pursuant to section 5.9(2)(c) of the Local Government Act 1995 and comprised two Councillors, the Manager Community Services and three community positions.

The duties of the Committee were to:

1. Examine services provided to seniors in the Shire of Plantagenet; and
2. Monitor the change in service providers and actual services to aged care.

The Committee was asked to report back to the Council by 26 March 2019.

The first committee meeting was held on 26 September 2018. A further nine meetings were held.

The Committee agreed that as the concerns expressed at the Expo were anecdotal in nature, a more structured investigation needed to commence to determine what actual arrangements were in place in the 2016/2017 year, prior to the start of the transition, to provide some indication of how the aged care environment had changed.

To achieve this, the Committee agreed to seek out practitioners from organisations responsible for screening, assessment and referral of eligible clients to advise the Committee.

The Committee thanks these experienced and professional contributors for their forthright presentations.

METHODOLOGY

To meet the Committee brief, it was agreed that the following questions needed to be asked:

1. Base line data – what services were provided by HACC and how has this changed?
2. Demographic data – How many seniors (65 years or older) live in the Shire of Plantagenet?
3. What services are provided and which service providers deliver the services?
4. What are the identified gaps in service?

Base line service provision information from 2016/2017 was sought from the Plantagenet Cranbrook Multi-Purpose Service (MPS) which was the sole provider of HACC services prior to transition to person centred care CHSP services. This information is attached at Appendix Two.

In parallel with these investigations, as part of a business study, Plantagenet Village Homes (PVH) undertook a survey to gauge:

1. What services were required and being delivered to seniors;
2. What services were required and not being delivered; and

3. What future needs could be identified.

The results of the survey provided useful information to the committee. The survey was underpinned with demographic data from the 2016 Australian Bureau of Statistics Census. The results of this survey, with the kind permission of PVH, are attached to this report at Appendix One.

The Committee notes that the survey response timeframe was relatively short and therefore some sections of the community may not have had sufficient opportunity to respond, especially if frail or if assistance was necessary. The Committee also acknowledges that the survey, though useful, was designed for a separate organisation. Accordingly, care should be taken in interpreting the results for the needs of this Committee.

Other contributors were:

Hellen Dunwoodie – Regional Assessment Service
Sally Rose – Aged Care Assessment Team
Megan Bob – Silver Chain.

The Committee also investigated how aged care service provision is changing and how services will further change once the Plantagenet Cranbrook MPS no longer provides CHSP services.

The Committee was flexible in its approach and as information was made available, it influenced the direction for further research.

What follows is a summary of the information provided to the Committee that is within the Committee's brief.

EXTERNAL PRESENTATIONS TO THE COMMITTEE

Hellen Dunwoodie - Regional Assessment Service (RAS)

Background to the Commonwealth Home Support Program (CHSP) community care services:

- Prior to 2010, the system was disjointed and there was little coordination between the then HACC services which led to over demand in some areas and unused services in others.
- In 2010, the RAS was implemented and the process was:
    1. A referral from a doctor, hospital or family member would be made to the RAS;

2. Depending on the priority given, a RAS assessor would visit the home for a face to face assessment within 4 and 21 days;
3. The RAS would 'shop around' and provide client advocacy to ensure a service provider delivered the required services;
4. The services would be in place within approximately seven days after the provider accepted the client.

- In the MPS area HACC was the only service provider for community care services.

- In late 2017 HACC ceased accepting referrals for any new clients in the MPS area.

- From 1 July 2018 the referral and assessment process changed. CHSP was now only for the provision of one service type for a short term with the process being:

    1. All referrals through 'My Aged Care' (MAC) - either through the website or call centre;
    2. Referrals accepted from an individual, hospital or doctor;
    3. RAS assessment completed between 10 and 21 days from the receiving the details from 'My Aged Care'.

- Long term or more complex needs are assessed for Home Care Packages (HCP). An assessment by the Aged Care Assessment Team (ACAT) is required.

The HCP referral process still involves an assessment by RAS, however, once it was assessed that someone had more complex needs, the RAS would refer that client to the ACAT who would undertake another assessment. ACAT uses the information collected during the RAS assessment to help streamline the process.

The issue of the unavailability of home care packages was noted by the Committee as waiting times for packages can be longer than two years. To expedite access to the higher level packages, clients are accepting lower level packages that do not deliver the full suite of services required. The system allows for the upgrade of packages in a shorter period of time than accessing a higher level package directly.

There is no longer a mechanism in place to inform people, or their carers when services ceased or had not commenced. This was something RAS used to monitor but since the implementation of MAC, there is no ongoing interface between RAS and the service providers.

Sally Rose - Aged Care Assessment Team (ACAT)

Since 1 July 2018 the registration process through the (MAC) website is the most significant change to how seniors can access aged care services to enable them to

remain in their home. Anecdotal reports indicate that the MAC system is beyond the ability and understanding of many seniors.

An advantage of the change of the funding structure is that funds are allocated to the person and not the service provider. This allows for choice not only about which service funds were to be spent on, but also which service provider could supply a service.

Another advantage is that, if savings can be made in service provision (such as family members providing cleaning), the funds saved can be used for capital equipment such as a hospital bed for the home.

A major disadvantage is that this system works best when seniors are in a position to negotiate for the services they need. If a senior is vulnerable they need to have a person to advocate on their behalf. This system is open to service providers promoting the services they want to deliver rather than based on need.

There are limited packages available through the Commonwealth. Seniors can wait between two and three years for a level four package (the highest level of Home Care Package) to become available. Clients are often assigned an 'interim package' that can provide services at say, level two until a level four package can be accessed. However, the waiting time for a level two package can be between six and nine months.

There is also a notional allocation that only 15% of all packages can be assessed as urgent. However, it was impressed upon the committee that the ACAT will assess the priority of each client based primarily on the safety of the client and secondly, the needs of the carer, regardless of the notional allocation.

The level of funding for each level of Home Care Package was discussed with the Committee and it was noted that the level one package was now around $8,000.00, roughly equivalent to the funding available for Commonwealth Home Support Program (CHSP) which funded the former HACC services.

Prior to 1 July 2018 the level one Home Care Package was funded at approximately $14,000.00. This amount is substantially more than is currently available to seniors on a level one package.

Transport and social isolation are issues for Plantagenet in terms of services that are not being provided to the level previously experienced.

Currently transport can only be provided under CHSP by the MPS. However, it was reported that another provider is tendering for the transport contract through the CHSP and they are hoping to have a permanent local presence in Mount Barker. This contract may include services to address social isolation.

Transition Care Packages provide extra support for seniors after discharge from hospital following an acute care admission. The program provides support for up to 12 weeks and an additional six week extension can be sought if necessary.

To be eligible for a Transition Care Package, the in-patient needs to be assessed by the ACAT and a service provider engaged prior to discharge from hospital. The biggest issue with this package is that hospitals want to discharge patients as soon as possible. If the discharge takes place too quickly, appropriate support may not be in place.

The assessment and referral process is very thorough. The paperwork is onerous and needs to be verified by another registered delegate. The process for approval of a Transition Care Package may take several days, however the pressure to discharge patients quickly, potentially works against this process.

Plantagenet Cranbrook MPS was requested to provide information regarding the levels of service and data regarding the numbers of seniors previously accessing the HACC services.

The response is attached to this document (Appendix Two). However, the pertinent points were that 256 clients were accessing HACC services in 2016/2017 prior to the changes. This number has reduced to 160 clients who are currently accessing services.

The MPS continues to be contracted to provide the same suite of services. It is understood that staff numbers are declining as client numbers diminish.

Services such as transport appear to be inconsistent.

Megan Bob – Silver Chain presented to the Committee on the services provided by Silver Chain and how the services will be delivered into the future.

The only providers of CHSP services are Silver Chain and the MPS.

Silver Chain is contracted to provide the same services as the MPS with the exception of transport and social inclusion group activities.

Silver Chain is also a provider of Transitional Care Packages (TCP) and Hospital Discharge Support (HDS) that can provide support to seniors on discharge from hospital, or after an emergency hospital visit.

The referral process to these services was identified as an area where the hospital and Silver Chain could work more closely together to provide appropriate levels of support to people on discharge. Silver Chain plans to embed the referral of those services by increasing their presence with health professionals at the hospital.

Silver Chain also acknowledged that the registration of seniors to the My Aged Care system was problematic. As the only CHSP service provider taking on new clients, Silver Chain has committed to a monthly visit to Mount Barker to assist seniors registering on the system that will trigger the assessment process for CHSP and if necessary, HCP.

Silver Chain had been offered space at the Plantagenet Medical Centre to provide this assistance. Silver Chain is hoping to commence this service in the foyer of the Mount Barker Cooperative on the Seniors Discount Wednesday. The Committee Chairperson offered to promote this assistance on the Shire electronic noticeboard in Lowood Road.

Another area of concern addressed by Silver Chain was transport. As the MPS was the only provider contracted to deliver that service, Silver Chain was unable to get funding to assist in this area unless it was granted a contract to also provide transport.

It should be noted that an invitation had been extended to Advocare, however representatives were not available. Also, the Committee had initially thought to invite several other organisations but chose not to as the Committee's knowledge base increased.

Plantagenet Village Homes Seniors Survey

During the tenure of the Seniors Advisory Committee, Plantagenet Village Homes (PVH) undertook an investigation into the feasibility of that organisation providing some low level services to seniors. PVH engaged a consultant to develop a survey for seniors to gauge the services being provided and any potential gaps in service.

The ABS Census data indicate there are 1099 seniors potentially eligible (based on age alone) for aged care services. If the Shire of Cranbrook is included, the number increases to 1330.

The full results of the survey are attached to this report (Appendix One), however a summary of the pertinent points are:

- There were 118 respondents to the survey from the MPS catchment area;
- Based on population of Plantagenet and Cranbrook in the senior age range (+65 years for general population and +50 years for Aboriginal population), 8.8% of the senior population were represented in the responses;
- There was a high level of confusion in regards to assessment and eligibility for services. Many people were unsure of their eligibility for services, or if they had in fact been assessed for eligibility;

- A large proportion of seniors who responded do not want/need assistance with self-care, food preparation/meals, transport or social activities;
- A larger number of seniors require domestic assistance which includes gardening, cleaning and house maintenance;
- 79% of seniors own their own home, 18% rent a home with 3% living in a residential care facility;
- 9% of seniors do not have a driver's licence. However, 86% possess a driver's licence and are happy driving with 5% in possession of a driver's licence but not comfortable driving.

ISSUES IDENTIFIED AND RELEVANT TO THE COMMITTEE'S BRIEF

The Committee identified ten primary issues relevant to the Committee's brief:

1. Some services were no longer available or only available at a reduced frequency. For example, transport services diminished in frequency and availability. Transport to medical appointments and shopping was no longer being provided regularly.
2. Some services were no longer provided to the same level. For example, gardening services declined to only keeping pathways clear, leaving the rest of the garden to become unkempt.
3. Changes to service delivery, funding and the assessment processes had not been communicated in such a way as to ensure understanding
4. When more involved or complex needs are identified, clients will be assessed for Home Care Packages (HCP) that can provide more clinical, multiple, complex long term services. The funding continues to be assigned to the person, however the funding level will increase as needs increase. There can be long waiting periods between assessment and being assigned a 'package' and for the higher levels of package, the waiting time can be longer than two years.
    - Services in this category are an open market and any registered aged care organisation can provide these more intensive services. To the Committee's knowledge, currently in the Plantagenet area the providers are Silver Chain and Hall and Prior, though there are several other providers listed on the 'My Aged Care' website, primarily based in Perth.
5. The 'My Aged Care' system of registration for referral is cumbersome and confusing for people that may not have a reasonable level of IT skills, or have trouble communicating on the telephone. This is a barrier for many seniors unless support is available to them.
6. The availability of Home Care Packages is a concern, leading to extended waiting times that may force seniors to accept packages that do not provide the level of support necessary. Potentially, seniors may not be able to access services for which they are eligible.

7. The services at the Plantagenet District Hospital appear to have reduced over time. There is concern about the future of the Hospital as any further degradation of services locally will impact negatively, particularly on senior residents.
8. Seniors have been discharged from hospital without appropriate support in place. The system to access support can be onerous and time consuming that when paired with the pressure to discharge patients from hospital as quickly as possible, has led to an unacceptable risk to seniors.
9. The concept of assigning funding to the person based on the premise of flexibility and choice to the consumer assumes that the recipient either has support, or has the ability to negotiate and advocate for the services they actually need and want.
10. A lack of advocacy for elderly people previously provided for its clients by HACC.

Some of the issues mentioned in points 1 to 10 are mentioned in Appendix 3 attached to this report which represents anecdotal accounts of issues reported to Cr Sue Etherington.

CONCLUSION

Over the past three to four years there has been a marked change to the type and level of services provided to seniors in our community. This is evidenced by:

- Changes to the funding regime for the provision of services;
- More services being provided by private enterprise;
- A greater reliance on the internet and websites for access to services;
- The reduction in services provided by the Home and Community Care Service;
- Seniors remaining on lower level packages due to artificial limits being placed on availability;
- Lengthy waiting times for re-assessment of packages to take effect;
- Unreliable transport options;
- Inadequate post hospital care regimes; and
- No recognition of the social needs of seniors.

This has resulted in:

- Confusion by seniors and their carers as to what services are available and how those services are obtained;
- A requirement for seniors to acquire services from providers with funding provided, which is a complete reversal of the previous mechanism;
- Seniors unfamiliar with information technology being confused as to how to source services;
- Seniors being unable to get to medical appointments or do shopping;

- Seniors being directed to the Medical Centre for paid services such as wound dressing;
- Seniors remaining on lower level care packages when assessed at a higher level;
- Seniors having no outlet for social activities; and
- Increasing pressure on local government to provide services that are the responsibility of both the Federal and State governments.

COMMITTEE RECOMMENDATION

That it be a recommendation to the Council:

That:

1. **The final report of the Seniors Advisory Committee be received;**
2. **All members of the Committee and those who presented to the Committee be thanked for their contributions;**
3. **The Council acknowledges that the investigations of the Seniors Advisory Committee have identified critical factors central to services provided to seniors in our community including:**
   a) **Changes to the funding regime for the provision of services are creating confusion for some seniors and their carers;**
   b) **Provision of services by private enterprise;**
   c) **A greater reliance on the internet and websites;**
   d) **The reduction in services provided by the Home and Community Care Service and its forthcoming closure;**
   e) **Seniors on lower level care packages than assessed due to artificial limits being placed on availability;**
   f) **Lengthy waiting times for re-assessment of packages to take effect;**
   g) **Unreliable transport options;**
   h) **Inadequate hospital discharge care regimes;**
   i) **No recognition of the social needs of seniors; and**
   j) **A reduction in transport services resulting in some seniors not being able to attend medical appointments or being isolated.**
4. **Officer involvement with the Age Friendly Agency Panel continue with a view toward the development of an Age Friendly Charter;**
5. **A Seniors Expo day be sponsored for Seniors Week 2019;**
6. **The Chief Executive Officer be requested to prepare a Seniors' Service Directory for general dissemination to seniors, listing key services available and contact details;**
7. **The Council notes the critical importance of the services provided by the Plantagenet District Hospital and the vital need for such services to continue not only for seniors but the whole community; and**
8. **Advocacy be undertaken with the;**

a) **WA Minister for Health for maintenance of and improvements to the Plantagenet District Hospital facilities; and,**
b) **Federal Minister for Health for appropriate referral mechanisms to aged care services.**

APPENDIX ONE

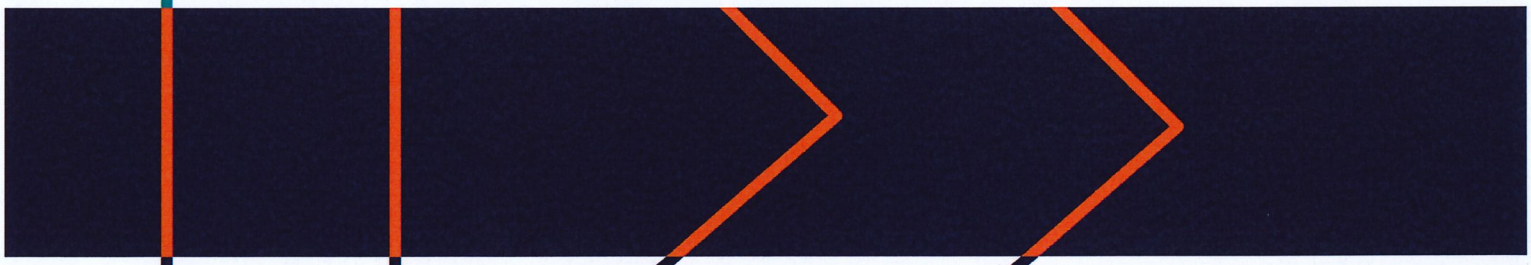
Plantagenet Village Homes

Community Survey

Plantagenet Village Homes

Community Survey Summary

December 2018



ANNA DIXON CONSULTING

Disclaimer

Anna Dixon Consulting has prepared this report exclusively for the use of the party or parties specified in the report (the client) for the purposes specified in the report (Purpose). The report must not be used by any person other than the client or a person authorised by the client or for any purpose other than the Purpose for which it was prepared.

The report is supplied in good faith and reflects the knowledge, expertise and experience of the consultants involved at the time of providing the report.

The matters dealt with in this report are limited to those requested by the client and those matters considered by Anna Dixon Consulting to be relevant for the Purpose.

The information, data, opinions, evaluations, assessments and analysis referred to in, or relied upon in the preparation of, this report have been obtained from and are based on sources believed by us to be reliable and up to date, but no responsibility will be accepted for any error of fact or opinion.

To the extent permitted by law, the opinions, recommendations, assessments and conclusions contained in this report are expressed without any warranties of any kind, express or implied.

Anna Dixon Consulting does not accept liability for any loss or damage including without limitation, compensatory, direct, indirect or consequential damages and claims of third parties, that may be caused directly or indirectly through the use of, reliance upon or interpretation of, the contents of the report.

Table of Contents

1 Executive Summary

Plantagenet Village Homes (PVH) is a non-profit community organisation based in Mount Barker, Western Australia and are the primary supplier of seniors' accommodation in the Great Southern region. Motivated by some recent changes to the delivery of home support services to the area and anecdotal evidence of a potential need for home support services, PVH decided to investigate if it would be feasible to offer some services locally through the Commonwealth Home Support Programme (CHSP).

PVH engaged Anna Dixon Consulting (ADC) to conduct a survey of local seniors to determine their interest or eligibility for aged care services that would allow them to continue living independently in their own home. In parallel, Whitney Consulting has been undertaken to complete a feasibility study to understand the viability of PVH delivering home support services and the results of this survey will contribute to the development of this study.

118 people responded to the survey, with 115 filling out the paper-based survey that was distributed by PVH, and 3 responding to the online survey. The survey included fifteen questions, including respondents' eligibility for CHSP, whether they already use such services, how much money they spend on services, how much assistance, if any, they require for certain tasks, and their current living situation.

2 Process Overview

Whitney Consulting and PVH representatives, along with stakeholders from the Shire of Plantagenet's Seniors Working Group, were consulted via a video conference to determine their requirements and preferences for the commissioned survey. The survey was developed based on advice from PVH and Whitney Consulting as to their needs for information (based on their understanding of the context, issues and their needs in terms of understanding the viability of service delivery in this sector) and was reviewed by each organisation prior to release.

The survey was offered in a paper-based format and an electronic form via a link on PVH's website. PVH and stakeholders from the Working Group made the paper survey available locally through a range of central locations Shire offices, Community Resource Centres in Mt Barker, Cranbrook and Frankland River), shared the electronic survey link via local community channels and ran a pop-up stand at the local shopping centre during Seniors Week to raise awareness and encourage participation in the survey, where appropriate.

The survey was open for eleven days, from 6 to 16 November 2018. The short timeline is reflective of the need to provide the information to Whitney Consulting with sufficient time for the preparation of their feasibility study to allow PVH to decide on their next course of action. Although the window of time to participate was short, due to the targeted approach it was considered a sufficient time to gather a representative sample to inform the recommendations that Whitney Consulting would make to PVH.

Following the close of the survey, paper surveys were returned to Anna Dixon Consulting for data entry and the analysis of trends, issues and opportunities which are discussed in this report.

3 Survey Responses and Accuracy

In order to be eligible for government subsidised CHSP services, people must meet a number of criteria. The first criterion is age-based. CHSP services are only available to people aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people).

The 2016 Census shows that the Shire of Plantagenet has a total population of 5,079 people, with 20.9% of these being over the age of 65 years. This equates to a total number of 1061 people in the Shire of Plantagenet over 65 years of age. It is noted that Aboriginal and/or Torres Strait Islanders between the age of 50 and 65 years would also be eligible for CHSP services. The Census data shows there are a total of 160 Aboriginal and/or Torres Strait Islanders in the Shire of Plantagenet. Assuming a similar distribution of the population across age groups to non-Aboriginal people in the Shire, 24% of people would fall in the category of between 50 and 65 years old. As such, there would be around 38 additional people within the age bracket that is eligible for CHSP services, making the total number of potentially eligible people in the Shire of Plantagenet, 1099.

A similar methodology was used for the Shire of Cranbrook, which has a total population of 1089, 25 of whom are Aboriginal and 20.7% of whom are over 65 years old. This results in a total of 231 people in the Shire of Cranbrook who may be eligible for CHSP services.

As such, the number of potential customers, based on age alone is 1330.

However, not all people in this age bracket are eligible for services. Only people who are assessed as requiring a low level of assistance or support to be able to continue to live independently are eligible for CHSP services.

Of the potential estimated 1330 respondents, the 118 responses represent a margin of error of 8.62% (meaning that responses are accurate to within plus/minus 8.62%). Given the limited timeframe and lack of budget and specific contact details to post a survey to a

random sample of the population, the response (representing 8% of the population) provides a useful snapshot that is indicative of the views of the broader target community. Because a specific number of surveys were not distributed, the response rate (number of people responding in relation to number of people directly invited to respond) cannot be calculated in this instance.

4 Summary of Survey

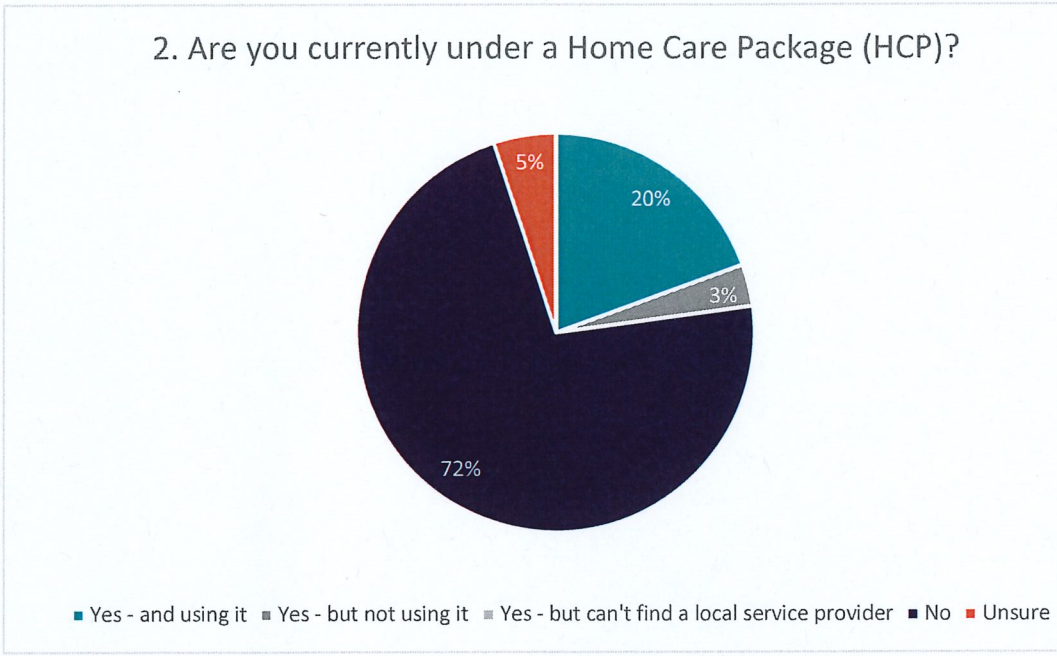
The survey was made available to seniors living in and around the wider Mount Barker area and 118 responses were received over the eleven-day open period. 97.4% were paper surveys and less than 3% of respondents completed the online option.

Most surveys were completed directly by respondents, with less than 6% completed by a carer or relative on their behalf. The responses are detailed in the following sections.

4.1 Eligibility for CHSP

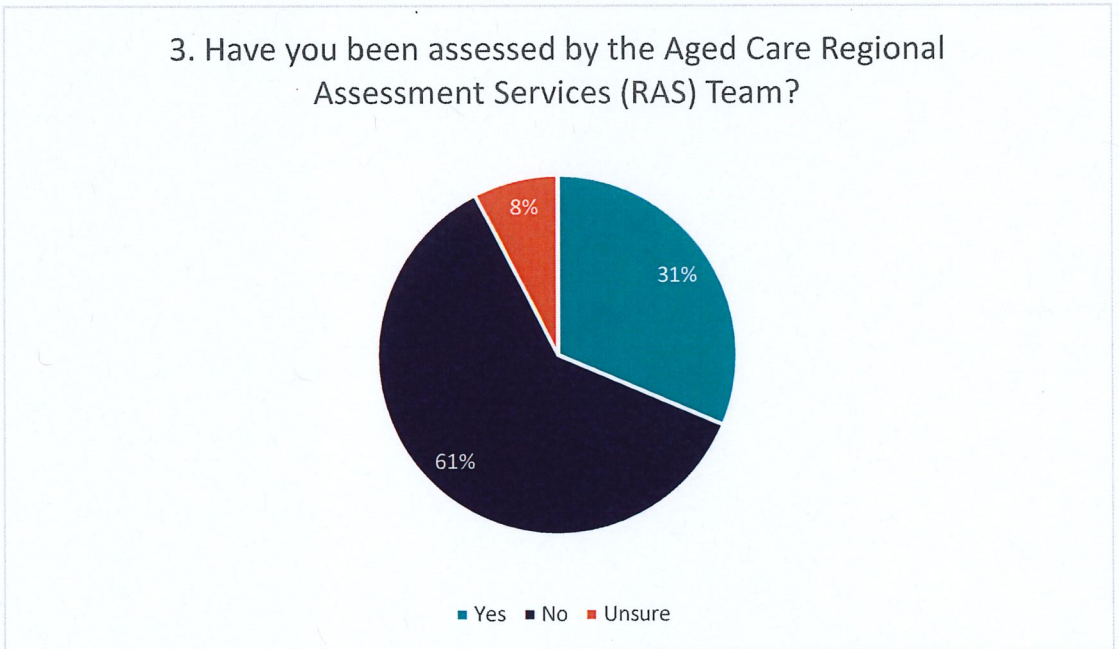
This question was included because seniors under a Home Care Package (HCP) are not eligible for CHSP unless they pay full price (they may be eligible for a short period under restricted circumstances). Of 118 respondents 23 (20%) are under a HCP and using it, 4 (3%) are under HCP but not using it. 85 respondents (72%) are not currently under a HCP and a further 6 (3%) are unsure, both of which may be potentially eligible, noting that all of these responses were completed by the person related to the survey and not by a carer.

2. Are you currently under a Home Care Package (HCP)?



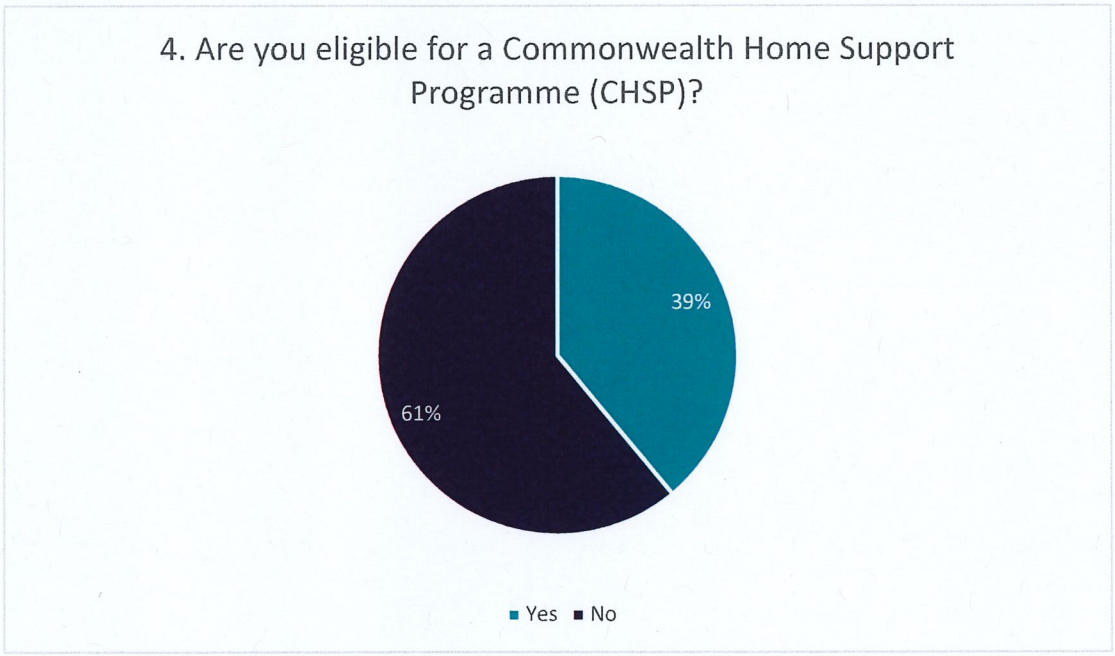
More than 60% of respondents stated they have not been assessed by the Aged Care Regional Assessment Services (RAS) team. However, there were a significant number who were unsure whether or not they had been assessed, including those who indicated they are currently under HCP, which requires assessment. This highlights the complexity for people navigating the age care system.

3. Have you been assessed by the Aged Care Regional Assessment Services (RAS) Team?



46 respondents (nearly 39%) of valid responses indicated they are eligible for a CHSP, however this did not always correlate with having been assessed by RAS or already being under a HCP – of the 46 respondents who indicated eligibility 11 had not been assessed by RAS and 5 were unsure if they had been assessed and therefore, may not actually be eligible. Of the 37 respondents who had been has an RAS assessment, 30 had been determined to be eligible for a CHSP.

As such, the responses to this question should be used as a guide only as there is common confusion for those navigating the aged care system and assistance may be required. Twenty-four respondents who stated they were eligible for CHSP were able to specify costs for services (see below).



4.2 Current Cost of Services

25 respondents indicated they paid for services. As costs depend on the frequency of usage (usually charged per visit or per hour) the responses varied. A cost of $8 per service was the most common, with cleaning or gardening the usual services. Appendix 1 includes the responses for this question.

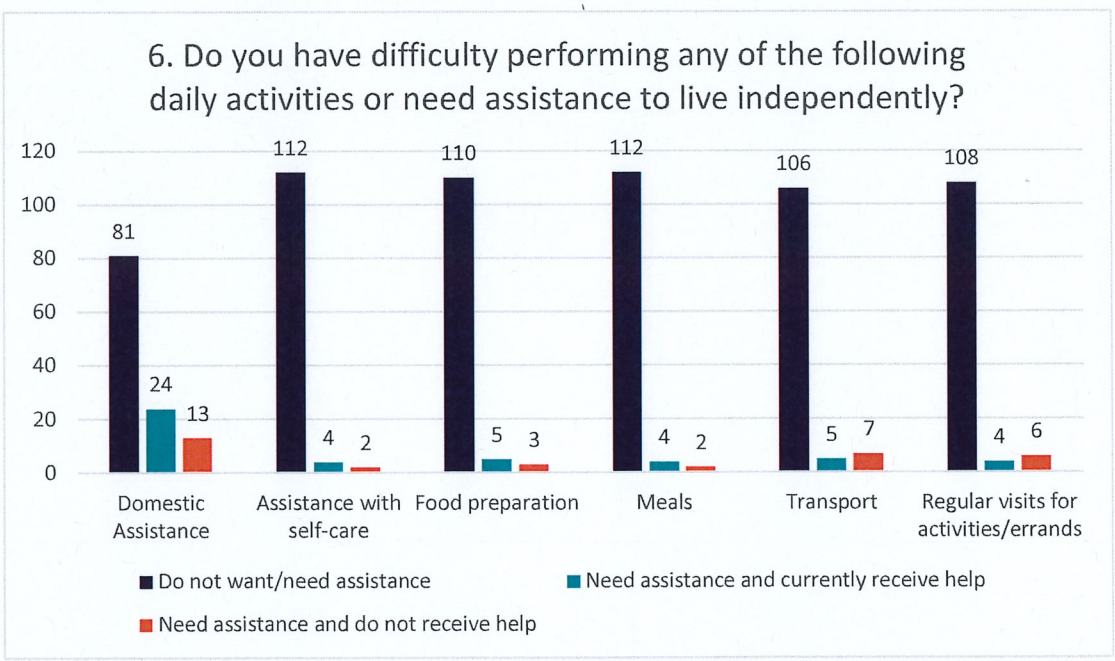
4.3 Interest and Access to Aged Care Services

Most respondents indicated they do not currently want or need help for day-to-day tasks or activities to live independently. Across the range of tasks/activities listed (domestic, self-care, food preparation/meals, transport and visits), more than 88% of respondents answered that they did not want or need any help.

The top areas respondents did self-report they need assistance in are home maintenance and gardening as well as domestic assistance were:

- 44% (52) of respondents report they need assistance undertaking work at height (gutter cleaning, smoke alarms, roof repairs) and of these 41 are not currently receiving any.
- 41% (47) of respondents report they need assistance with gardening and of these 26 are not currently receiving any.
- 35% (41) require help with home maintenance, with 29 home owners and 5 tenants not currently receiving any. Tenants are generally ineligible for this type of assistance.
- 31% (37) indicated they need domestic assistance and of these 13 are not currently receiving any.
- 26% (31) indicated they need assistance with self-care such as showering and of these 11 are not currently receiving any.

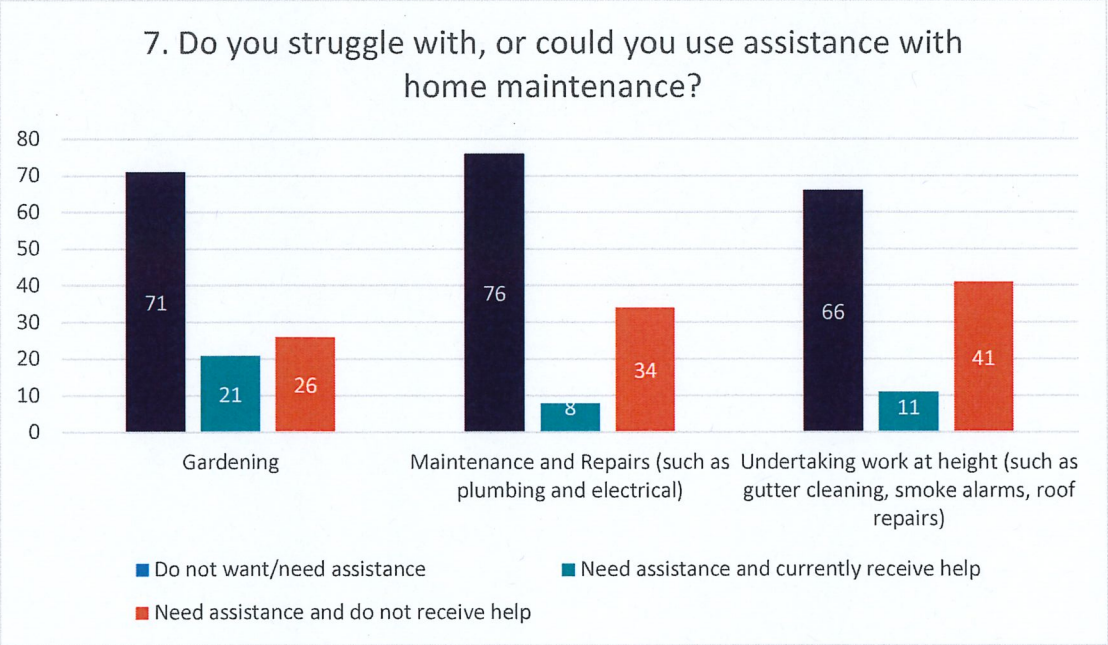
Other areas had minimal reported need for assistance. The full results are listed below.



A further question (*Do you have difficulty performing any of the following day-to-day activities or need assistance to live independently?*) was asked, offering respondents the

option to indicate they did not need assistance in a particular area, or that they did and either received it from a service provider or did not. This question suggests those receiving support are eligible for government assistance and indicates some gap in service provision where respondents need assistance but are not receiving it (however, these respondents may not qualify for government assistance).

	Do not need help with this or I do not want this service	I need assistance with this and already receive this service from a provider	I need assistance with this and do not currently receive any
Domestic Assistance such as cleaning, linen, home delivered shopping	81	24	13
Assistance with self-care such as showering	87	20	11
Food preparation in the home, food advice, lessons, training, food safety	109	6	3
Meals	112	4	2
Transport	106	5	7
Regular visits, accompany me to activities or errands	108	4	6

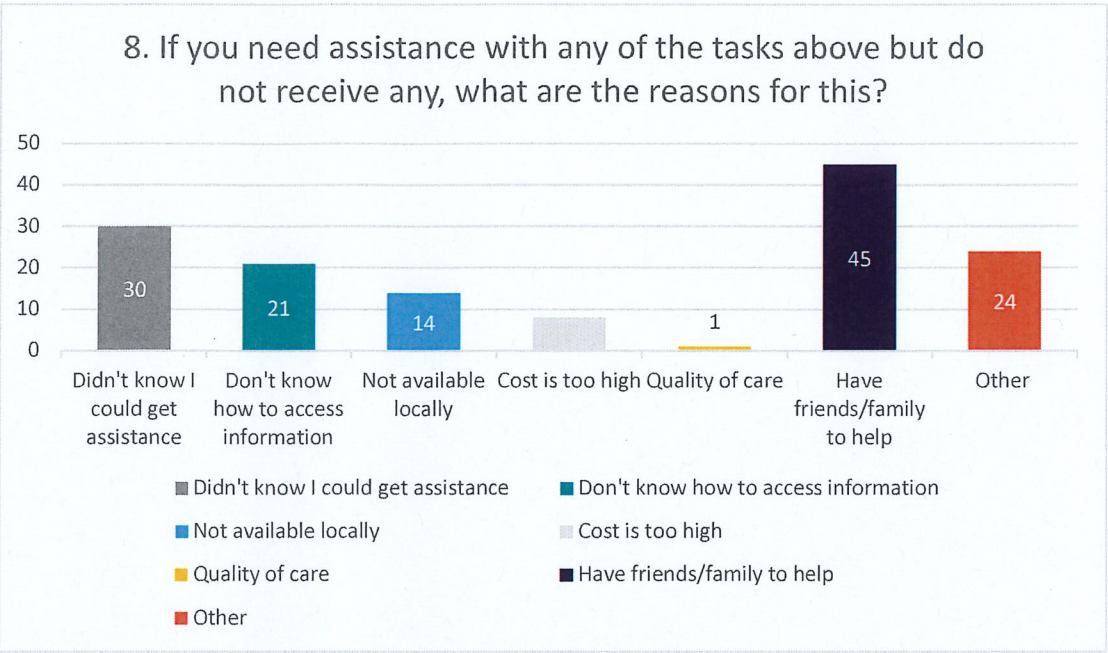


Similarly, a further question (*Do you struggle with, or could you use assistance with, with home maintenance?*) was posed, indicating that there was again a service gap.

	Do not need help with this or I do not want this service	I need assistance with this and already receive this service from a provider	I need assistance with this and do not currently receive any
Gardening	71	21	26
Maintenance and repairs such as plumbing and electrical	76	7	29– home owners 5 – tenant or residential care (likely ineligible)
Undertaking work at height (gutter cleaning, smoke alarms, roof repairs)	66	11	41

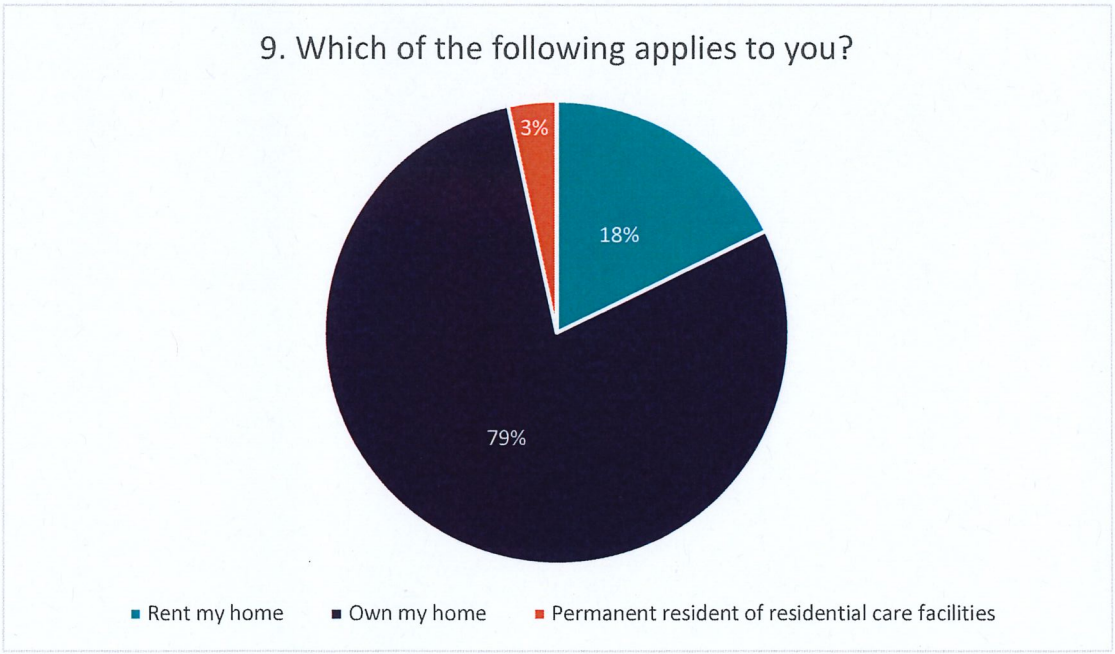
In the following question, respondents could identify multiple factors that influenced why they were not receiving services when they were considered needed – 90 respondents provided feedback to this question. Of those respondents who require assistance with any of the above-mentioned tasks, but do not receive any, half indicated that the reason for this is that they have family or friends to help them. One-third of respondents were unaware they could get assistance, and a further 23% do not know how to access the information. Just over 15% believed that the services are unavailable locally, with only 9% who believe the cost of services to be too high.

It is also worth noting that many of the 'other' responses received commented they do not currently need help but foresee that they will in the near future. Other suggestions included more bus services from the local area into Albany.

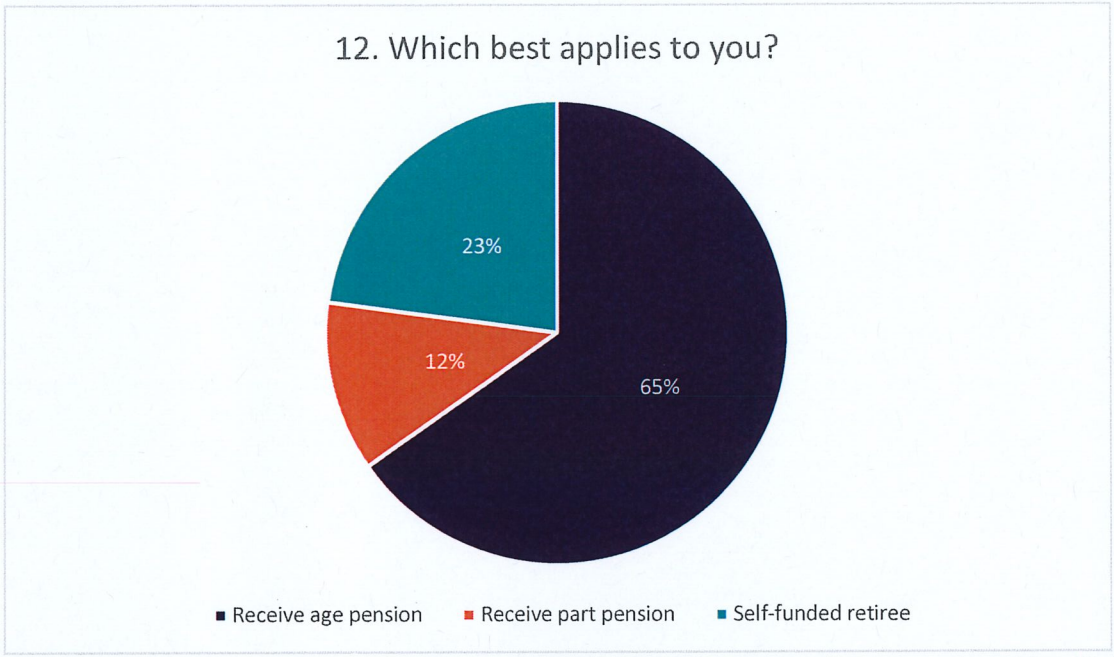


4.4 Housing, Mobility and Social Support

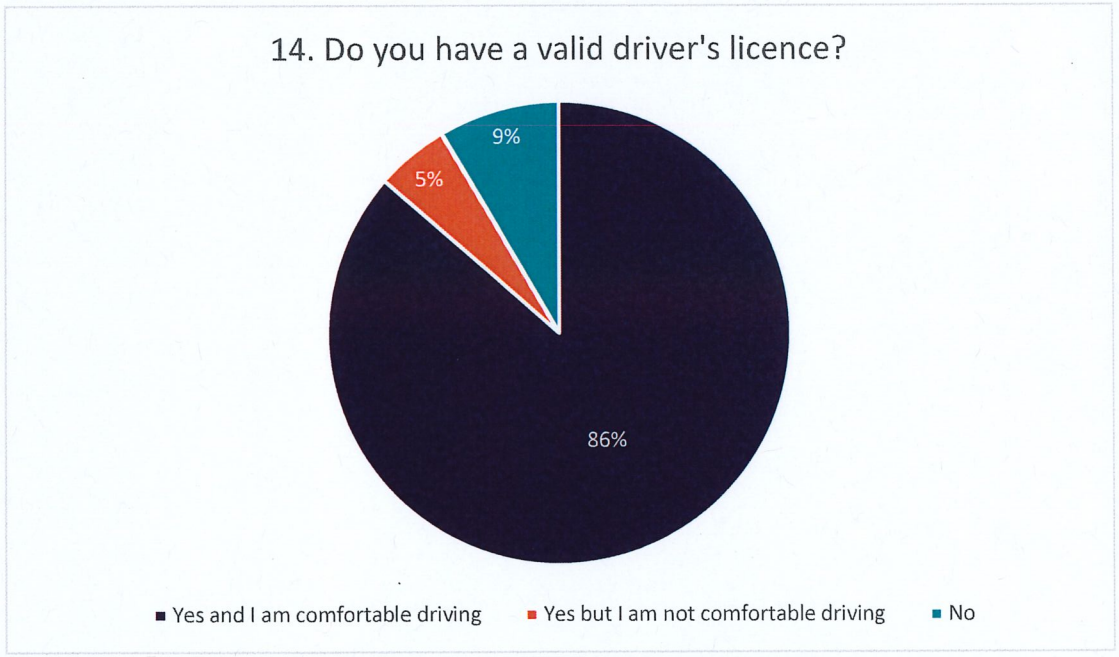
93 respondents (almost 80%) own their home and 21 (17.8%) rent. Tenants generally cannot access the home maintenance services as this is the responsibility of the owner. 4 (3.4%) respondents indicated they are permanent residents of in care facilities and of these, 62.5% have gardening, cleaning, and maintenance and repairs included in their accommodation fee. 12.5% were unsure what services they received.



Of the 118 respondents, more than 65% receive the age pension. Almost 23% are self-funded retirees, with the rest receiving a part-pension.



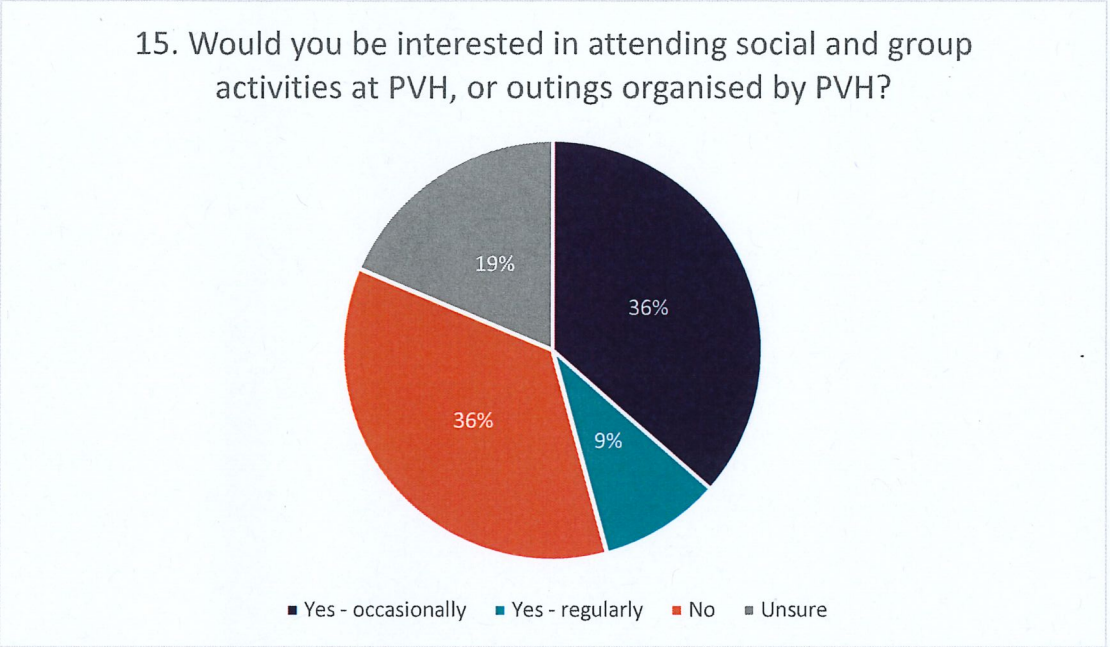
More than 86% of respondents have a valid driver's licence and are comfortable driving. Only 5% do not hold a valid driver's licence.



Only 18 respondents of this survey currently have a carer, representing 15%.

45% of respondents (54) would be interested in attending social and group activities held at PVH occasionally or regularly. 19% (22) were unsure, which may indicate they require

further information on the nature of activities. 36% of respondents (42) said they would not be interested.



5 Discussion

The survey results highlight great variance in the respondents' understanding of the aged care programs and services available and their eligibility. It reinforces anecdotal evidence that the process for accessing support is complex and confusing for many to navigate. Eligibility across many services is dependent on the individual circumstances of the person, as well as factors such as their home ownership status.

The survey has highlighted that PVH would have significant learning to do in order to navigate the system itself and be able to effectively communicate what it was able to deliver – even in the process of this survey, the range of issue and permutations of possible situations has highlighted the complexities that need to be understood and issues that would need to be carefully managed. This would need to involve a pro-active communication and engagement process to raise awareness of services and assist or prompt potential clients to undergo assessment to access the services.

It was notable that there were some extremely dissatisfied respondents who felt the support system was very unsatisfactory. This is an indication that if PVH were to offer services in this space, significant work would need to be undertaken to manage expectations and clearly explain how PVH is able to assist (and understanding that a percentage of people would likely be dissatisfied with the range or mode of services offered).

In terms of service need, the overall results indicate most respondents do not currently need (or want) the services included in the survey, however many indicated they felt they may need them in the future. Of the 118 respondents, 24 appear to be currently accessing CHSP mainly for domestic assistance (cleaning) and gardening, paying on average $8 per service.

Areas where respondents indicated they need assistance and do not currently receive any are: undertaking work at height (41), gardening (26), home maintenance (29) and domestic assistance (13). Ultimately, eligibility for this assistance would need to be confirmed on a case-by-case basis.

Based on the relatively small population base, careful consideration would need to be given to whether there are sufficient people needing the service and qualifying for CHSP. Based on the responses received, services may not be viable depending on the cost of delivering services. There was a fair degree interest in social or group activities, which could also be investigated as a way to build relationships initially before piloting a service expansion.

6 Limitations

Many respondents were confused by Questions 6 and 7, which were in multiple choice table format. For respondents completing the online version of the survey, this was less of an issue as the form could not be submitted unless all mandatory questions were answered. As the vast majority of the surveys completed were paper-based, and despite there being instructions to tick one box on each line, there was a wide variation of alternative responses, such as people writing in the boxes, only ticking one box in the table, or leaving it completely blank. This made it difficult to determine what their intended response was.

A number of respondents were also unsure whether they are eligible for a CHSP, which created an issue since this was a Yes/No response only, there was no option of 'Unsure'.

Similarly, Question 5 asked how much respondents spend on CHSP services but did specify a time frame, so some people put a monthly amount, while other responses it wasn't clear over what time frame the amount referred to.

Appendix 1 – Comment Data for Service Costs

1. $8 per visit – nurse.
2. $24 – domestic assistance, gardening
3. $14 – domestic assistance

4. $8 per month - gardening
5. $82 per month – domestic cleaning. gardening
6. $24 per month – domestic assistance
7. Use a private gardener (not CHSP)
8. $8 per month - domestic assistance
9. $6 per day Meals on Wheels, $12 per fortnight - cleaning
10. $88– Silver Chain domestic
11. $24 - domestic, gardening
12. $8 - lawn mowing
13. $8 per month – gardening
14. $24 per month - domestic, gardening
15. $8 per month - gardening
16. $24 per month - Silver Chain, $8 per month - lawn mowing
17. $8-16 per fortnight - cleaning
18. $10 activities program
19. Not sure
20. $50 per month - gardening, maintenance, work at heights
21. $8 per month - gardening (other paid for by PVH)
22. $32 per month - cleaning
23. $62 per month - cleaning, gardening, maintenance, work at heights
24. $50 cleaning, $16 respite
25. $16 per fortnight - respite care

Prepared by Anna Dixon Consulting

annadixonconsulting.com

hello@annadixonconsulting.com

(08) 6102 8580 | 0429 869 988

APPENDIX TWO

Plantagenet Cranbrook MPS

Response to Request for Information

RESONSE TO PLANTAGENET SHIRE QUESTIONS REGARDING COMMONWEALTH HOME SUPPORT PROGRAM TRANSITION

Meeting held 8/10/2018

QUESTION 1

What services were provided by the Plantagenet Cranbrook Home and Community Care in 2016/2017?

1a What type of services ie transport, home maintenance, showering, shopping?

Plantagenet Cranbrook Home and Community Care provided the following services:

- Personal care
- Shopping
- Social support
- Respite
- Transport
- Day centre
- Meals
- Domestic assistance
- Garden maintenance
- Nursing in the community

1b How many incidences of service provision were provided for gardening, personal care, domestic assistance, shopping, Day Centre, meals on wheels, outings.

During the 2016/2017 period:

- Domestic assistance provided a total of 3905 occasions of service, which equated to 3839 hours
- Day Centre attendance totalled 1117 which equated to 8445.05 hours
- Community Nursing provided a total of 1798 occasions of service, which equated to 8445.05 hours
- Transport trips totalled1363, this includes bus and car 2 way trips
- Personal Care provided a total of 1486 occasions of service which equated to 823.25 hours
- Shopping is included with social support and respite and this totalled 424 occasions which equated to 747 hours.
- Gardening provided a total of 1240 occasions of service which equated to 1945.10 hours.
- Meals served and delivered totalled 3906.00.

QUESTION 2

How many registered Home and Community Care clients were there in 2016/2017?

- There were 256 clients registered in 2016/2017 however this does not include clients under 65 who received services. There are a total of 16 under 65 year old clients in the Plantagenet Shire.

QUESTION 3

3a Of these registered clients how many were in excess of funded WACHS services?

- Unable to provide data for this as bulk funds were received and not individual funds for each client. However, funds were used to provide more services if required in the short term.

3b What services are being provided now?

- All of the services provided for Plantagenet Cranbrook Commonwealth Home Support Program clients remain the same.

3c How many incidences of service provision per week?

- Plantagenet Cranbrook Commonwealth Home Support Program now has 160 clients receiving services. The bulk of these clients are receiving gardening as many of the clients have moved to HACC like packages with other providers. However, as they do not all provide gardening service as yet we are still providing this.

3d How many registered users now.

- Plantagenet Cranbrook Commonwealth Home Support Program has160 registered clients, however this does not include clients receiving services that should be with Disability Services but are not as yet.

QUESTION 4

When will Plantagenet Cranbrook MPS no longer be able to provide services?

- Plantagenet Cranbrook Health Service will continue to provide services until directed by WA Country Health Service

QUESTION 5

How many hours were funded for community nursing in 2016/2017?

- Plantagenet Cranbrook HACC had a full time nurse who provided services to the community 5 days per week 8-4 pm.

QUESTION 6

How many hours are funded now?

- Commonwealth Home Support Program provides the same amount of funding

QUESTION 7

Recognising that Plantagenet Cranbrook MPS is no longer the key provider of home care services to local seniors, what is the current hospital discharge process for seniors requiring care at home?

- All Commonwealth Home Support Program clients are required to have services in place before discharge if needed. There are several programmes available through other agencies that can be accessed and nursing staff have been advised of what is available and how to access this.

7a How is liaison between the hospital and private providers happening?

- All Plantagenet Cranbrook Commonwealth Home Support Program clients over 65 must now be registered on My Aged Care.
- General Practitioners, nursing staff and other health professionals can register clients with their permission. Staff have received training on how to access the website and there are FAX referral forms available for use.
- Services cannot be provided without an assessment being completed by My Aged Care as this is now how providers are funded.
- General Practitioners and nursing staff can contact private providers initially to ascertain if they are able to provide the care required.

7b Who is acting as the advocate for a senior person that may have not been assessed as requiring aged care services previously prior to admission?

- This process has not changed and an older person or the family can contact their General Practitioner or Plantagenet Cranbrook Commonwealth Home Support Program based at the Plantagenet Cranbrook Health Service.
- ADVOCARE service is available: https://www.advocare.org.au/
- A stakeholder meeting to discuss client care is held monthly at the Plantagenet Cranbrook Health Service.

APPENDIX THREE

Anecdotal Stories

Anecdotal Stories

1. Female late 70's early 80's. House for sale in Mount Barker. Had to move to family in Perth as there is no longer HACC support. Missing her friends.

2. Couple - wife carer for husband. Sold house in Mount Barker moved to Boyanup, more support and closer to her family in Mandurah

3. Couple - House for sale in Kendenup. Both have serious health issues and have to move to Perth with family. All friends here. Don't want to move.

4. Female 85/90 will be moving to Perth in next couple of years for care/family, A Red Cross friend takes her to doctors/optometrist in Albany when she can, no other means of transport.

5. Female 85 - Family sold house in Kendenup to move in with mother in Mount Barker as services stopped and she couldn't cope.

6. Couple late 70's - Wife released from hospital 7.2.19 after broken hip, sent home with no referral to assessment team but told the hospital would be in touch. 15.2.19 rang me as not heard from hospital. I rang assessment team. Husband called to see me 6.3.19 to let me know Hellen Dunwoodie had seen them and an assessment was made. She was also arranging for a physiotherapist to call at their house. BUT on Saturday 2.3.19 was taken to Plantagenet hospital with suspected heart attack and was transferred to Albany. After tests she was flown to Fiona Stanley in early hours of Monday morning. She has blood clots on lungs. Haven't heard any more since Wednesday 6.3.19.

7. Female 90 - stroke sent to Albany hospital and discharged was referred for aids in home. She does have gardening help from HACC. Dropped boiling water on her feet and was taken by friend to Plantagenet hospital for treatment to both feet - badly burnt and large blisters. Needed to attend hospital for dressing changes and photographs to be sent to Burns Unit in Perth. At hospital twice ok waiting times but five times made to wait from 4 to 8 hours {staff busy}. She now attends Plantagenet hospital twice per week for stroke exercises. Catches taxi to and from hospital.

8. Female late 80's - hospitalised for 6 days after broken ankle eventually diagnosed, discharged 14.6.2018. No services, care has been provided by friends and family.

9. Husband early 80's Rheumatoid Arthritis wife late 70's shoulder problems. Received letter from HACC saying someone wold came to explain changes, hasn't happened. Still have gardening help from HACC although has been cut back. I have contacted RAS for assessment. They mentioned the PVH survey but found it not relevant to them.

10. Female 80's discharged from Albany Hospital after carpel tunnel surgery, no support was helped by friends.