



# **Aged and Disability Services Strategic Plan 2008-2018**

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## Acknowledgements

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We also wish to thank all the individuals and groups who participated in the consultation process including Council staff and personnel working with other service providers. A particular “thank you” is due to the community groups with whom we met. We appreciate the time they have given to help us identify grass roots issues and their energy and commitment to building local networks and improving community outcomes.

We wish to acknowledge invaluable input from officers of funding agencies who shared information and provided us with relevant reports. We would also like to thank the Aged & Disability Services managers and staff members who participated in the Feasibility and SWOT Workshops conducted on 18 and 19 October. Their input into this vital stage of the planning process has helped to set the scene for the development of a robust and comprehensive 10-year plan for Aged and Disability Services within Glen Innes Severn LGA and surrounding areas.

In particular, we wish to acknowledge the heroic effort of the managers, team leaders and staff of Glen Innes’ Aged and Disability Services who have maintained a commitment to the people of Glen Innes and the wider community within New England. Specifically, we wish to recognise the exceptional manner in which they have rebuilt the confidence of both the public and the funding bodies in the quality and capability of the services Council provides over the past 18 months. The bulk of the ‘threshold issues’ identified within the Internal Document and Desktop Reviews have been substantially addressed or effectively targeted for future action.

## About the author/s

### *Doug Faircloth, Director*

Doug has performed the role of Lead Consultant for this consultancy. He has facilitated all stages of the project attending all meetings and community consultations. Doug has many years of experience in customer service and organisational development in commercial and “not-for-profit” settings. Over the past 5 years, Doug has participated in a wide range of successful consulting projects including submission preparation, needs studies, marketing surveys, client/family/stakeholder consultations and change facilitation projects.

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# About the Document

This document has been prepared on behalf of Glen Innes Severn Council (GISC). It is presented in a format that is built around the staged framework required for the development of a 10-Year Aged & Disability Strategy (2008-2018). However, the data gathering processes have been enacted within a time sequence which does not fully align with the project stages as originally envisaged.

This report summarises the findings of the data gathering stages and project outcomes as follows:

- Stage 1: Regional Snapshot including a Demographic Analysis
- Stage 2: Internal Document Review
- Stage 3: External Document Review (Section 4 – completed) and Projected Needs/Trends
- Stage 4: Consultations
- Stage 5: Expansion Feasibility Plan
- Stage 6: Desktop Review
- Stage 7: Aged & Disability Strategy - 2008-2018

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# 1 Project scope

## 1.1 Overall goal

A key goal identified in the Glen Innes Severn Council (GISC) Social Plan for 2006/2011 was to develop a ten year strategic focus for Aged & Disability Services with the following desired outcomes:

- That older people live as actively and independently as possible with ready access to services
- That people with a disability have equal opportunity to participate in the community

To address this goal, the Council contracted Verso Consulting to undertake a strategic planning project between July and November 2007 utilising a number of data gathering stages to identify potential service development options.

A workshop involving key manager and staff of GISC conducted on 18 and 19 October 2007 ranked these options drawing on the findings of Verso's background research. The priority setting process also involved a SWOT Analysis to determine the relative feasibility of the preferred growth/development opportunities.

The Strategic Plan for Aged and Disability Services 2008-2018 is intended to provide a blue print for the achievement of the preferred growth options as well as documenting broader strategies relevant to the attainment of the desired outcomes for older persons and people with disabilities. The critical questions to be answered are:

- Which of the Council's current services should be expanded in size and/or coverage?
- What new services should be developed to address unmet community needs?
- Should the new services be developed by Council as the lead agency or should service initiatives be undertaken in collaboration with other service providers or community agencies?

## 1.2 Geographic Area

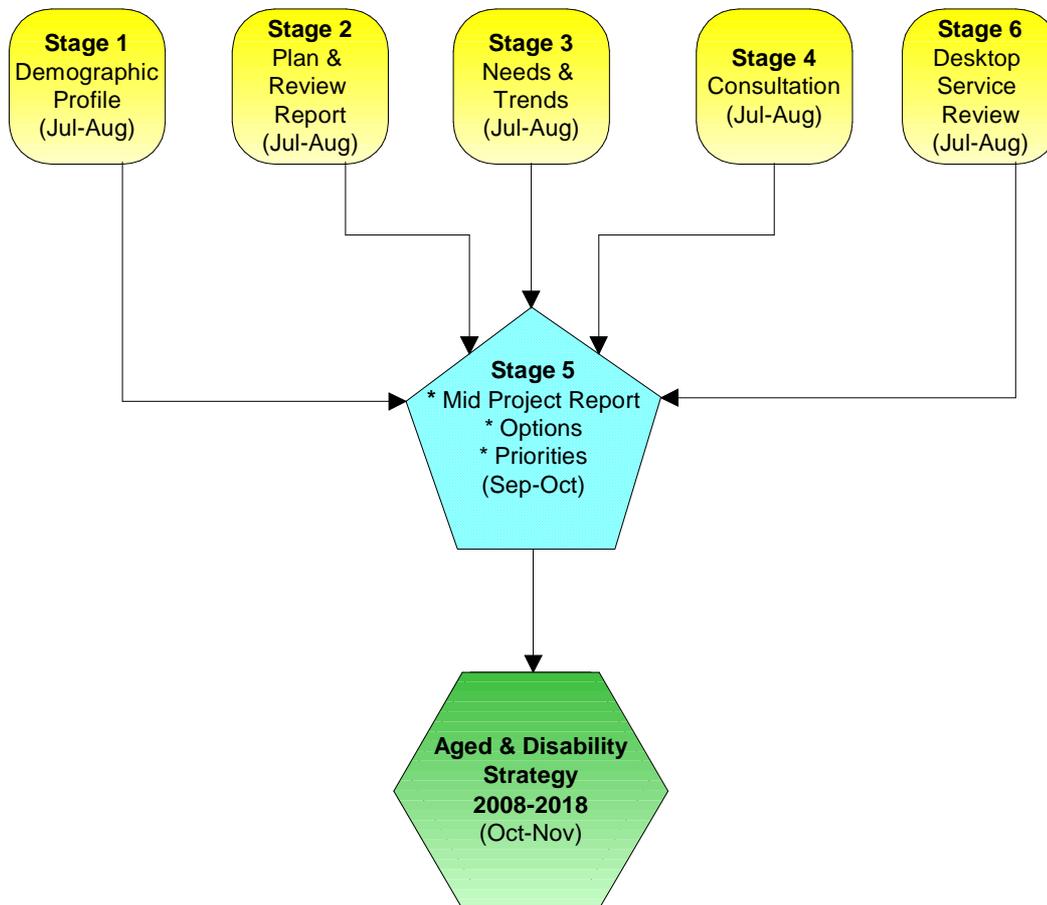
For the purposes of this planning process the geographic scope was defined by GISC as the 13 LGAs depicted in the map in Figure 2. This 'region' aligns with the New England Planning Area within the NSW Department of Ageing, Disability and Home Care (DADHC) planning region known as the 'Northern Region'. It also aligns with the Australian Government Department of Health and Ageing (DoHA) planning region for residential and community aged care. The demographic analysis undertaken as part of this planning process has focused more closely on 5 LGAs within New England which form a 'sub-region' consisting of Glen Innes Severn, Tenterfield, Guyra, Inverell and Gwydir. These 5 LGAs have been defined as the Study Area for Verso's demographic analysis in order to provide a more in-depth understanding of the needs in this sub-region.

## 1.3 Community services

The services included within the scope of this planning project were those operating under the umbrella of Northern Community Care Regional Services and services and programs operating at or from the Garden Court Centre as listed below. Services at the Gum Tree Glen Children's Centre and Heron Lodge have not been included.

## 1.4 Planning stages

The research and data gathering processes required to underpin the development of the Plan have been undertaken as a series of stages (see below).



## 1.5 Project objectives

The following list summarises the objectives proposed by the Glen Innes Severn Council to guide the development of a 10-Year Strategic Plan for Aged and Disability Services along with comments as to how each objective has been addressed:

- Identification of the projected likely needs of aged and disabled persons living locally and within the surrounding New England Region. *This objective was addressed in the demographic analysis and the consultation processes.*
- Identification of the role and responsibility of the Glen Innes Severn Council to address these needs. This objective was been achieved through consultations with individuals within the Council and a comprehensive review of relevant Council documents and reports.
- Development of a “discussion paper” for future reference to stakeholder input. This objective was achieved through the presentation of the Preliminary Report dated 14 September 2007.
- Identification of the current status and future directions/challenges across Council programs and their capacity to support major State and Commonwealth policy directions such as those articulated in: the “HACC State Plan”, “The Way Forward”, “Stronger Together”, “Better Together” and the “NSW Carers’ Action Plan 2007-2012”. *The outcomes of this objective were summarised in the Final Mid-Project Report dated 21 October 2007.*

- Identification of threshold issues for the Council that either support or hinder organisational readiness and capacity to:
  - ◆ to expand existing services
  - ◆ develop new services
  - ◆ succeed in funding applications
  - ◆ achieve operational efficiencies and service effectiveness
  - ◆ ensure recipients of services (including all persons who may experience barriers to accessing services i.e. special needs groups) receive high quality services that meet or exceed standards  
*This objective was addressed through the review of Council as well as the consultation processes.*
- Identification of funding opportunities to support identified service development proposals and commentary on 'best chance' options. *This objective is achieved in the presentation of the attached Strategic Action Plan.*
- Development of an integrated Strategic Action Plan to address the needs of older people and persons with disabilities living in the target areas (sub-region). *This objective is achieved through the attached Strategic Action Plan.*
- Proposal of useful indicators (KPIs) to monitor achievement of the Plan. The attached Strategic Action Plan includes suggested KPIs to monitor its achievement.

## 2 Regional snapshot

### 2.1 Regional boundaries - 'Study Area'

The following map shows the Local Government Areas (LGAs) aligned to the New England HACCC Local Planning Area post-2004 council amalgamations<sup>1</sup>.



GISCC provides Aged and Disability Services across the following geographic catchments:

- Local Services: targeted to Glen Innes Severn LGA
- Sub-regional or Cross-LGA Services: with catchments covering Glen Innes Severn LGA, Inverell, Tenterfield, Gwydir and the township of Tingha
- 'Regional' Services: covering the New England HACCC Planning Area

As the township of Tingha falls across the boundaries of Inverell and Guyra LGAs, this report includes an analysis of relevant demographics the Guyra LGA – making up the fifth LGA for inclusion in the Study Area. This analysis includes a particular focus on 5 LGAs (Glen Innes Severn, Tenterfield, Guyra, Inverell and Gwydir) which we have defined as the 'Study Area' or sub-region for this analysis. These LGAs were selected to reflect main areas of current and potential focus for the Council's Aged and Disability Services.

A series of local government amalgamations took effect in early 2004. This resulted in a number of changes including the creation of:

- Glen Innes Severn Council, which is composed of the former Severn and Glen Innes LGAs
- Gwydir Council, which is composed of part of the former Barraba, Bingara and Yallaroi LGAs
- Tamworth Regional Council, which consists of part of the former Barraba, Manilla, Nundle LGAs and Parry LGA (part) as well as Tamworth City
- Liverpool Plains Council, which covers the former Murrurundi LGA (part), Parry LGA (part) as well as the Quirindi LGA

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<sup>1</sup> Source: [www.dlg.nsw.gov.au](http://www.dlg.nsw.gov.au)

These LGA boundary changes have not yet been recorded in official HACC and Department of Health and Ageing (DoHA) planning maps which means some 'regional' planning information does not fully align with the new LGA boundaries. However, for the purposes of this demographic analysis these differences are not seen to be highly significant.

## 2.2 Accessibility/Remoteness Index of Australia (ARIA)<sup>2</sup>

The ARIA ranks all Australian areas by their relative accessibility to goods, services and opportunities for social interaction. The definitions of ARIA ratings are as follows:

- Highly Accessible – relatively unrestricted accessibility
- Accessible – some restrictions to accessibility
- Moderately Accessible – significant restrictions to accessibility

The Study Area includes a number of areas that are classified as Moderately Accessible:

Glen Innes Severn LGA	Score	Rating
Deepwater	3.14	Accessible
Emmaville	3.33	Accessible
Glen Innes	2.68	Accessible
Glencoe	2.91	Accessible
Guyra LGA	Score	Rating
Ebor	3.74	Moderately Accessible
Guyra	3.01	Accessible
Tingha	3.35	Accessible
Gwydir LGA	Score	Rating
Barraba	3.9	Moderately Accessible
Bingara	4.33	Moderately Accessible
Gwydir	4.51	Moderately Accessible
Yallaro	4.56	Moderately Accessible
Inverell LGA	Score	Rating
Ashford	3.77	Moderately Accessible
Delungra	3.36	Moderately Accessible
Gilgai	3.22	Accessible
Inverell	3.08	Accessible
Yetman	4.62	Moderately Accessible
Tenterfield LGA	Score	Rating
Liston	2.62	Accessible
Tenterfield	3.53	Moderately Accessible
Urbenville	2.61	Accessible

The previous table confirms the need for special attention to the development of service models able to address remoteness issues. These findings also confirm opportunities to apply for new services or expand existing services which address reduced accessibility within a significant proportion of the Target Area covered by this analysis.

It should also be noted that there may be some inaccuracies in the ARIA scoring. For example, Liston is listed as 'Accessible' and should possibly be rescored to take account of very poor road access –

<sup>2</sup> ARIA scores and ratings of selected locations within the Study Area (Source: Accessibility/Remoteness Index of Australia (ARIA) Search Facility, <http://www.health.gov.au/aria/ariaipt.cfm> - accessed 5/10/07)

particularly from NSW. The most common method of accessing this town is through the Queensland town of Stanthorpe. There are major access issues for providers of home-based care due to the difficult terrain and dangerous road infrastructure.

## 2.3 Demographics

In order to provide an overview of the ageing population and persons with a disability within Glen Innes Severn and surrounding LGAs, Verso Consulting has used a range of data sources, including the ABS Census of Population & Housing (2001 & 2006), population projections prepared by the NSW Department of Infrastructure, Planning & Natural Resources (based on 2001 ABS Census figures as projections on 2006 data were not available at the time of this analysis) and information cited in other reports.

In analysing the ABS 2006 data we reviewed the following data categories in order to provide information relevant to the identification of population trends and 'Special Needs Groups' as defined under the Aged Care Act 1997 and the NSW HACC Annual Plan 2006/07 as follows:

- age/gender structure
- indicators of cultural and linguistic diversity (country of birth, languages spoken at home and proficiency in spoken English)
- indigenous status
- income levels

Consideration has been given to indicators of financial disadvantage and social isolation in order to provide information relevant to the extent to which older persons and persons with a disability are experiencing social and/or financial hardship. Data from the 'target' LGAs have been aggregated and compared to 'regional' New England data, where relevant, to give a broader understanding of LGA-specific and 'regional' trends. State-wide comparisons are also provided where this information highlights particular local issues. Where available, the following age cohorts have been examined as per the Project Brief: persons aged 50+, 70+ and 85+.

### 2.3.1 Age Structure

The ABS 2006 Census has been analysed to examine the proportion of the 50+ population living within the 5 LGAs included in the 'Study Area' for this review. The percentage of the total population who are aged 50 and over exceeds the % for NSW as a whole and this finding is consistent across comparisons for the 70+ and 85+ populations.

In summary the findings of this analysis are as follows:

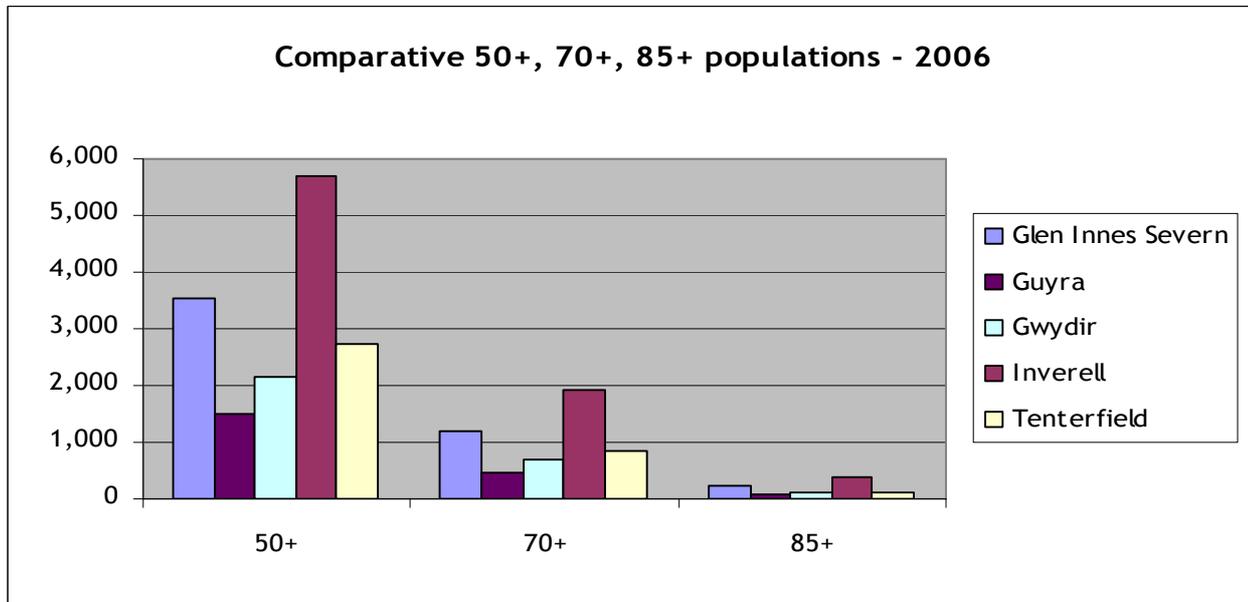
- The 50+ population in Glen Innes Severn represents 40.5% of the total as compared to 38.8% for the 'Study Area' and 31.4% for NSW as a whole.
- The 70+ population in Glen Innes Severn constitutes 13.7% of the population in comparison to the 'Study Area' (12.7%) and NSW (9.9%)
- Persons aged 85 years and over make up 2.6% of the total population in Glen Innes Severn which is higher than for the 'Study Area' (2.3%) and for NSW as a whole (1.7%).

	Glen Innes Severn		Guyra		Gwydir		Inverell		Tenterfield		Tingha		Study Area	
	#	% of Total	#	% of Total	#	% of Total	#	% of Total	#	% of Total	#	% of Total	#	% of Total
50+	3,557	40.5%	1,515	35.8%	2,146	40.4%	5,683	36.6%	2,748	42.1%	273	30.8%	15,649	38.8%
70+	1,205	13.7%	472	11.2%	698	13.1%	1,923	12.4%	845	12.9%	91	10.3%	5,143	12.7%
85+	230	2.6%	68	1.6%	116	2.2%	371	2.4%	130	2.0%	6	0.7%	915	2.3%
Total pop	8,778		4,229		5,310		15,508		6,535		886		40,360	

*Ageing Populations in Target LGAs (Study Area)*

This analysis is important because the numbers and proportion of persons aged over 50 years are indicators of the likely need for retirement accommodation and increasing needs for health promotion programs and health services.

The 70+ population data are used on a regional basis across Australia by the Australian Government DoHA to develop planning ratios for residential and community aged care funding allocations with new funded 'places' foreshadowed as a three year cycle on an annual basis. Reviewing the special needs groups within the 70+ population is the most effective way to demonstrate specific local needs for the purpose of aged and community care funding applications.



*LGA Comparisons within the Study Area (sub-region)*

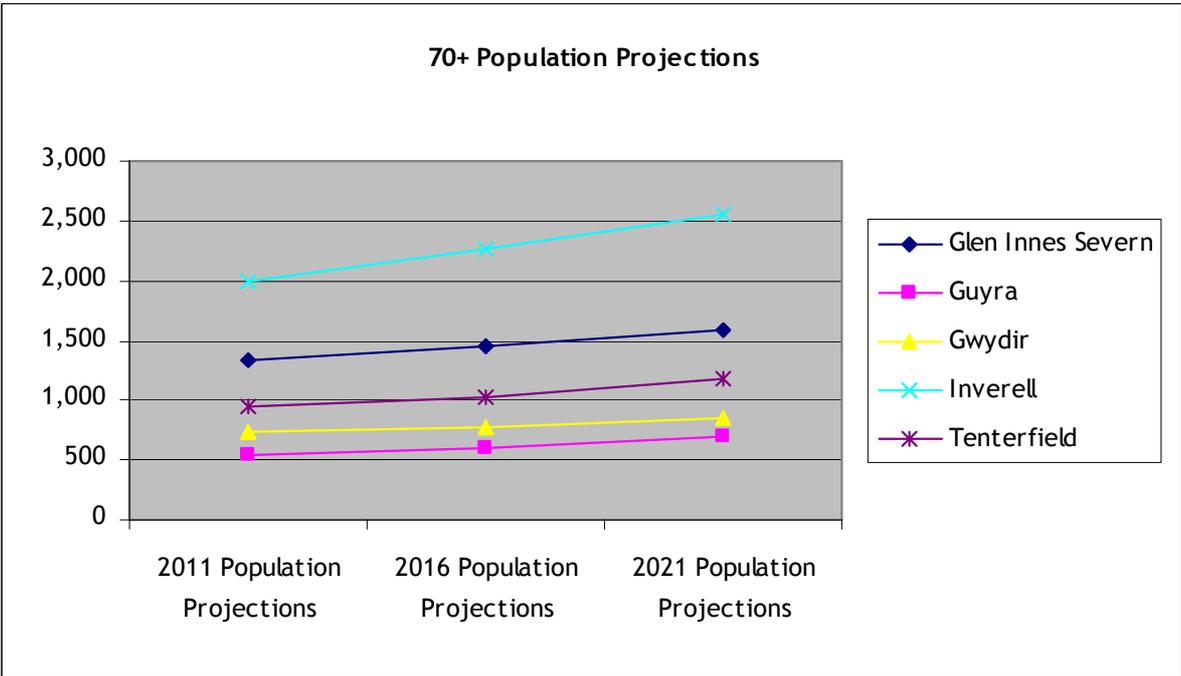
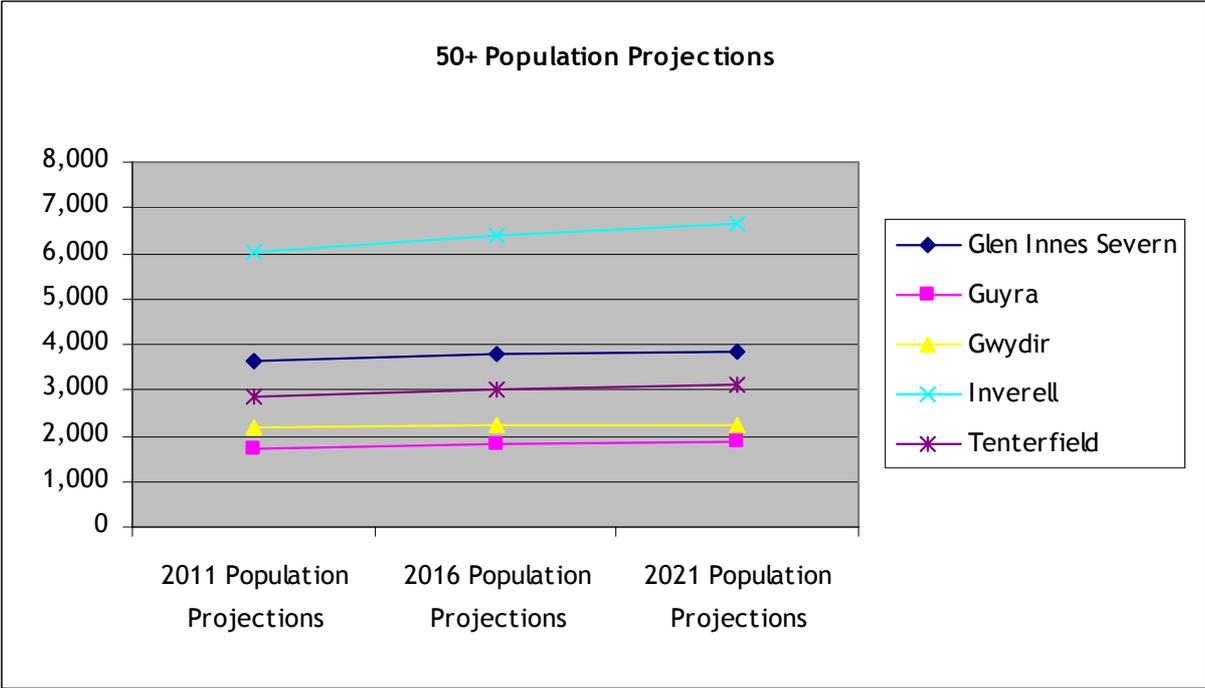
Within the Study Area (sub-region):

- Tenterfield has the highest proportion of persons 50+ (42.1%)
- Glen Innes Severn has the highest proportion of 70+ persons (13.7%)
- Glen Innes Severn has the highest proportion of people aged 85+ (2.6%)

These findings are highly important in planning of community aged care services as they confirm that there will be significant ongoing needs for high care 'places' as well as dementia specific care.

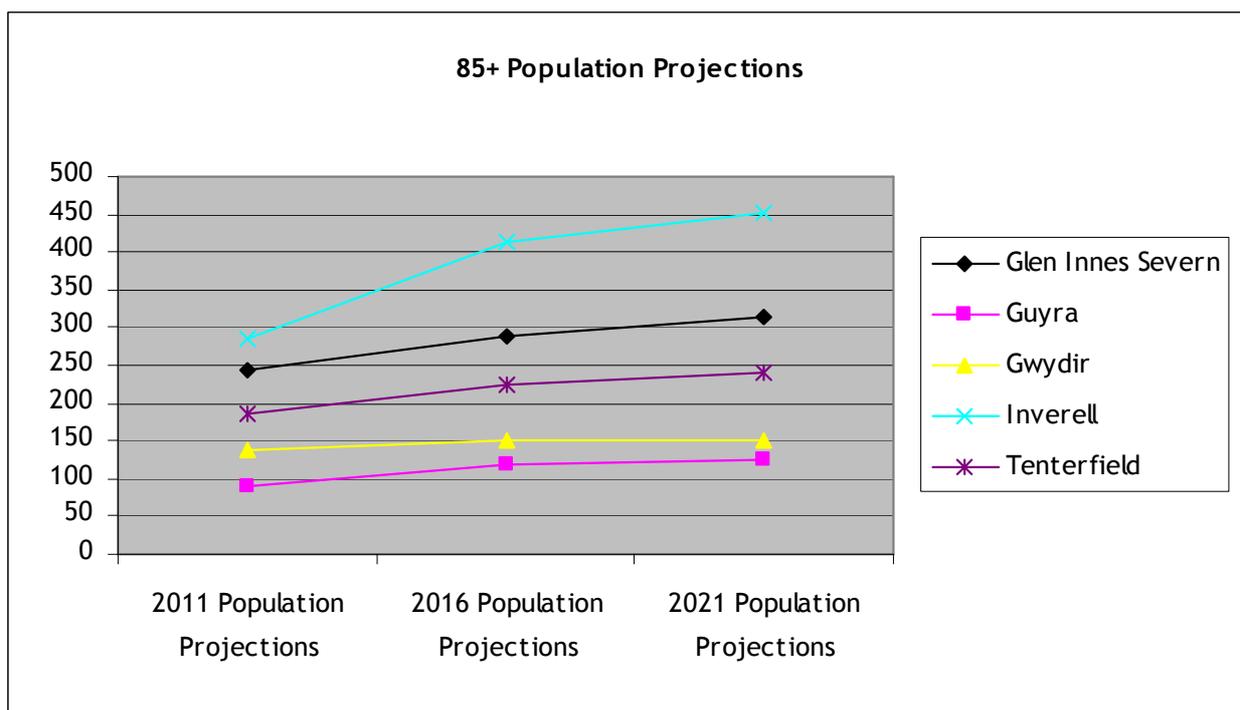
### 2.3.2 Population Projections

Population projections prepared by the NSW Department of Infrastructure, Planning and Natural Resources (based on 2001 Census data) show that the 50+ proportion of the Study Area population is estimated to increase by 7% between 2006 and 2021. This is consistent with projections for the New England 'region' and NSW as a whole. The total number of persons in the Study Area aged 50+ will increase from 15,649 in 2006 to 17,805 (an increase of 2,156). The LGAs with the greatest numerical increases are Inverell (986), followed by Tenterfield (381).



*LGA Comparisons of 50+ and 70+ Projections*

The tables above clearly show a steady and consistent growth in the 50+ and 70+ cohorts between 2011 and 2021 with Glen Innes Severn LGA showing the steepest increases and the largest numbers of older persons when compared to other LGAs in the Study Area.



*85+ Projections by LGA in the 'Study Area'*

### 2.3.3 Cultural and Linguistic Diversity

The ABS 2006 Census identified a low proportion of people aged 45+ from culturally and linguistically diverse backgrounds residing within the Study Area (2.8% as compared to NSW 21.4%). Actual numbers by LGA are detailed in the next table:

	Glen Innes Severn	Guyra	Gwydir	Inverell	Tenterfield	Study Area
45+	119	34	48	178	143	522
70+	44	11	10	51	35	151
85+	8	4	4	8	3	27

*Country of Birth Comparisons by LGA*

### 2.3.4 Veterans and War Widows/Widowers

The Department of Veterans' Affairs (DVA) figures for the number of DVA beneficiaries in the target LGAs in 2006 show that the proportion of DVA Beneficiaries and war widows (a subset of DVA Beneficiaries) among the 50+ population in the Study Area is slightly higher than for the New England Region and NSW.

	Glen Innes Severn		Guyra		Gwydir		Inverell		Tenterfield	
DVA Beneficiaries	119	3%	283	19%	115	5%	1,757	31%	157	6%
War Widows	54	2%	125	8%	41	2%	523	9%	48	2%
Total 50+ Population	3,557		1,515		2,146		5,683		2,748	

	Study Area		New England Region		NSW	
DVA Beneficiaries	1,198	8%	4,353	7%	140,732	7%
War Widows	456	3%	1,597	3%	39,476	2%
Total 50+ Population	15,649		59,598		2,054,424	

*DVA-Entitled Persons as a % of 50+ Populations*

DVA beneficiaries are defined as any person who receives a pension/allowance from DVA or who holds a treatment or pharmaceutical card issued by DVA.

### 2.3.5 Aboriginal Communities

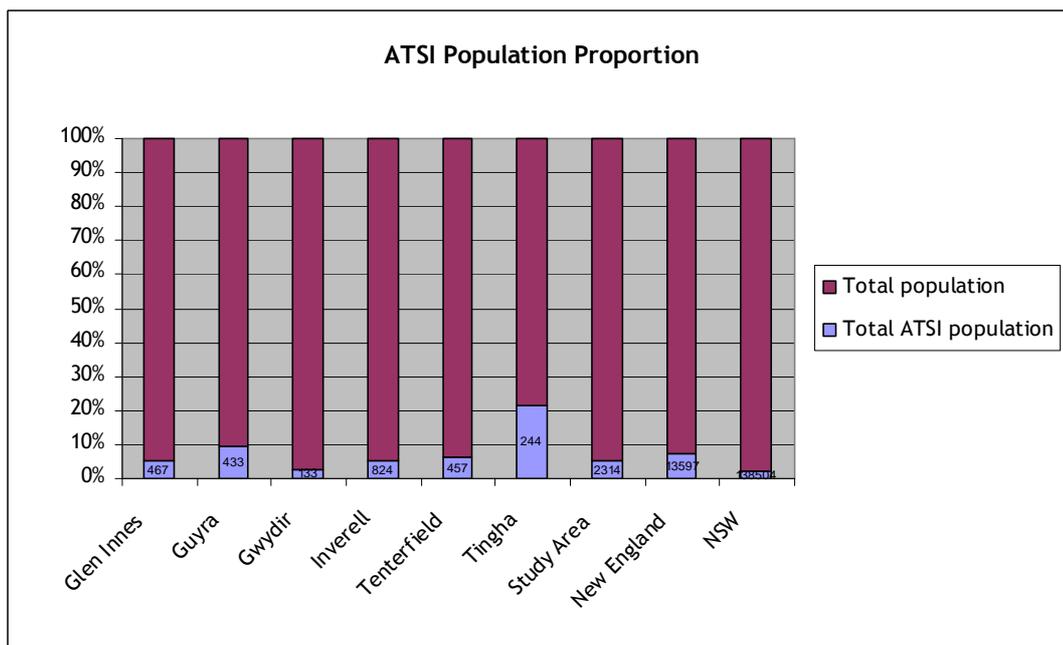
The targeted age group for aged care services is 50+ for the indigenous population due to of the lower life expectancy of the indigenous populations and the extent to which they experience age-related health issues at an earlier age.

There is a significant Aboriginal population in the Study Area. Actual numbers may fluctuate due to movement of Aboriginal persons within wider family groups as well as a degree of under-reporting – possibly impacting on the completeness of this information. There is also a likelihood that older ATSI persons from more remote areas may move to access health or care services in regional centres or rural townships as their support needs increase with age.

Based on the ABS 2006 Census:

- 2.11% of the population of NSW self-identified as ATSI<sup>3</sup>
- 5.73% of the population of the Study Area self-identified as ATSI
- 27.54% of the population of the township of Tingha self-identified as ATSI

<sup>3</sup> ABS data refers to Aboriginal & Torres Strait Islander persons (ATSI)



**ATSI Populations in Study Area LGAs Compared to Regional and State Figures**

	Glen Innes		Guyra		Gwydir		Inverell		Tenterfield		Tingha	
	ATSI #	% of LGA ATSI	ATSI #	% of LGA ATSI	ATSI #	% of LGA ATSI	ATSI #	% of LGA ATSI	ATSI #	% of LGA ATSI	ATSI #	% of Town ATSI
45+	77	16.49%	72	16.63%	28	21.05%	122	14.81%	70	15.32%	39	15.98%
55+	35	7.49%	35	8.08%	15	11.28%	64	7.77%	32	7.00%	15	6.15%
65+	13	2.78%	15	3.46%	3	2.26%	25	3.03%	14	3.06%	9	3.69%
<b>Total ATSI population</b>	<b>467</b>		<b>433</b>		<b>133</b>		<b>824</b>		<b>457</b>		<b>244</b>	
<b>Total population</b>	<b>8,778</b>		<b>4,229</b>		<b>5,310</b>		<b>15,508</b>		<b>6,535</b>		<b>886</b>	

**Study Area LGAs and Tingha Township ATSI Populations**

	Study Area			New England			NSW		
	ATSI #	% of Study Area ATSI	% of Sub-Region Total	ATSI #	% of New England ATSI	% of New England Total	ATSI #	% of NSW ATSI	% of NSW Total
45+	369	15.95%	0.91%	2,426	17.84%	1.41%	24,863	17.95%	0.38%
55+	181	7.82%	0.45%	1,217	8.95%	0.71%	12,159	8.78%	0.19%
65+	70	3.03%	0.17%	482	3.54%	0.28%	4,899	3.54%	0.07%
<b>Total ATSI population</b>	<b>2,314</b>		<b>5.73%</b>	<b>13,597</b>		<b>7.89%</b>	<b>138,504</b>		<b>2.11%</b>
<b>Total population</b>	<b>40,360</b>			<b>172,397</b>			<b>6,549,177</b>		

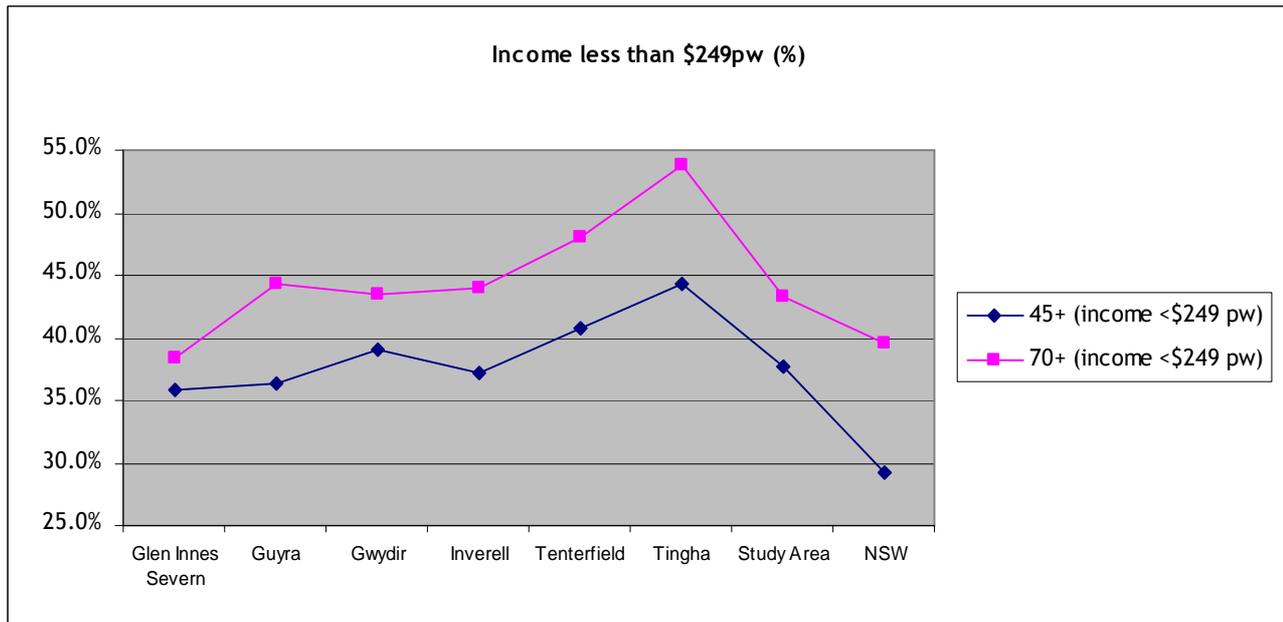
**Study Area ATSI Population Compared to Regional and State Data**

A key finding from this study is that the New England HACC planning region includes around 10% of all older Aboriginal persons within the State making this a highly significant planning consideration for aged and disability services into the future. The region should receive at least 10% of all HACC funding targeted to this special needs group within NSW.

Also of note is the fairly even distribution of older Aboriginal persons across all LGAs in the Study Area which confirms that there is a need for specialist community aged care services across all these areas and appropriate funding applications to the DoHA would be well supported by this demographic analysis.

### 2.3.6 Financial Disadvantage

6,995 residents in the target LGAs reported an income of less than \$249 per week (indicative of pension-level income). The proportion is significantly higher in the township of Tingha (45+ 44.3% and 70+ 53.8%) and in Tenterfield LGA (45+ 40.8 and 70+ 48%). The chart below indicates these proportions and places them in context with the wider NSW population characteristics.



*Income level Comparisons*

There are higher proportions of persons aged 70+ with reported income of less than \$249 per week across all LGAs in the Study Area when compared to NSW as a whole. Their numbers total 2,225 across the Study Area with the Township of Tingha showing close to 55% of all persons over 70 living at or below pension-level. The Jesuit Social Services Report “Dropping off the Edge” (2007) which examined the distribution of disadvantage across Australia found the Tingha postcode locality to be one of the 11 most disadvantaged areas in NSW as assessed against a wide range of indications covering social distress and community safety as well as health/economic factors and education levels.

In terms of accessing HACC and Commonwealth community aged care funding this is a standout finding and it is essential that specialist community aged care programs are implemented as a matter of urgency to address this equity issue, not only in Tingha, but across the entire Study Area.

### 2.3.7 Disability (Need for Assistance with Core Activities of Daily Living)

The table below shows that the proportions of the population reporting as having a need for assistance with the core activities of daily living are higher for all age cohorts within the Study Area than for the New England Region or NSW as a whole.

The ABS 2006 Census also confirms that the proportion of the population aged 55+ with a profound or severe core activity limitation increases with age. The HACC target population is calculated by applying the sum of moderate, severe and profound disability rates from the most recent ABS Census of Disability, Ageing and Carers (SDAC) and applying it to population projections for their planning regions/areas. On this basis DADHC reported the 2006/07 HACC Target Population for the New England HACC Local Planning Area to be 15,052 persons which equates to 8.35% of the total population of the area. Using the DADHC method and applying it to the 2006 Census population total for the Study Area, we can

estimate the HACC target population in these 5 LGAs to be 3,370 persons. Of major importance is the extent to which the population in these LGAs is anticipated to age steadily over the next 15 years resulting in an ongoing increase in the proportion of the population who will have a disability and hence be likely to need HACC services or other community support programs.

	Tingha		Study Area		New England Region		NSW	
	#	%	#	%	#	%		%
0-14 years	4	1.5%	159	2.0%	625	1.7%	19,887	1.5%
15-29 years	0	0.0%	109	2.0%	445	1.5%	15,665	1.2%
30-44 years	7	4.9%	203	3.0%	738	2.3%	22,888	1.6%
45-69 years	14	5.5%	749	6.1%	2,465	4.6%	79,233	4.2%
70-84 years	18	22.2%	635	16.3%	2,341	15.1%	87,260	16.2%
85+	5	55.6%	476	55.2%	1,575	50.9%	53,311	47.7%
Total	48	5.4%	2,331	6.3%	8,189	4.8%	278,244	4.2%

*Self-reported Need for Assistance with Core Activities - Tingha, Study Area, Region and State comparison*

### 2.3.8 Carers

ABS findings in relation to numbers of persons self-reporting as providing assistance to another person (that is a primary carer) is also higher within the Study Area than for the Region or the State. Also the numbers and proportions of the total population of self-reported carers are higher in some areas in particular as detailed above. Our analysis shows a need for special attention to respite care and other carer support programs across the Study Area with a somewhat greater focus on Tenterfield and Gwydir. In summary, there are estimated to be 3,845 carers across the 5 LGAs in the study area (sub-region) including 413 who are aged 70+ and 79 who are over the age of 80.

	Gwydir		Tenterfield		Tingha		Study Area	
	#	% of Cohort	#	% of Cohort	#	% of Cohort	#	% of Cohort
0-14	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total 0-14 pop	1,055		1,321		263		8,557	
15-29	56	8.1%	89	10.6%	14	10.5%	430	7.3%
Total 15-29 pop	689		837		133		5,873	
30-44	126	12.1%	183	16.4%	23	15.5%	936	12.7%
Total 30-44 pop	1,043		1,118		148		7,382	
45+	344	13.6%	427	13.1%	33	9.7%	2,417	13.0%
Total 45+ pop	2,523		3,260		341		18,551	
70+	65	9.3%	61	7.2%	6	6.9%	413	8.0%
Total 70+ pop	697		847		87		5,145	
80+	16	6.2%	16	5.2%	0	0.0%	79	4.5%
Total 80+ pop	259		306		20		1,764	

*Self-reported Provision of Unpaid Assistance to a Person with a Disability - Selected LGAs and Study Area comparisons*

## 2.4 Overview of current services

### 2.4.1 Residential Aged Care<sup>4</sup>

There are currently 38 Residential Aged Care Facilities in the New England Region, operating approximately 676 high care and 850 low care places. The eleven facilities located within the Study Area, operate approximately 181 high and 232 low care places. The 70+ population in the New England Planning Area was projected to be 18,598 in 2006. The current allocation ratio for residential beds is 44:1,000 (low care) and 44:1,000 (high care). The current ratios for the New England Planning Area are 36:1,000 (high care) and 46:1,000 (low care). Current ratios in the target LGAs are:

LGA/Area 70+ population	High Care				Low Care				Overall			
	Target Places	Actual Places	Actual per 1,000	Places Variance	Target Places	Actual Places	Actual per 1,000	Places Variance	Target Places	Actual Places	Actual per 1,000	Places Variance
GISC	157	70	20	-87	157	61	17	-96	314	131	37	-183
Guyra	67	0	-	-67	67	22	15	-45	134	22	15	-112
Gwydir	94	0	-	-94	94	32	15	-62	188	32	15	-156
Inverell	250	81	14	-	250	82	14	-	500	163	29	-337
Tenterfield	121	30	11	-91	121	35	13	-86	242	65	24	-177
Study Area	689	181	12	-	689	232	15	-	137	413	26	-965
New England	818	676	36	-	818	850	46	+32	163	152	82	-110

There is a clear difference between the current ratios of the Study Area and the New England Planning Region. The shortfall of residential places in the Study Area (965) provides some explanation for the pressure experienced by community care package providers.

### 2.4.2 Community Aged Care<sup>5</sup>

- There are currently 6 providers of CACPs in the New England Region, operating approximately 334 packages.
- There are currently 2 providers of EACH in the New England Region, operating approximately 26 packages.
- There is currently 1 EACHD provider in the New England Region, operating approximately 15 packages.

The 70+ population in the New England Region was projected to be 18,598 in 2006. The current allocation ratio for community care packages is 25:1,000 across all care package types. The current ratio for the New England Planning Area is 20:1,000.

Current ratios in the target LGAs are:

<sup>4</sup> Source: DoHA - Aged Care Service List 2005-2006 and ACAR 2006 Allocations and ABS 2006 Population & Housing Census

<sup>5</sup> Sources: DoHA - 2006 Aged Care Service List & 2006 Aged Care Funding Round Allocations

Area 70+ population	Community Care Packages			
	Target Places	Actual Places	Actual per 1,000	Places Variance
New England 18,598	465	379	20	-86

*Community Aged Care Package Ratios*

## 3 Consultation results

### 3.1 Scope of consultations

Verso Consulting conducted extensive stakeholder consultations as outlined. Consultations were conducted by phone and by undertaking site visits:

- 2 site visits to Glen Innes to conduct one-on-one and group consultations - 10-16 August and 30-31 August 2007
- Telephone consultations with external stakeholder were also conducted during August 2007
- Site visits also provided opportunity for consultants to gain an appreciation of the geography and the towns and villages within the Study Area through visits to Inverell, Armidale, Guyra, Deepwater, Tingha and Emmaville

The scope of the consultations can be summarised as follows:

- 10 consultations with other service providers
- 3 consultations with Government Departmental personnel
- 8 consultations with Council personnel
- 11 consultations with service users and other members of the public

In total, 89 people were involved in 32 separate consultations.

Personnel, groups and/or organisations consulted included:

- Individual members of the Glen Innes Severn community, one-on-one and in group settings including elderly Aboriginal people
- Individual members of other communities in the Study Area
- Members of Probus Clubs
- Members of a Disability Carers' Group
- A gathering of Aboriginal people and elders sponsored by the Aboriginal Lands Council
- Service providers such as: Glen Industries, the Regional Commonwealth Carers Respite Centre/Carelink Centre, 'The Alliance', SOS Nursing, Town and Country Home Care, Hunter New England Aged Care and Rehabilitation Services, a Hunter New England Community Nurse, New England Community Care, the Regional TAFE and regional ACAT personnel
- Government personnel from DADHC and the NSW Ministry of Transport
- Management and staff from Northern Community Care and Garden Court
- Glen Innes Severn Council Deputy Mayor representing councillors

### 3.2 Consultation methodology

Consultation methods included:

- Group consultations lasting 1.5 to 2 hours
- One-on-one meetings for around 1 hour
- Telephone Consultations lasting 20 to 40 minutes

All consultations used pre-prepared questionnaire frameworks developed by Verso Consulting in conjunction with Glen Innes Severn Council Community Services Managers.

The questionnaire was designed to create a free-flowing discussion focusing on stakeholders' aspirations and the issues that respondents encountered in receiving/providing services. The consultants were focused on obtaining insights into what was most important to the respondents from their unique perspectives.

The consultants managed the group consultations depending on the dynamics of the group and processes included shared discussion, individual responses from group members and 'story telling'. Consultants documented the responses of groups and individuals consulted and recorded additional reflections where these were considered helpful or important.

Consultants sought to understand, identify and document:

- threshold issues
- existing service strengths
- barriers to developing services
- aspirations for the future
- options for future service development
- unmet needs

Team reflection processes and discussions were utilised by the consulting team to explore the themes and issues raised through the consultation process and the extent to which other research dovetailed with or strengthened the findings. These reflections have informed the documentation of the consultation results in this report.

### **3.3 Twelve Key Issues**

The twelve most significant issues identified through the consultations were:

- Shortages of experienced and qualified personnel
- Access to services for people with mental health issues
- Physical access for people with disabilities
- The need to further develop/improve critical relationships with other services and funding bodies
- Aboriginal access and culturally appropriate care
- Transport
- Respite care
- Aged Care Assessment Team (ACAT)
- Hospital services and infrastructure
- Access to Disability Services
- Particular health care and dementia service issues
- Particular ageing concerns

## 4 Needs, trends & strategic suggestions

The consultants have reviewed the findings from the various data collection methods utilised as background research in this project to date. We have summarised the key findings below in order to stimulate discussion prior to the finalisation of strategic long term goals for the growth and development the Council's Aged and Disability Services.

### 4.1 Demographic findings

#### *Indicators of Special Needs*

- Persons aged 85 years and over make up 2.6% of the total population in Glen Innes Severn LGA which is higher than for the 'Study Area' (2.3%) and for NSW as a whole (1.7%). This finding is highly important in relation to planning of community aged care services as it confirms that there will be significant ongoing needs for high care 'places' (community and residential) as well as dementia-specific programs within the Glen Innes LGA boundaries. Persons living with dementia are defined as a special need group under the HACC program and dementia care is considered a "care issue" by DoHA with targeted funding allocations made available from time to time.
- The Department of Veterans' Affairs (DVA) reports that the proportion of DVA beneficiaries within the 50+ populations in the Study Area is slightly higher than for the New England Region and NSW. This confirms a need to look at the extent to which DVA-funded services and mainstream community programs (especially HACC and CACP services) are meeting veterans' special care requirements. In preparing funding applications for DoHA community aged care services it is essential to address the requirements of the special needs group as defined under the Aged Care Act 1997.
- A key finding from this study is that the New England HACC planning region includes around 10% of all older Aboriginal persons within the State making this a highly significant planning consideration for aged and disability services into the future. The region should receive at least 10% of all HACC funding targeted to this special needs group within NSW. Also of note is the fairly even distribution of older Aboriginal persons across all LGAs in the Study Area which confirms that there is a need for specialist Aboriginal community aged care services across all these areas and appropriate funding applications to the DoHA would be well supported by our demographic analysis.
- There are higher proportions of persons aged 70+ with reported income of less than \$249 per week across all LGAs in the Study Area when compared to NSW as a whole. The Jesuit Social Services Report (2007) found the Tingha postcode locality to be one of the 11 most disadvantaged areas in NSW. In terms of accessing HACC and Commonwealth community aged care funding this is a standout finding and it is essential that specialist community aged care programs are implemented as a matter of urgency to address the needs of financially disadvantaged persons, not only in Tingha, but across the entire Study Area.

#### *Trends – Policy and Needs*

- The HACC target population is calculated by applying the sum of moderate, severe and profound disability rates from the most recent ABS Census of Disability, Ageing and Carers (SDAC) and applying it to population projections for their planning regions/areas. On this basis DADHC reported the 2006/07 HACC Target Population for the New England HACC Local Planning Area to be 15,052 persons which equates to 8.35% of the total population of the area.
- Using the DADHC method and applying it to the 2006 Census population total for the Study Area of we can estimate the HACC target population in these 5 LGAs to be 3,370 persons. Of major importance is the extent to which the population in these LGAs is anticipated to age steadily over the next 15 years resulting in an ongoing increase in the proportion of the population who will have a disability and hence be likely to need HACC services or other community support programs.

- It is important to recognise that so called 'younger persons' with a disability are also ageing (as are their family carers). The link between some forms of intellectual disability and the early onset of dementia means that appropriate flexible community programs (with HACC, DADHC and Commonwealth funding) are needed to address the requirements of carers of disabled persons in all age groups. New funding for respite services available through FaCSIA over the next 4 years recognises the extent and complexity of the interface between mental illness, disability and the ageing of the population and every effort should be made to ensure that Glen Innes and surrounding areas receive their fair share.
- The percentage of the total population within the 5 'target' LGAs who are aged 50 and over exceeds the % for NSW as a whole and this finding is also consistent across comparisons for the 70+ and 85+ populations.
- Population projections prepared by the NSW Department of Infrastructure, Planning and Natural Resources (based on 2001 Census data) show that the 50+ proportion of the Study Area population is estimated to increase by 7% between 2006 and 2021. This analysis is important because the numbers and proportion of persons aged over 50 years are indicators of the likely need for retirement accommodation and increasing needs for health promotion programs and health services.
- In comparison to the New England 'region' the Study Area has a higher % of 70+ persons in the overall population (12.7% as compared to 10.8%). 70+ population data are used on a regional basis across Australia by the Australian Government DoHA to develop planning ratios for residential and community aged care funding allocations with new funded 'places' foreshadowed as a three year cycle on an annual basis. This finding shows that there is a rationale for a proportionally greater allocation of funds to the 'target' LGAs currently serviced by the Council than for the region as a whole.
- There will be consistent and continuing growth in the 50+, 70+ and 85+ age cohorts between 2011 and 2021 with the Glen Innes Severn LGA showing the steepest increases and the largest numbers of older persons when compared to other LGAs in the Study Area. This confirms the need to strategically plan ahead for aged care services in the local community over the next 10 to 15 years.
- The ABS 2006 Census identified that that proportion of persons aged 45+ living alone in the target LGAs increases with age, and this is consistently higher than comparable figures for the whole of NSW. This finding suggests that there will be increasing numbers of older residents at risk of social isolation, highlighting the need for appropriate socialisation programs and transport services for older persons especially in more remote areas.

### *Funding and Development Opportunities*

- Specialist community services targeted to special needs groups as defined within both State and Commonwealth-funded programs
  - ◆ Dementia-specific programs
  - ◆ Aboriginal community care services
  - ◆ Community care services able to meet the special needs of veterans and war widows
  - ◆ Care and supports to address financial disadvantage
  - ◆ Services targeted to more remote areas and isolated townships
  - ◆ Socialisation and community transport projects to address social isolation of older persons living alone
  - ◆ Flexible respite programs for carers of persons with disabilities and/or frail older relatives
- Collaborations with health services and residential care providers to enhance continuity of care across the service system – including pilot and research initiatives in relation to post-acute care and rehabilitation in the home

- Development of new accommodation options for younger persons with a disability which will allow them to enjoy a high level of community inclusion now and into the future as they age
- Council support for publicly funded housing developments for older persons, many of whom are likely to be experiencing financial hardship and unable to access 'high end of the market private' retirement developments

## 4.2 Internal and external document reviews

### *Threshold Issues*

The Internal Document Review revealed that there are a number of internal organisational concerns which have, to some degree, been addressed but which may require ongoing attention particularly in the early stages of the 10-year Strategic Plan:

- Workplace injury reports do not include a breakdown of figures for Community Services which would support a strengthened approach to OHS management.
- It would be beneficial to have a closer alignment of Community Services Quality Action Plans to the Commonwealth's Draft Packaged Care Guidelines 2007, DoHA Quality Reporting, HACC National Standards and DADHC's quality requirements for Disability Services. (This is already being addressed.)
- There is a need for a Manager with a clear focus on Community Services who will lead the process of rebuilding strategic external relationships and forge development of new and expanded services.

### *Current Strengths*

In addressing the concerns noted above and in the implementation of the desired service developments, the following organisational strengths have been noted:

- Council has confirmed a commitment to the provision of Community Services in order to strengthen the local community and address unmet needs.
- Council has adopted a proactive and responsible approach to the transfer of Heron Lodge to a more appropriate agency.
- Council has had the foresight to establish an Aboriginal Consultative Committee which has the potential, if strengthened in its focus and membership, to support future service initiatives for the benefit of local communities.
- Council has a dedicated Community Services workforce including Team Leaders, Care Managers and other personnel who are supportive of the development of new services, enthusiastic about quality improvement and committed to meeting community needs.
- The Director Corporate and Community Services has a broad perspective of the operational requirements of providing community services to local communities 'on the ground' and is well placed to advise on the ongoing infrastructure needs related to service growth.
- The Council's Community Services managers are keen to develop strategic alliances and take a leadership role in relation to the development of respite services and the expansion of DoHA funded care package programs across the New England 'region'.

### *Cultural and Value Drivers*

- The Council's Vision highlights inclusion, embracing change and recognition of a shared community heritage.
- The Council's Mission statement has a focus on responsiveness, progressive services and efficiency.

- The Council's Management Plan embraces 'community leadership' and champions 'equitable access' which provides an excellent platform for future service development in line with State and Federal funding programs.

### *History and Context*

Attention is required to a number of past events which may impact on future planning:

- Ongoing transition management for Heron Lodge including staff support and community communication
- Senior management changes leading to relational issues with other agencies and funding bodies – leading to a need for clear communications to funders and other service providers regarding Council's long-term commitment and upcoming plans
- Ongoing attention to finalisation of the impacts of council amalgamation processes on the structure and function of Community Services to ensure the continuation of a shared long-term strategic focus

### *Indicators of Unmet Needs*

The Council's Social Plan documents key unmet needs which will require attention in the Aged and Disability Strategic Plan including:

- Poor physical access for disabled persons (eg a lack of footpaths, poor access to public buildings and toilets)
- The need for a locally accessible Specialist Assessment Service for Disability Services
- Unmet needs for Community Transport especially assisted transport to access to health care services

### *Trends – Policy and Needs*

- The "Better Together" NSW disability strategy includes a commitment to capital spending to improve access to mainstream services for disabled persons.
- 18% of the Glen Innes Severn LGA population is over 64 years of age and 20% of the total population are experiencing a significant level of disability; there are projected increasing needs for dementia-specific community services as the proportion of the population aged over 85 years increases.
- There is also a significant level of socio-economic disadvantage in Glen Innes and Severn and nearby LGAs in the 'region'.
- There are projected to be ongoing and growing needs for streamlined access to health services especially Hospital and Emergency Department access for older persons as well as GPs, allied health, rehabilitation, post-acute care and chronic illness/wellness programs.
- There are needs for addition supported accommodation options, day programs and flexible respite services for people with disabilities.
- There are ongoing needs for services targeted to older Aboriginal persons and Aboriginal people with disabilities.
- Additional research is needed in relation to veterans and war widows and the degree to which current services are meeting their particular needs for community care as DVA statistics suggest there are significant needs for specialist veteran services in the target areas.
- The 'Future Directions in Health for NSW – Towards 2025' report proposes that NSW Health should undertake a "joint planning approach with local government" – it would be most beneficial if Glen Innes Severn Council adopted a leadership role in this regard across an array of shared concerns in relation to the health and care of older persons and people with disabilities by developing strong liaison and shared projects with relevant Hunter New England Health Service clusters.

### *Funding and Development Opportunities*

- There are significant opportunities for funding growth in relation to disability services (attendant care, day programs and respite services) through upcoming DADHC priorities.
- There are opportunities to collaborate with other providers to develop new respite initiatives through the MHRP, HACC Program and/or NRCP.
- There is a strong emphasis on meeting the special needs of Aboriginal communities, financially disadvantaged persons and persons living in remote/rural areas in both State and Commonwealth community services funding programs.
- There are also opportunities to develop a clear focus on the needs of persons living with dementia and their families/carers and to develop specialist services with Commonwealth (DoHA) or State (HACC) funding.
- There are opportunities to strengthen and expand Case Management services while at the same time looking at the development of a Business Plan for a direct care service 'arm' which would provide real career pathways and increased employment options within local communities thereby reducing the flow of young people out of rural communities.

## **4.3 Trends and key findings from consultations**

### *Threshold Issues*

The stakeholder consultations revealed that a number of high priority threshold factors which require urgent attention:

- There is a shortage of experienced and qualified personnel across the region which will become a more critical issue as the population continues to age and care needs increase – the local TAFE has indicated a willingness to develop a partnership with Council to assist with recruiting and training suitable persons for work in community services.
- Mental Health services in the Study Area are inadequate, disconnected and poorly coordinated, which presents particular challenges for persons with dual diagnoses and older people.
- The current hospital facility cannot meet the area's needs and the money required for repairs is impacting on service provision. Hunter New England Health has confirmed that a new facility will be built, however the new structure will have fewer beds and a timeline for construction and commissioning has not been confirmed.

### *Current Strengths*

The following organisational strengths were noted in the course of the consultation process:

- Council has a strong relationship with Glen Industries, which in turn has made a long term commitment to the region.
- Council has made solid inroads with the local Aboriginal community through establishment of an Aboriginal Consultative Committee, and appointment of two Aboriginal Case Managers.
- There is a level of dementia care expertise among the current staff; it is suggested that this expertise be consolidated and 'centres of dementia care' be established.

### *History and Context*

- Residential aged care services in the Study Area are experiencing a range of quality and care practice issues which have been notified to the Commonwealth Department of Health and Ageing.
- There are residual relationship concerns between the local ACAT personnel and the Council as a result of previous management issues within the Council. Steps are being taken to rebuild the relationship and there is a commitment on both sides to develop shared initiatives into the future.

### *Unmet Needs*

Consultations, with both service providers and consumers, highlighted a number of unmet needs which will require attention in the Aged and Disability Strategic Plan including:

- Transport was consistently raised as a current and significant issue for both ageing community members and persons with a disability.
- There is a lack of respite services in the Glen Innes area, and the few services which do exist cannot flexibly meet the needs of carers.
- There are insufficient disability services/packages in the area, as well as limited Supported Accommodation facilities.
- Current services do not meet the cultural needs of the ageing Aboriginal community. There is a perceived lack of respect for spiritual observances, inadequate cross-cultural training and aged care packages cannot be flexibly deployed to meet the cultural 'travel' patterns of older Aboriginals across Regional boundaries.

### *Funding and Development Opportunities*

Consultation participants offered many suggestions in relation to opportunities to improve access and services for older people and persons with a disability, and other possibilities became apparent to the consultants in the course of the consultation process:

- Building stronger relationships with Hunter New England Health at senior, middle-management and service levels will facilitate a consolidated lobbying 'voice' and a consistent and strategic approach to collaborative service development and care provision.
- There is an opportunity for the Glen Innes Severn Council to take a greater leadership role in delivering aged care services in the LGAs of Tenterfield and Guyra. These Councils have indicated a willingness to work cooperatively with the Council in this regard.
- The NSW Ministry of Transport recently completed an extensive audit of community transport in the region and developed a specific Transport Strategy for Glen Innes Severn. The Department has indicated they would potentially be willing to fund innovative transport initiatives in Glen Innes Severn.
- Consultations identified a need to improve care transitions between different packaged care programs and care levels. It would be beneficial to develop referral protocols with other providers of CACP, EACH, EACHD.
- The Yetman Community Service Model has proven to be successful in the rural community of Yetman. This model could be adapted and deployed in other locations in the Study Area.
- The Regional Partnerships funded Rural Transaction Centre (or a similar initiative) may be appropriate for other townships in the Study Area and should be examined with a view to linking these centres to a range of aged and disability supports/services.

## **4.4 Suggestions for service development from consultations**

The following suggestions and ideas were put forward during the consultation process in regard to possible service development:

### *New Models for Aged Care*

A consumer group liked the idea of accommodation on a farm for ageing farmers – one of the respondents had been to a retirement ranch in Texas where the people who lived there had their own cattle ear tagged and roaming in the herd so that they could maintain an interest.

### *A Community Hub*

The development of a 'Third Place' community centre (Piazza or Coffee Shop) would be of great benefit to people with disabilities as well as the whole community. The respondent would love to see this as a connecting place where older people could build friendships before they reach the 'packaged care' stage.

It would increase opportunities to emphasise healthy ageing; the Council already runs six exercise programs, information/guest speaker sessions, Men's Groups and social suppers.

### *Improving Information*

The Council could send out their existing well-received fridge magnet with a brochure regarding aged and disability services with rates bills. This would provide the best chance for everyone to see the information and assess how it is relevant to them. One respondent suggested a catchy headline such as "Are you eligible for help from the Government?" (The Priority Setting Workshop identified the opportunity to create "positive gossip" with "good news stories in council publications highlighting how services can benefit individuals and their families.)

### *Respite*

The manager of the HACC Dementia Day Centre at Inverell can see the need for an integrated respite facility for people with dementia and challenging behaviours including 'Cottage Respite', dementia respite beds, and day care with lots of flexibility and a concentration of expertise.

There would be a number of elements involved in establishing such a Day Centre:

- Employing a respite services case manager
- Working with DADAC to expand current services and to deliver additional services
- Providing assessments for all applicants
- Proactively identifying and responding to stress and conflict issues experienced by carers (the carers are not being asked the right questions)
- Effectively coordinating respite services at a regional level – including services where they are needed
- Expanding services and ensuring an improved interface with the community

### *Glen Innes Severn Council Service Development*

Consultations identified the following suggestions:

- Providing additional training to our own direct care staff
- Collaborating on respite service developments
- Expanded 'package care service' including the development of an EACH and EACHD service
- Actively working to improve community understanding of the Council's role in service provision

### *Aboriginal Service Developments*

Aspirations of the Aboriginal community include development of a multi-focused Aboriginal Aged Care facility built on land just outside Glen Innes or on 'The Willows' encompassing:

- a high and low care facility
- respite options
- accommodation and options for children
- a family healing centre
- capacity for family members to be hospitably accommodated/received

- a commitment to value spirituality and incorporate ritual in care and in grieving
- at least 60% of staff to be Aboriginal
- flexible community Aged Care Packages which can 'travel' with eligible community members as they move to other places outside the DoHA Planning Region

The Aboriginal community recognises the value of partnering with mainstream services in such an initiative, with the overarching goal of establishing a uniquely Aboriginal service which will meet the needs of local indigenous communities.

## 4.5 Trends and key findings from Desktop Review

### *Threshold issues*

- Financial performance is not consistent across the range of service types and funding programs. It may be beneficial to consider expanding service types which have been proven to operate in surplus, provided they are also operating at full capacity
- Appropriate resources allocation is necessary for the ongoing achievement goals within the DADHC IMF Plan and priorities for improvement within the DoHA Quality Report. In particular the achievement of ISO Accreditation will require an appropriate budget allowance and deployment of adequate management resources and capability. In other words, the Team Leaders will benefit from specialist input from within the organisation or from an appropriate external ISO-expert consultant to support them in this major initiative

### *Current strengths*

- Demonstrated success of the innovative Multi Service Outlet model in two locations with the potential to replicate this in other areas
- Proven capacity to provide high quality case management and care coordination services across a range of funded programs and geographic locations
- Successful operation of a range of respite service types (centre-based, in-home and brokerage) for frail older persons and younger persons with disabilities
- Northern Community Care's 'strength-based care plans' which incorporate 'client-driven goals'

### *History and context*

- In previous years it appears that the Council may not have consistently met output targets linked to funding programs, leading to a requirement to 'roll over' funds to subsequent years. It is important that this is addressed prior to embarking on future funding application processes

### *Culture and value drivers*

- GISC has a track record of developing services targeted to Aboriginal-targeted services, such as the Playgroup for Aboriginal families and ATSI-specific CACP
- The Council has a commitment to DoHA Quality Reporting and a track record of implementing improvement actions in line with DADHC requirements

### *Indicators of unmet needs*

- GISC Client Service Statistics collated in July 2007 indicate an under-representation of persons from Special Needs Groups when compared to demographic profiles. However, there is a high prevalence of four of the Special Needs Groups within the targeted LGAs. This appears to be a data collection issue. It is vital that Council introduces a more consistent and effective method of recording the

special characteristics of clients in a manner which is reflective of Special Needs Groups as defined by DADHC and DoHA

### *Funding and development opportunities*

- There is considerable potential for future funding applications (state and Commonwealth) to target a range of Special Needs Groups including persons in Rural & Remote Areas and Financial Disadvantaged persons as well as ongoing development of services targeted to Aboriginal communities
- There is the potential to build on existing strengths with an expansion of case management services and increases in respite care programs (state and Commonwealth). This may be more strategic and cost effective than diversification into new types of services
- There may be an opportunity for Council to develop their own direct care service arm in order to provide an internal brokerage arrangement for case management services. This would potentially reduce the cost of service provision, so long as direct care services were operating with sufficient volume in order to achieve break-even or surplus results. There is a need for more detailed business planning in order to implement a staged/targeted approach to such an initiative.

## 5 Expansion Feasibility Analysis

### 5.1 Priority setting framework – 8 Success Factors

A range of potential options for service development and expansion were reviewed by the Priority Setting Workshop (18 and 19 October 2007) with reference to the following Success Factors in order to confirm their value to the community and their feasibility:

1. The extent to which they build on current strengths
2. The extent to which they align with current and emerging policy and funding trends
3. The extent to which they address identified projected community needs
4. The extent to which they reflect the Council's unique culture and values
5. The extent to which they build on learning from past experience and the Council's proud history and tradition of service provision
6. The extent to which they are financially viable in their own right and the extent to which they have the potential to build financial viability across Aged and Disability Services
7. The potential to develop innovative care and service models, including those which have already proven to be successful
8. The potential for collaborative service development

### 5.2 Service development/expansion options

The table below outlines the service development and expansion options identified through the various research processes, with each option cross-referenced with the relevant research methods.

	Description of options identified	Demographic	Internal & External	Consultations	Desktop Review
1	Continued expansion of HACC services utilising innovative flexible models <i>(Priority 3)</i>	✓			✓
2	Expansion of existing respite services <i>(Priority 1)</i>	✓	✓	✓	
3	Development of Healthy Ageing and Health Promotion programs (Health Education, Chronic Illness Management) in collaboration with local health services including activities with <i>priority 1)</i>	✓	✓		
4	Development of services targeted to Special Needs Groups as defined by DoHA and <ul style="list-style-type: none"> <li>• Dementia-specific care</li> <li>• Aboriginal services</li> <li>• Services targeted to veterans and war widows</li> <li>• Care and support to address financial disadvantage</li> <li>• Services targeted to remote areas and isolated townships</li> </ul>	Analysis	✓		✓
5	Pilot initiatives in collaboration with Health Services to enhance care continuity (eg respite care in the home) <i>(Priority 3)</i>	✓	✓	✓	
6	Support for publicly funded housing developments for older persons (including persons with a disability) and accommodation options for younger persons with a disability <i>(Priority 3)</i>	✓			
7	Involvement with Hunter New England Health in development of a joint planning project development in line 'Future Directions in Health for NSW' <i>(Priority 1)</i>		✓	✓	

	Description of options identified	Demographic	Internal & External	Consultations	Desktop Review
8	Continued expansion of day programs and respite services for younger persons with a DADHC funding priorities <i>(Priority 2)</i>		✓		
9	Strengthen and expand case management services <i>(Priority 1)</i>		✓		✓
10	Development of a direct care service operating as a support to Council's Aged &		✓		✓
11	Expanded role in provision of Community Aged Care Services with an initial focus on focus on other surrounding areas <i>(Priority 2)</i>	✓		✓	
12	Development of an innovative 'third place' community centre offering intergenerational <i>(Priority 3)</i>	Analysis		✓	
13	Continued attention to creative methods of information dissemination regarding Aged &			✓	✓
14	Development of EACH Dementia (EACHD) services <i>(Priority 2)</i>			✓	
15	Support of local Aboriginal communities to develop their own culturally appropriate services for older persons <i>(Priority 3)</i>	✓	✓	✓	✓
16	Collaboration with local Aboriginal communities to develop culturally appropriate practices within mainstream programs, including appropriate attention to valuing spirituality in care and grieving <i>(Priority 1)</i>	✓	✓	✓	✓

#### *Summary of Options for Growth and Development*

Please note that the Priority Setting Workshop conducted on 18 and 19 October 2007, rated each of the above options according to a Priority Scale with:

- Priority 1: referring to developments requiring actions and outputs over the next 1-2 years
- Priority 2: referring to strategies requiring attention within 2-4 years
- Priority 3: referring to goals requiring a long-term approach with a lead-time of 4 or more years

### **5.3 Concurrent strategies**

The Priority Setting Workshop also reviewed the following broad strategies for change and development which emerged from the various data gathering processes and, as a result, identified Priority Tasks to be addressed within 1-2 years:

#### *Care Model Enhancement*

- Development of a clearly defined community-based dementia-care model
  - ◆ Note: This will be addressed in Expansion Option 4
- Documentation of specific care and service strategies to enhance service access for all Special Needs Groups as defined by DADHC and DoHA
  - ◆ Note: This will be addressed in Expansion Option 4
- Documentation of the Council's exceptionally successful and well-regarded case management model of community care provision, with attention to quality monitoring strategies which have proven to be effective
  - ◆ Note: This will be addressed in Expansion Option 9
- Continued attention to transition management at Heron Lodge

- ◆ Priority Tasks:
  - (1) Assist and support the transition of staff to new operators as appropriate
  - (2) Work with new operators to support client and carer transitions
- Continued development of referral protocols with other aged care package providers in order to enhance continuity between programs and care levels
  - ◆ Priority Tasks:
    - (3) Continue to participate in regional networks
    - (4) Develop referral links and protocols with EACH, EACHD providers
    - (5) Where applicable develop transition protocols with direct care providers to ensure continuum of care
- Development of a client fees policy which clearly reflects the need for enhanced access to services for financially disadvantaged persons (it is acknowledged that this will depend on the finalisation of the New DADHC Fees Policy. However, given the high levels of financial disadvantage in GISC and surrounding areas there may be a need for enhanced support strategy for GISC clients. There may be a conflict between DoHA policies and State-level fees policies and/or relief practices which will need to be resolved in practice.
  - ◆ Priority Tasks:
    - (6) Establish a policy build around DoHA's legislative requirement under the Aged Care Act 1997 which includes a streamlined approach to client/carers assessments of their capacity to pay and implementation of a range of payment options
    - (7) Develop a common message and language for staff to use when communication about the GISC Fees Policy
- Rebadging of the GISC Aged and Disability Services with a memorable name that encompasses both the Northern Community Care Services and service operating from Garden Court (This partially links to Community Expansion/Development Option 13)

### *Management Systems Refinement*

- Continued attention to OHS reporting (including service location statistics and analysis of trends over time) in relation to workplace injury which will enable the implementation of targeted preventative measures
- Implementation of workforce development strategies in collaboration with a suitable local RTO and other local councils in the region (This strategy links to Expansion Option 2)
  - ◆ Priority Task:
    - (8) Continuation of commitment to providing work experience and student placements and traineeships
- Particular attention to development of employment and training opportunities for Aboriginal persons wishing to enter the aged care/disability sector (This strategy is linked to Expansion Options 2, 10 and 16)
- Implementation of a robust management report format to Council which ensures financial results/service targets of individual services and programs are continuously monitored in line with agreed KPIs linked to management performance processes
- Continued attention to clear costing definitions which differentiate between direct care and administration costs in a way which reflect well in funding acquittals (including development of service unit costs in line with emerging DADHC policies)

- Dedicated resource allocation for the achievement of ISO Accreditation across Aged and Disability Services in 2008/09
- Continued investment in client/service data recording tools/systems/packages to provide consistent and easily accessible service activity reports across all aged care and disability support programs

### *Advocacy*

- An aligned approach to planning of aged care services and disability services in line with the relationship between intellectual disability and early onset dementia as well as a recognition of the needs of ageing carers
- Continued attention to the health and accommodation needs of persons aged 50+ who may require affordable retirement housing options ( This relates to Expansion Option 6)
- Advocacy in relation to the needs of communities within the target LGAs (Glen Innes Severn, Tenterfield, Guyra, Inverell and Gwydir) which have proportionally higher needs for aged care services than the New England region as a whole (This relates to Expansion Option 11)
- Support for improved physical access to public buildings and communal areas
  - ◆ Priority Task:
    - (9) Continued to provide input and support to GISC's safety and access strategies
- Establishment of a local specialist assessment service for disability programs in collaboration with DADHC and other disability service providers
  - ◆ Priority Task:
    - (10) Work collaboratively with DADHC to explore the feasibility of an on-the-ground Assessment Service
- Advocacy in collaboration with Hunter New England Health for the development of effective allied health and chronic illness program in the region (this relates to Expansion Option 7)
- Advocacy for high quality, innovative residential aged care services targeted to the special needs of older persons in rural areas and regional centres. This should be linked to development of a strong collaboration with a well-respected aged care provider (private or not-for-profit) to ensure the development of new residential facilities within the target LGAs (this is linked to Expansion Option 6 and 15)
  - ◆ Priority Tasks:
    - (11) Identification of a suitable not-for-profit partner agency
    - (12) Discussion with DoHA regarding the inadequacy of current operation residential places and clarification of their approach to address this shortfall
    - (13) Preparation of a report to the NSW ACPAC regarding disparity between target ratios and operation places in both community and residential aged care

### *Collaboration*

- Strengthening collaborations – continued commitment to working with local Aboriginal community elders and advocacy groups to ensure that there is meaningful input into future service development and current service monitoring (This relates to Expansion Options 4 and 16)
- Continued collaboration with Glen Industries and other disability service providers to ensure a coordinated approach to networking and service development (This related to Expansion Option 8)
- Collaboration with NSW Ministry of Transport for the rollout of their Transport Strategy for Glen Innes Severn
  - ◆ Priority Task:

- (14) Meet with the relevant Ministry of Transport officer to develop a joint approach and to take advantage of potential additional funds for the roll out a coordinated Community Transport Solution that will be used as a pilot for region-wide transport improvements

## 5.4 SWOT Analysis for Priority 1 Expansion Options

The Priority Setting Workshop undertook a SWOT Analysis (strengths, weaknesses, opportunities, threats/risks) in relation to expansion/development options which have been rated as Priority 1.

### 5.4.1 Expansion of existing respite services

#### *Strengths*

- Flexibility
- Regional networks
- Existing leadership role in New England Region
- Good reputation with DADHC

#### *Weaknesses*

- Limited community awareness of services
- Difficulty monitoring region-wide service delivery

#### *Opportunities*

- Development of direct care workforce for respite provision
- Implementation of a unique respite model for Aboriginal persons
- Development of improved methods of cultural awareness training
- Funding applications for increased NRCP services
- Funding applications for FaCSIA Mental Health Respite and Ageing Carers Respite

#### *Threats (risks)*

- Variability of quality between subcontractors
- Difficulty of achieving access in Aboriginal communities

### 5.4.2 Development of healthy ageing & health promotion programs

#### *Strengths*

- Strong planning links to DADHC
- Wide range of current initiatives:
  - ◆ Exercise programs in Glen Innes
  - ◆ Yetman Water and Wheelchair exercises, Breathing and Tai chi programs
  - ◆ Walking groups and Monthly Health Information Sessions in Glen Innes and Yetman
- Access to trained and skilled health promotion staff member
- Innovative programs such as the Boys Day Out
- Links with RSL who are keen to provide resources

- Good venue available linked to Glen Innes Library

### *Opportunities*

- Outreach model for exercise and information programs
- Development of GISC allied health team
- Develop stroke and rehabilitation programs
- Develop other innovative programs:
  - ◆ Men's Wellness Program
  - ◆ Men's Shed
  - ◆ Men's Cooking Program
  - ◆ Continence Awareness Education/Support

### *Threats (risks)*

- Inadequate allied health staff available
- Lack of community awareness of continence aids funding streams
- Lack of awareness of Active Ageing models in some subcontractor agencies

### **5.4.3 Development of services targeted to Special Needs Groups**

The Priority Setting Workshop identified the development of services targeted to persons living with dementia as the first priority within this strategy.

### *Strengths*

- GISC conduct a carer support group
- GISC provide individual social support services
- GISC provide centre based day respite
- Specialist training has been provided for staff in dementia competency
- GISC currently provide a range of services to persons living with dementia
- Case Managers have expertise in dementia care
- Strong links in place to psychogeriatric services

### *Weaknesses*

- Current services to persons living with dementia are not well coordinated
- There are unmet needs for clients needing EACH Dementia (EACHD) packages

### *Opportunities*

- Develop a more coordinated approach to dementia care with holistic case management (new funded programs)
- Develop a unique continuity of care model with clear pathways across service levels and program types
- Develop dementia specific services with links to the Area Health Plan
- Continue development of links to the Division of GPs

### *Threats (risks)*

- Residential Respite for persons living with dementia does not always have positive outcomes for clients

## **5.4.4 Joint planning approach with Hunter New England Health (HNEH)**

### *Strengths*

- Good relationship with local Health Service staff
- Good relationship with key contact person in HNEH
- Council staff member currently located in Glen Innes Hospital

### *Weaknesses*

- Need to address ACAT resource issues and staff turnover concerns

### *Opportunities*

- Verso consultations identified key liaison person with HNEH is keen to engage in a 3-tiered approach to collaborative planning (HNEH have proposed a joint planning model)
- Development of pilot projects – Healthy Ageing, Post-Acute Care (with evaluation component)
- Joint development of an Admission Risk Tool

### *Threats (risks)*

- Ever changing structure in NSW Health Services
- Discharge planning personnel at Inverell lack a clear knowledge of GISC services

## **5.4.5 Strengthen & expand case management services**

### *Strengths*

- Strong links to local communities
- Well trained Case Management staff
- Timely responses (48 hours from intake)
- Flexible non-judgmental model focusing on client choice
- Offering a range of funding options which enable flexible individual responses
- Excellent Case Management teamwork
- Commitment to Aboriginal Case Management services
- Proven capacity to service rural and remote communities
- Problem-solving and creative approach

### *Weaknesses*

- Financial systems not fully aligned with service data
- Need for enhanced office space and improved location in proximity to other Council services
- Stand alone service – with relatively small scale

### *Opportunities*

- Apply for funding through the following programs:
  - ◆ NSW COPs
  - ◆ Community Aged Care Packages
  - ◆ NRCP
  - ◆ Mental Health Respite Program
  - ◆ Palliative Care
  - ◆ COMPACS
  - ◆ Ageing Carers

### *Threats (risks)*

- Main competitor NECCS (McLean)
- Regional Case Management specialists are also competitors
- Loss of triennial funding streams due to re-tendering processes
- Government policy changes regarding Case Management services
- Competitiveness of funding applications and tenders

## **5.4.6 Information dissemination about services**

### *Strengths*

- GISC have developed a fridge magnet with vital contact numbers for aged and disability services (this has been well received)
- There are a range of Healthy Ageing programs and information strategies in place which can be strengthened
- The Council is committed to community information provision and has developed an attractive, easy to read Newsletter which highlights aged and disability services

### *Weaknesses*

- Local communities are not always aware of services and inclined to pass on stories about service and care difficulties
- There are misconceptions in the community about service issues (eg a commonly held belief that taxi-hoist transport is not available)

### *Opportunities*

- To link the fridge magnet to rates notices
- To include good news stories about care and service outcomes in the Community Newsletter
- To link general information about service availability with existing and new community education sessions

## **5.4.7 Service model development in collaboration with Aboriginal Communities**

### *Strengths*

- GISC has demonstrated a commitment to recruitment of Aboriginal Case Managers and care personnel

- GISC has developed an Aboriginal Consultative Committee in order to foster shared planning and service development
- Verso consultations have laid the groundwork for strong collaborations to improve Aboriginal sensitive care models
- Aboriginal HACC services are currently emerging as a new service for GISC

### *Weaknesses*

- Aboriginal Communities require a consistent and practical approach in order to demonstrate the genuineness of the GISC's commitment

### *Opportunities*

- Please refer to the Service Development Opportunities Table for a range of options in relation to Aboriginal-specific services (Aboriginal-specific residential care, Innovative respite models for Aboriginal persons, Development of a unique new approach to culturally sensitive care)

## 6 Overarching Targets for Growth

The Priority Setting Workshop participants considered a strategic approach to setting growth targets for the 10-year period 2008 – 2018 and identified a need for service levels and funding to increase by around 40% during this timeframe in order to meet projected increases in community needs as a result of demographic changes. This has been estimated as follows:

- 10% increase to address the increase in the 50+ populations (13% by 2021)
- 20% to address changes in the age structure with increasing numbers of persons aged 70+ and 85+ including ageing carers of younger disabled persons
- 10% to assist special needs groups through the development of sub-regional and/or regional initiatives to effectively meet their needs

The extent to which GISC is well-placed to increase the geographic coverage of the New England Region was also considered along with the potential to develop new service types with a greater focus of healthy ageing and community based post-acute/rehabilitation services. This has been factored in as a further 60% increase in service scope.

This projected 100% growth target would require an approximate increase in staffing levels from 21.3 EFT to around 40 EFT of centre-based or case management personnel. As a result of this foreshadowed increase in staff, additional office areas and day program facilities will be required. Consequently the proposed Aged & Disability Strategy includes suggested priority planning tasks for infrastructure development covering:

- Continued investment in information technology hardware and software
- Office space – approximately 30m<sup>2</sup> per EFT
- Motor vehicles (which are an essential case management/case coordination tool – for provision of assessment home visits and attendance at service liaison meetings)
- Telecommunication equipment and systems – to ensure staff safety and efficient deployment
- Staff training and meeting rooms – essential for effective teamwork and maintenance of staff competencies/debriefing/supervision processes
- Allocation of sufficient human and financial resources for service development and preparation of funding proposals in line with service development priorities

# 7 References

## Demographic sources reviewed

- “Census of Population and Housing 2006”, Australian Bureau of Statistics, 2007
- “DVA Pensioners and Treatment Card Holders by Local Government Area as at 5 January 2007”, Commonwealth Department of Veterans’ Affairs, 2007
- “Population change in the New England North West Region – Discussion Paper January 2005”, NSW Department of Infrastructure, Planning and Natural Resources, 2005
- “Social Determinants of Health - The Solid Facts”, 2nd edition, Richard Wilkinson & Michael Marmot, World Health Organisation, 2003
- “Your Lives Your Needs”, Commonwealth Department of Veterans’ Affairs, 2003
- NSW Department of Local Government website ([www.dlg.nsw.gov.au](http://www.dlg.nsw.gov.au))

## Internal documents reviewed

- Glen Innes Severn Council Management Plan 2008/2010, June 2007
- Glen Innes Severn Council Social Plan 2006-2011, November 2006
- Glen Innes Severn Council Community Services Review, Aurora Practical Solutions, February 2006
- Glen Innes Severn Council Community Services Division Compliance with Government Funded Contract Requirements, Ellen Gallagher, June 2006
- Glen Innes Severn Council Community Services Action Plan, August 2006, Reviewed December 2006/January 2007
- Action Plan - HACCC MSO, Review date 19/10/06
- Action Plan – Day Options, Review date 19/10/06
- Action Plan – DADHC Integrated Monitoring Framework, Review date 19/10/06
- Action Plan – Early Intervention, Review date 19/10/06
- Action Plan – Heron Lodge, Review date 19/10/06
- Action Plan – COPS, Attendant Care, CP and PSO, Review date 19/10/06
- Glen Innes Severn Council Business Paper, prepared for Council Meeting 17 May 2007
- Strategic Planning Table for Glen Innes Severn Council Community Services, February 2007
- Glen Innes Severn Council Code of Conduct, March 2005

## External documents reviewed

### *Commonwealth Aged Care*

- “A New Strategy for Community Care – The Way Forward”, Commonwealth Department of Health and Ageing, 2004
- “2007 Aged Care Approvals Round – Essential Guide”, Commonwealth Department of Health and Ageing, 2007
- “The Future of Community Care – Report to the Community Care Coalition”, The Allen Consulting Group, March 2007

- “Draft Community Packaged Care Guidelines”, Commonwealth Department of Health and Ageing, 2007
- “Community Aged Care Packages. How do they compare?” AIHW, Aged and Community Care Service Development and Evaluation Reports, Number 32, August 1997
- “Evaluation of the EACH Pilot Program”, Siggins Miller Consultants, Aged and Community Care Service Development and Evaluation Reports, Number 40, March 2001
- “Extended Aged Care at Home Census 2002” AIHW, Aged Care Statistics Series, Number 15, February 2004
- “Community Aged Care Packages Census 2002”, AIHW, Aged Care Statistics Series, Number 17, May 2004
- CACP and EACH Packages Document Review, Verso Consulting, reviewed February 2007

### *Home and Community Care (HACC)*

- “National Program Guidelines for the Home and Community Care Program, Commonwealth Department of Health and Ageing, 2007
- “Update on the new agreement for the NSW Home and Community Care Program”, NSW Department of Ageing, Disability and Home Care, April 2007
- “Determining a Funding Allocation Method”, NSW Department of Ageing, Disability and Home Care, March 2005
- “New HACC Agreement”, ACS Brief Update, Issue 156, 2 August 2007
- “New South Wales HACC Program Annual Plan 2006-07”, NSW Department of Ageing, Disability and Home Care, 2006

### *Disability Support Services*

- “Stronger Together – A new direction for disability services in NSW 2006-2016”, NSW Government, May 2006
- “Better Together – A new direction to make NSW Government services work better for people with a disability and their families 2007-2011”, NSW Government, February 2007

### *Carers and Respite*

- “NSW Carers Action Plan 2007-2012”, NSW Department of Health, January 2007
- “Application Guidelines: New Funding for Respite Services incorporating Mental health Respite Program – National Respite Development Fund and Respite for Older Carers of Children with a Disability Program”, Commonwealth Department of Families, Community Services and Indigenous Affairs, July 2007
- “Leading our way in community care – Draft Policy Position”, NSW Aboriginal Community Care Gathering Committee, June 2006

### *Dementia Care*

- “Future Directions for Dementia Care and Support in NSW 2001-2006”, NSW Department of Health, 2002
- “National Framework for Action of Dementia – 2005 Consultation Paper”, Australian Health Ministers’ Conference, 2005
- “Dementia Care in NSW: Rural Response”, NSW Department of Health website September 2007

### *Health Care Services*

- “Future Directions for Health in NSW – Toward 2025”, NSW Department of Health, February 2007
- “A New Direction for NSW – State Health Plan Towards 2010”, NSW Department of Health, February 2007
- “NSW Rural Health Plan: The NSW Government Response to the Report of the Rural Health Implementation Coordination Group”, NSW Department of Health, September 2002
- “NSW Chronic Care Program Phase Three: 2006-2009”, NSW Department of Health, July 2006
- “Hunter New England Area Aged Care and Rehabilitation Services Plan”, NSW Department of Health, August 2006

### *Mental Health*

- “NSW Service Plan for Specialist Mental Health Services for Older People 2005-2015”, NSW Department of Health, August 2006
- “National Action Plan on Mental Health 2006-2011”, Council of Australian Governments (COAG), July 2006

### *Veterans and War Widows*

“Health Policy for the Veteran Community in Rural and Remote Areas”, Department of Veterans’ Affairs, ND

# **Attachment – Strategic Action Plan**

Attachment 1:  
Aged and Disability Services Strategic Plan 2008-2018

Strategic Action Plan

**PRIORITY 1 - requiring immediate action with outputs in 1-2 years**

**Service Development Options**

Option	Task	Timeframe	Responsible	KPI <sup>i</sup>	Lead/Collaborations
Continued Expansion of Respite services	Develop a regional respite coordination model	by Dec 2008	Team Leader Aged & Disabled Direct Care Services (TL ADDCS) <sup>ii</sup>	Documented Regional Respite Coordination Model	Suitable RTO <sup>iii</sup>
	Implement unique Respite model for Aboriginal persons	by Dec 2008	Team Leaders Aged & Disability Services (TLs ADS) <sup>iv</sup>	Document approved by GISC outlining Respite model for Aboriginal persons of all ages	Local Aboriginal community
	Develop improved methods of cultural awareness training	by Jun 2008	TLs ADS	Implementation of training program for all GISC Community Services personnel	Suitable CALD <sup>v</sup> agencies
	Apply for increased NRCP funding	by Dec 2008	Team Leader Brokered & Packaged Care (TL BPC) <sup>vi</sup>	Application submitted	MCS
	Apply for FaCSIA Mental Health Respite Funding	by Dec 2008	Manager Community Services (MCS) <sup>vii</sup> and TLs ADS	Application submitted	Regional Mental Health Services
	Apply for FaCSIA Ageing Carers Funding	by Dec 2008	TLs ADS	Application submitted	Other disability support services
	Promote Respite Services to other providers	by Jun 2008	TLs ADS	Increased referrals to GISC Respite Services from other providers/health services	Commonwealth Carer Respite Centre (CCRC) <sup>viii</sup>
	Promote Respite to the community using good news stories	by Jun 2008	TLs ADS	Inclusion of good news stories in community newsletters, website and promotional materials	GISC <sup>ix</sup> and Media Officer

PRIORITY 1 - requiring immediate action with outputs in 1-2 years					
Service Development Options					
Option	Task	Timeframe	Responsible	KPI <sup>1</sup>	Lead/Collaborations
	Refinement of data reconciliation systems to track Regional Respite Services	by Jun 2008	TL ADDCS	Inclusion of consistent data on levels of Respite Services in regional programs in regular reports to Council	Director Corporate & Community Services (DCCS) <sup>x</sup>
Continued Development of Healthy Ageing/Health Promotion Programs	Develop Outreach Model for Exercise and Information programs	by Jun 2009	TLs ADS	Documented proposal presented to Area Health Service	Glen Innes Health Service
	Develop GISC Allied Health Team	by Jun 2009	MCS	Subcontractor Agreements in place with local/regional Allied Health providers	Local Health Services
	Develop home based Stroke & Rehabilitation Programs	by Jun 2009	MCS	Documented proposal presented to Area Health Service	Glen Innes Health Service
	Develop innovative new programs (eg. Men's Shed; Men's Cooking; Continence Awareness)	by Dec 2008	TL ADDCS	2 new programs in operation	Glen Innes Health Service
	Encourage Direct Care Subcontractors to develop a workforce with an Active Ageing Approach	by Dec 2008	TL BPC	Inclusion of additional clause in Subcontractor Agreements for Community Care providers	Direct care subcontractors
Development of Services Targeted to Special Needs Groups	Continue to implement new data recording fields to capture special needs information on clients	In place for ongoing attention	TLs ADS	Inclusion of special needs data in regular reports to GISC	COAMAS (Software provider)
	Regularly evaluate client special needs profiles, compared to sub-regional demographics	by Dec 2008	TLs ADS	Presentation of comparative report to GISC	Consultant
	Continue to develop Aboriginal-specific services (eg. Disability support; Case Management)	In place for ongoing attention	TLs ADS	Funding applications to DoHA <sup>xi</sup> and/or DADHC <sup>xii</sup> for new services	Local Aboriginal community

**PRIORITY 1 - requiring immediate action with outputs in 1-2 years**

**Service Development Options**

Option	Task	Timeframe	Responsible	KPI <sup>1</sup>	Lead/Collaborations
	Develop specialist Aboriginal Direct Care Workforce	In place for ongoing attention	TLs ADS	Regular team meetings implemented for specialist Aboriginal care team by June 2008	Local Aboriginal community and RTO
	Develop Dementia-specific services with a focus on improved coordination and continuity of care including a focus on early onset dementia	In place for ongoing attention	TLs ADS	Develop proposal and submit for funding to DADHC and/or DoHA by June 2009	Alzheimer's Australia
	Document a clear Dementia Care Model	by Jun 2008	TLs ADS	Dementia Care Model documented in line with DoHA funding application framework for care packages	Alzheimer's Australia
	Document Care and Access Strategies for all Special Needs Groups	by Jun 2008	TLs ADS	Document care and access strategies reflective of framework within DoHA funding applications	Local Aboriginal community and CALD agencies
	Approach DoHA regarding inadequacy of current residential care allocations to meet special needs	by end Jan 2008	MCS	Submission to DoHA ACPAC Secretariat	Other Service Providers
Joint Planning with Hunter New England Health (HNEH) <sup>xiii</sup>	Approach key liaison person at HNEH to implement their suggested 3-Tiered Planning Approach	by Apr 2008	MCS and TLs ADS	Report to GISC documenting outcomes of meeting	HNEH
	Develop joint proposals for Pilot Projects including Evaluations (eg. Healthy Ageing; Post Acute Care)	by Dec 2009	MCS and TLs ADS	Documentation of 2 proposals for Pilot Projects	HNEH
	Joint development of an innovative Hospital Admission Risk Tool (HART) <sup>xiv</sup>	In progress for continued attention	TLs ADS	Pilot tool tested and evaluated by Dec 2008	HNEH (Discharge Planners)

**PRIORITY 1 - requiring immediate action with outputs in 1-2 years**

**Service Development Options**

Option	Task	Timeframe	Responsible	KPI <sup>1</sup>	Lead/Collaborations
	Continue proactive visits by Case Managers to Discharge Planner at Inverell	In progress for continued attention	Case Managers	Visits recorded in regular service/activity progress reports as a regular data field	TLs ADS
Strengthen and expand Case Management Services	Progress the following funding opportunities:	by Dec 2008	MCS and TLs ADS	Applications submitted	
	<ul style="list-style-type: none"> <li>NSW COPs<sup>xv</sup></li> </ul>				
	<ul style="list-style-type: none"> <li>Community Aged Care Packages</li> </ul>				
	<ul style="list-style-type: none"> <li>NRCP<sup>xvi</sup></li> </ul>				
	<ul style="list-style-type: none"> <li>Mental Health Respite Program</li> </ul>				
	<ul style="list-style-type: none"> <li>Palliative Care</li> </ul>				
	<ul style="list-style-type: none"> <li>ComPacs<sup>xvii</sup></li> </ul>				
	<ul style="list-style-type: none"> <li>Ageing Carers</li> </ul>				
	<ul style="list-style-type: none"> <li>Other Respite Funding</li> </ul>				
	Maintain commitment to staff development and accreditation	In place for ongoing attention	MCS and TLs ADS	1) Documented Statistics on Staff Training Attendances and Initiatives 2) Achievement of ISO <sup>xviii</sup> Accreditation by Jan 2009	1) RTO 2) Suitable ISO Consultant

**PRIORITY 1 - requiring immediate action with outputs in 1-2 years**

**Service Development Options**

Option	Task	Timeframe	Responsible	KPI <sup>1</sup>	Lead/Collaborations
	Retain and expand Aboriginal Case Management team	In place for ongoing attention	MCS and Tls ADS	Increased number of Aboriginal Case Managers with suitable training, expertise and management support	Local Aboriginal community, RTO and ACSA NSW/ACT <sup>xix</sup>
	Define GISC unique Case Management Model	by Jun 2008	Tls ADS	Document describing Case Management Model presented to GISC	CMSA <sup>xx</sup>
	Continued liaison with Finance Department to fine tune costing and income allocations	In progress	MCS and Tls ADS	Clearly agreed and defined costing allocations in line with funding streams and direct/indirect expenditure target ratios	DCCS and Manager of Finance
	Provide training in "Practical" (finance package) for Team Leaders	by Dec 2009	TL ADDCS	Team Leaders report improved satisfaction in relationship with Finance Department	Manager of Finance
Continued attention to Community Information about Services	Continue to provide fridge magnets and distribute with Council Rates Notices	In place for ongoing attention	MCS and Tls ADS	Fridge magnets posted with GISC Rates Notices	GISC Rates Department
	Continue to disseminate Community Newsletters and include good news care stories	In place for ongoing attention	MCS and Tls ADS	Community Newsletters include good news care stories	Case Managers, Direct Care Staff
	Ensure general service information is provided at all Community Education Initiatives	Ongoing	Tls ADS	Include community information provision in all proposed Education Initiatives	HNEH
	Investigate options for office co-location of Case Management and other service teams	by Jun 2008	MCS and TL ADDCS	Suitable location selected by Dec 2008	GISC

**PRIORITY 1 - requiring immediate action with outputs in 1-2 years**

**Service Development Options**

Option	Task	Timeframe	Responsible	KPI <sup>1</sup>	Lead/Collaborations
Foster enhanced service models for Aboriginal Communities	Strengthen collaborations with Aboriginal Communities to ensure their input into service development	In place for ongoing attention	MCS and TLs ADS	Increased satisfaction expressed by the Aboriginal community with level of input into service development	Local Aboriginal community, Mayor

PRIORITY 1 - requiring immediate action with outputs in 1-2 years					
Concurrent Strategies					
Strategy	Task	Timeframe	Responsible	KPI	Lead/Collaborations
Transition management for Heron Lodge	Assist and support the transition of Heron Lodge staff to new operator	In place for ongoing attention	TLs ADS	Staff express satisfaction with transition process	DADHC
	Work with new Heron Lodge operators to support client/carer transitions	To be confirmed	MCS and TLs ADS	Clients and families express satisfaction with transition process	New operators, DADHC, Glen Industries
Foster enhanced continuity of care	Continued participation in Regional Networks	In place for ongoing attention	TLs ADS	Documentation of attendances in regular statistic activity reports to GISC	Case Managers and other service providers
	Develop formal referral protocols with EACH <sup>xxi</sup> and EACHD <sup>xxii</sup> Providers	by Dec 2008	TLs ADS and Case Managers	Documented referral protocols in place	EACH and EACHD providers
	Work with Direct Care Subcontractors to ensure staffing continuity	In place for ongoing attention	TLs ADS	Contract documents include a clause relating to commitment to continuity of staff by Jun 2008	MCS
Fees policy	Develop a sensitive client fees policy with consideration of emergent issues in foreshadowed DADHC Fees Policy	In progress	MCS and TLs ADS	Fees policy documented	DADHC, DoHA with reference to relevant legislation
	Ensure policy meets DoHA's legislative requirements	In progress	MCS and TLs ADS	Fees policy documented	DADHC, DoHA with reference to relevant legislation
	Develop a Staff Protocol including common messages when implementing fees assessments	by Dec 2008	TLs ADS	Staff Protocol in place	Case Managers
Occupational Health & Safety (OHS) <sup>xxiii</sup> reporting	Continued attention to OHS reporting with statistics broken down to service location level	In progress	MCS	Reduced lost time due to workplace injury	DCCS
	Implement preventative measures at service workplace level	In progress	MCS	Reduced lost time due to workplace injury	OHS Officer

**PRIORITY 1 - requiring immediate action with outputs in 1-2 years**

**Concurrent Strategies**

Strategy	Task	Timeframe	Responsible	KPI	Lead/Collaborations
Costing definitions	Demonstrate competitive advantage achieved through economies of scale making best use of infrastructure and service arrangements as reflected in cost attribution	In progress	MCS , Tls ADS and Manager of Finance	Clearly agreed arrangements and definitions that support best value	DCCS
	Develop service unit costs in line with emerging DADHC policies. Continued attention to unit costs and meeting Service Description Schedule requirements	In progress	MCS and Tls ADS	Clearly documented service definitions and unit costs consistent with DADHC policies	DCCS
ISO accreditation	Allocate dedicated resources to ISO Accreditation in 2008-09 Budget (eg. for Specialist Consultant)	by Jan 2009	Tls ADS	Achieve ISO Accreditation	Suitable ISO Consultant
Community access	Continue input into GISC safety and access strategies for disabled persons	In place for ongoing attention	Tls ADS	Improved disabled access within GISC buildings	Relevant GISC Committee
DoHA advocacy	Prepare report to NSW ACPAC <sup>xxiv</sup> on disparity between target ratios and operational places	by end Jan 2008	Tls ADS	Submission to DoHA ACPAC Secretariat	Consultants / MCS
Transport solution	Collaborate with NSW Ministry of Transport for the roll-out of their Transport Strategy in Glen Innes Severn	by Jun 2008	MCS	Documented collaborative agreement in place	NSW Ministry of Transport

**PRIORITY 2 - requiring attention within 4 years**

**Service Development Options**

Option	Task	Timeframe	Responsible	KPI	Lead/Collaborations
Continued expansion of Day Programs/Respite for younger disabled persons		2009/10	TLs ADS	Increased service levels	DADHC
Expand coverage of Community Aged Care with initial focus on Tenterfield		2009/10	TLs ADS	Applications submitted	DoHA
Development of EACH Dementia services		2009/10	TLs ADS	Applications submitted	DoHA
Development of Services Targeted to Special Needs Groups	Maintain close attention to opportunities for Special Needs funding in the following areas:	2009/10	TLs ADS	Applications submitted	DoHA, DADHC, DVA
	<ul style="list-style-type: none"> <li>• DVA<sup>xxv</sup></li> </ul>				
	<ul style="list-style-type: none"> <li>• Veteran-specific CACP<sup>xxvi</sup></li> </ul>				
	<ul style="list-style-type: none"> <li>• Rural &amp; Remote CACP</li> </ul>				
	<ul style="list-style-type: none"> <li>• ATSI<sup>xxvii</sup>-CACP</li> </ul>				
<ul style="list-style-type: none"> <li>• Financial/Social Disadvantaged persons CACP</li> </ul>					

**PRIORITY 2 - requiring attention within 2-4 years**

**Concurrent Strategies**

Strategy	Task	Timeframe	Responsible	KPI	Lead/Collaborations
Rebadge GISC Aged & Disability Services	Encourage staff and client participation in a re-naming process which covers both Aged and Disability Services	2009/10	MCS	Service rebadged and marketing materials prepared	DCCS
Workforce development	Collaborate with suitable RTOs to develop traineeships, student placement and work experience programs	In progress requiring ongoing attention	MCS and TLs ADS	Increased numbers of traineeships, student placements and work experience attendances	RTO and other training or education organistaions
	Foster employment and training opportunities for Aboriginal persons wishing to work in aged and disability services	In progress requiring ongoing attention	MCS and TLs ADS	Increased numbers of Aboriginal staff	Local Aboriginal community and RTO
Performance reports	Ensure management reports regularly provide data on financial and service targets	In place requiring ongoing attention	MCS	Inclusion of statistical data in reports to GISC by Jul 2010	DADHC
Data systems	Continued investment in client/service data tools and systems to provide readily accessible Activity Reports	In place requiring ongoing attention	MCS	Appropriate human and finance resources allocated for data system development	DCCS
Disability assessments	Collaborate with DADHC to explore feasibility of an on the ground assessment service in sub-region	by Dec 2009	MCS	Collaborative approach documented	DADHC and other disability service providers
Collaborate with Glen Industries	Continue collaboration with Glen Industries and other disability services to ensure coordinated networking and service development	In place requiring ongoing attention	TLs ADS	Development of collaborative funding applications and service development initiatives	DADHC, Glen Industries, other disability service providers

**PRIORITY 3 - requiring a lead time of 4+ years**

**Service Development Options**

Option	Task	Timeframe	Responsible	KPI	Lead/Collaborations
Continued expansion of HACC services		2010/11	TLs ADS	Increased HACC service levels in line with community needs	DADHC
Pilot initiatives with Area Health Service		2010/11	MCS	Successful pilot initiatives evaluated	HNEH
Support for Public Housing development for 50+ persons and younger disabled people		2011/12	MCS	Public Housing development planning process in train	NSW State Government, providers of services to younger disabled persons, YoungCare
Develop Direct Care Service to support Council's Aged & Disability Programs		2010/11	MCS and TLs ADS	Business arm providing Direct Care Services to other agencies in place	MCS and DCCS
Develop innovative Third Place Community Centre offering intergenerational support		2011/12	MCS and TLs ADS	Third Place Community Centre in operation with appropriate funding stream	Local community groups
Support Aboriginal Communities to develop their own Aged Care Facility and Accommodation		2011/12	MCS	Suitable site and plans developed	DoHA, local Aboriginal community, suitable NFP residential care provider
Development of Services Targeted to Special Needs Groups	Advocate for innovative high quality residential care options able to meet the needs of persons in remote communities	2011/12	MCS	Suitable site and plans developed	DoHA, local CALD/NESB <sup>xxviii</sup> communities, suitable NFP <sup>xxix</sup> residential care provider

**PRIORITY 3 - requiring a lead time of 4+ years**

**Concurrent Strategies**

Strategy	Task	Timeframe	Responsible	KPI	Lead/Collaborations
Aligned Planning for Aged Care & Disability Accommodation Options	Foster collaborations with suitable not-for-profit (NFP) agencies for residential care/housing developments	2010/11	MCS	Documented collaborative strategy with a suitable residential care provider	DoHA, NSW State Government, YoungCare
	Continued attention to the needs of 50+ persons requiring affordable retirement housing	2011/12	MCS	Research/Needs Study prepared and presented to GISC	Consultant
	Advocacy in relation to sub-region which has higher needs for residential care than the New England region as a whole	Ongoing	MCS	Regular submissions to DoHA ACPAC on an annual basis	Consultant
	Collaborate with HNEH to develop effective Allied Health and Chronic Illness Programs	2011/12	MCS and TLs ADS	At least 2 initiatives implemented and evaluated	HNEH
Health Care advocacy					

## GLOSSARY OF TERMS

- 
- <sup>i</sup> KPI - Key Performance Indicator/s
  - <sup>ii</sup> TL ADDCS - Team Leader Aged & Disabled Direct Care Services
  - <sup>iii</sup> RTO - Registered Training Organisation
  - <sup>iv</sup> TLs ADS - Team Leaders Aged & Disability Services
  - <sup>v</sup> CALD - Culturally & Linguistically Diverse
  - <sup>vi</sup> TL BPC - Team Leader Brokered & Packaged Care
  - <sup>vii</sup> MCS - Manager Community Services
  - <sup>viii</sup> CCRC - Commonwealth Carer Respite Centre
  - <sup>ix</sup> GISC - Glen Innes Severn Council
  - <sup>x</sup> DCCS - Director Corpora<sup>x</sup> KPI - Key Performance Indicator/s
  - <sup>x</sup> TL ADDCS - Team Leader Aged & Disabled Direct Care Services
  - <sup>x</sup> RTO - Registered te & Community Services
  - <sup>xi</sup> DoHA - Department of Health and Ageing
  - <sup>xii</sup> DADHC - Department of Ageing, Disability and Home Care
  - <sup>xiii</sup> HNEH - Hunter New England Health
  - <sup>xiv</sup> HART - Hospital Admission Risk Tool
  - <sup>xv</sup> COPs - Community Options
  - <sup>xvi</sup> NRCP - National Respite for Carers Program
  - <sup>xvii</sup> ComPacs - Case Managed package of care for up to 6 weeks after discharge from Hospital
  - <sup>xviii</sup> ISO - International Standards Organisation
  - <sup>xix</sup> ACSA NSW/ACT - Aged & Community Services Association of New South Wales and the Australian Capital Territory Incorporated
  - <sup>xx</sup> CMSA - Case Management Society of Australia
  - <sup>xxi</sup> EACH - Extended Aged Care At Home Package
  - <sup>xxii</sup> EACHD - Extended Aged Care At Home Dementia Package
  - <sup>xxiii</sup> OHS - Occupational Health & Safety
  - <sup>xxiv</sup> ACPAC - Aged Care Planning Advisory Council
  - <sup>xxv</sup> DVA - Department of Veterans' Affairs
  - <sup>xxvi</sup> CACP - Community Aged Care Package
  - <sup>xxvii</sup> ATSI - Aboriginal and Torres Strait Islander
  - <sup>xxviii</sup> NESB - Non-English Speaking Background
  - <sup>xxix</sup> NFP - not-for-profit organisation