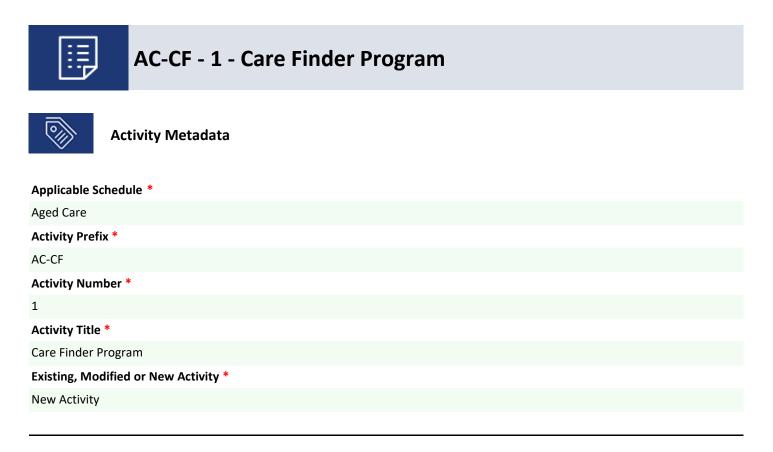
# Country SA PHN - Aged Care 2019-2020 to 2023-2024 Activity Summary View





**Activity Priorities and Description** 

Program Key Priority Area \*

Aged Care

**Other Program Key Priority Area Description** 

### Aim of Activity \*

The aim of this activity is to establish and maintain a national care finder network that will provide specialist and intensive assistance to help people within the Care Finder Target Population to understand and access aged care and connect with other relevant supports in the community.

### **Description of Activity \***

The aim of this activity is to improve outcomes for people within in the Care Finder Target Population. This activity includes improvements in:

Coordination of support when seeking to access aged care

Provide specialist and intensive assistance to help people within the target population to understand and access aged care and connect with other relevant supports in the community

Undertake assertive outreach to proactively identify and engage with people in the Care Finder target population.

Support clients to interact with My Aged Care, explaining and guiding clients through assessment processes and helping clients to find the aged care supports and services required.

Provide specialist and intensive assistance to help people who are homeless or at risk of homelessness to connect with appropriate and sustainable housing and other supports in the community.

Ensure clients are connected with other relevant supports in the community before assisting the person to access aged care.

Ensure Care Finder organisations are undertaking high-level check-ins on a periodic basis and provide follow-up support once services have commenced to make sure clients are still receiving services and needs are being met.

Understanding of aged care services and how to access them

Openness to engage with the aged care system

Care Finder Workforce capability to meet client needs

Rates of access to aged care services and connections with other relevant supports

Rates of staying connected to the services needed post service commencement

Integration between the health, aged care, and other systems at the local level within the context of the Care Finder Program.

In alignment with the Care Finder Guidelines that will establish and maintain a national Care Finder Network that:

Provides specialist and intensive assistance to help people in the Care Finder Target Population to understand and access aged care and connect with other relevant supports in the community

Address the specific local needs of Country SA PHN communities in relation to care finder support

Transition the Assistance with Care and Housing (ACH) program to the Care Finder Program

is supported to build knowledge and skills

is an integrated part of the local aged care system

Collects data and information to support an evaluation of the Care Finder Program

Supports and promotes continuous improvement of the Care Finder Program

Supports improved integration between the health, aged care, and other systems at the local level within the context of the Care Finder Program.

Country SA PHN will undertake an additional aged care needs assessment for the initial commissioning of Care Finder Services to identify local needs in relation to care finder support and commissioning Care Finder Services that provide specialist and intensive assistance to help people within the Care Finder Target Population to understand and access aged care and connect with other relevant supports in the community.

### **Needs Assessment Priorities \***

**Needs Assessment** 

### Needs Assessment 2022-2025

### Priorities

Priority	Page reference
Workforce and service sustainability	74
Access to specialist services to support ageing well	60
Older persons are supported to stay healthy and well in their place of residence	60



## **Activity Demographics**

### **Target Population Cohort**

People who are eligible for aged care services and have one or more reasons for requiring intensive support to:

- Interact with My Aged Care and access aged care service and/or
- Access other relevant supports in the community.

### In Scope AOD Treatment Type \*

Indigenous Specific \*

No

**Indigenous Specific Comments** 

### Coverage

Whole Region

Yes



**Activity Consultation and Collaboration** 

### Consultation

Engagement with appropriate stakeholders across country SA regions has been embedded in the activity of the PHN. It is complemented by consultation with Clinical Council/s and Community Advisory Committee/s. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

### Collaboration

Collaboration has occurred with sector service providers and key stakeholders.



Activity Start Date	
30/06/2022	
Activity End Date	
29/06/2025	
Service Delivery Start Date	
01/01/2023	
Service Delivery End Date	
30/06/2025	
Other Relevant Milestones	

- contracts with ACH providers should be in place by 30 November 2022 to enable services to continue from 1 January 2023
- the commissioning process should be completed by the end of December 2022
- care finder service delivery should commence from 1 January 2023, but a ramp-up period has been provided for those organisations who need time for establishment
- the ramp-up period is only for organisations who need it, such as organisations who are not currently delivering similar services, and allows for activities such as recruitment and training
- all organisations should be fully operational, with full service delivery available for clients, by 30 April 2023.



### **Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No Continuing Service Provider / Contract Extension: No Direct Engagement: Yes Open Tender: Yes Expression Of Interest (EOI): No Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

### Decommissioning

No

Co-design or co-commissioning comments



# Summary of activity changes for Department

### **Activity Status**

Subject	Description	Commented By	Date Created
New Activity - Care Finder	New activity includes operational	Bernadette Cummins	09/09/2022
Program	funding		



# AC-EI - 1 - Aged Care - Early intervention initiatives for healthy ageing



Activity Metadata

Applicable Schedule *
Aged Care
Activity Prefix *
AC-EI
Activity Number *
1
Activity Title *
Aged Care - Early intervention initiatives for healthy ageing
Existing, Modified or New Activity *
New Activity



**Activity Priorities and Description** 

Program Key Priority Area \*

Aged Care

**Other Program Key Priority Area Description** 

### Aim of Activity \*

This activity aims to provide people with early intervention activities that will support healthy ageing and ongoing management of their chronic conditions, to minimise the effects on functional decline and deterioration as they advance in years. This activity will commission early intervention activity to support:

People with chronic condition self-management to minimise health decline and optimise health and wellbeing, and

Carers, family, significant others, and health professionals in the management of people's care to support healthy ageing and reduce unnecessary transfers from home to hospital.

This activity will

Commission services which address identified needs and gaps in your local primary health and aged care systems.

Enhance access to general practitioners (GPs) and other primary health care providers.

Build the capacity of health and aged care professionals to deliver high quality care and

Improve coordination, integration, and continuity of care at the aged care and primary health care interface.

### **Description of Activity \***

As people age, the number of chronic conditions that impact on health, wellbeing and independence, can become more complex and additional early targeted intervention and care, at the right time, can prevent deterioration and functional decline.

Early intervention activities to support healthy ageing well in place, or chosen place of residence, and manage ongoing chronic conditions, is tailored to the needs of people living in Country SA regions in an integrated model of care. This activity will include but are not limited to:

Providing adequate supports in primary care that recognise and respond to chronic conditions in the advancing age population to ensure self-management that minimises the impacts that ageing and chronic conditions have on each other.

Establishment and implementation of flexible models of care, including telehealth solution, that can identify and respond to early changes in chronic conditions, encourage self-management and maintain quality of life.

Early identification and activation of a primary health response where risk of deterioration and frailty are identified.

Early intervention when diagnosed with dementia, supported to create a better quality of life, reduce the need for crisis care, manage chronic conditions and symptoms and when the time comes, die with dignity in their place of choice.

Early intervention exercise programs and disease management resources to include a multi-disciplinary primary care team of allied health services including a dietitian, occupational therapist, and social worker for clients and their families to promote disease awareness, healthy behaviours, and ways to minimise chronic disease and symptom management.

### **Needs Assessment Priorities \***

### **Needs Assessment**

Needs Assessment 2022-2025

### Priorities

Priority	Page reference
Chronic disease: multidisciplinary care and prevention	68
Workforce and service sustainability	74
Access to specialist services to support ageing well	60
Older persons are supported to stay healthy and well in their place of residence	60
Reduce potentially preventable hospitalisations	71
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	72
Integrated and coordinated care across the health system	72



### **Target Population Cohort**

Vulnerable and disadvantaged ageing population

In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

Indigenous Specific Comments

## Coverage

### Whole Region

Yes



Activity Consultation and Collaboration

### Consultation

Collaboration



**Activity Milestone Details/Duration** 

Activity Start Date
30/06/2021
Activity End Date
29/06/2024
Service Delivery Start Date
Service Delivery End Date
Other Relevant Milestones



## **Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes Continuing Service Provider / Contract Extension: Yes Direct Engagement: No Open Tender: No Expression Of Interest (EOI): No Other Approach (please provide details): No
Is this activity being co-designed?
Yes
Is this activity the result of a previous co-design process?
Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?
No
Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

**Decommissioning details?** 

Co-design or co-commissioning comments



# Summary of activity changes for Department

### **Activity Status**

Subject	Description	Commented By	Date Created
New Activity - Aged Care Early Intervention for Healthy Ageing	Aged Care - Commissioning early intervention initiatives to support healthy ageing, and ongoing management of chronic conditions.	Bernadette Cummins	09/09/2022



# AC-VARACF - 1 - Support RACFs to increase availability and use of telehealth care for aged care residents



Activity Metadata

Applicable Schedule *
Aged Care
Activity Prefix *
AC-VARACF
Activity Number *
1
Activity Title *
Support RACFs to increase availability and use of telehealth care for aged care residents
Existing, Modified or New Activity *
New Activity



**Activity Priorities and Description** 

### Program Key Priority Area \*

Aged Care

**Other Program Key Priority Area Description** 

### Aim of Activity \*

This activity aims to achieve better integration across the aged care and health care systems for the benefit of people is country South Australia. This activity will support Residential Aged Care Facilities (RACF's) to support healthy ageing and reduce avoidable hospitalisations by having appropriate virtual consultation facilities and support people having greater access to telehealth from primary health care providers.

### **Description of Activity \***

Description of Activity: As people age, they may require additional supports from the residential aged care sector. It is important that timely access and integration of virtual models of primary care with enhanced use of digital health care is available and embedded in an integrated model of care across all of Country SA. Using technical digital solutions to facilitate integrated and coordinated care across the health system and timely access to primary health care professionals, whether through face-to-face consultation or telehealth, is recognised as an issue for many RACFs in Country SA, that in some cases can lead to potentially preventable hospitalisations.

This activity will:

• Assist RACF in telehealth facilities and equipment to enable residents for virtual consultation with primary health care professionals, this will be guided by recognised telehealth standards.

• Provide training for RACF staff to support them to have the capabilities to assist their residents in accessing virtual consultation services.

• Promote the use of enablers such as My Health Record to improve the availability and secure transfer of resident's health care information between RACF, primary care and acute care.

• Improve technological interoperability between the aged care and health systems.

• Consult with South Australia authorities, SA aged care stakeholders to ensure the initiatives are complimentary to improve technological interoperability between the aged care and health systems.

Virtual care technology will be applied to coordinated and integrated care models, these include telehealth, videoconferencing, remote monitoring devices and mobile applications where appropriate. This will improve access to quality care by delivering care that does not discriminate by geography and provides people with a choice on how they want to receive care in the RACF. This will also support families, carers, clinicians, and aged care communities to have greater access to primary care support and services, to ensure health care needs are met safely, securely and is effective.

A needs assessment will be conducted of all RACF providers within the CSAPHN region to determine the appropriate level of support on an individual provider basis and where there is the greatest need. While prioritisation will be given to the RACFs, the specific aged care needs assessment will determine the support provided to the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATISFACP) and Multi-Purpose Services (MPS).

Initiatives under this activity are designed to be integrated across systems to:

• Establish and implement flexible virtual and digital models of care

• Provide training to participating RACF staff to support them to have the capabilities to assist residents in accessing virtual consultation services

• Promote the use of enablers of digital health (such as My Health Record)

• Consult with South Australian Aged Care Agencies to ensure the initiative complements to improve technological interoperability between the aged care and health systems

- Implement and deliver services and resources that enable telehealth and digital care solutions
- Include and integrate GP, families/carers as part of the multidisciplinary care team.

### In this activity we will:

Determine the digital health maturity and ability in RACF's in Country SA PHN region

Identifying and resolve barriers to uptake and use of telehealth and digital health in RACF

Develop agreed models of care between RACF, General Practice and Allied Health providers, including escalation pathways with regional Local Health Networks and SA Health for care and support

Provide support funding for RACF to establish a suitable virtual health consultation facility/capability.

Use of SMD to exchange clinical details between providers

Registration and use of the MHR to support care planning and information exchange

Trial and implement remote medical device monitoring to support expanded telehealth consultation and early intervention and after-hours activities under this schedule

### **Needs Assessment Priorities \***

### **Needs Assessment**

Needs Assessment 2022-2025

Priorities

Priority	Page reference
Medication management	74
Workforce and service sustainability	74
Access to specialist services to support ageing well	60
Older persons are supported to stay healthy and well in their place of residence	60
Reduce potentially preventable hospitalisations	71
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	72
Integrated and coordinated care across the health system	72



# Activity Demographics

### **Target Population Cohort**

Vulnerable and disadvantaged ageing population

In Scope AOD Treatment Type \*

Indigenous Specific \*

No

Indigenous Specific Comments

## Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Collaboration



# Activity Milestone Details/Duration

Activity Start Date
30/06/2021
Activity End Date
29/06/2024
Service Delivery Start Date
Service Delivery End Date
Other Relevant Milestones
Other Relevant Milestones
Activity Commissioning
Please identify your intended procurement approach for commissioning services under this activity:
Not Yet Known: Yes Continuing Service Provider / Contract Extension: No Direct Engagement: No Open Tender: No Expression Of Interest (EOI): No Other Approach (please provide details): No
Is this activity being co-designed?
Yes
Is this activity the result of a previous co-design process?
No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?
No
Has this activity previously been co-commissioned or joint-commissioned?
No
Decommissioning
No
Decommissioning details?
Co-design or co-commissioning comments



# Summary of activity changes for Department

## **Activity Status**

Subject	Description	Commented By	Date Created
New Activity- Aged Care Funding Virtual care	Support RACFs to increase availability and use of telehealth care for aged care residents	Bernadette Cummins	09/09/2022



# AC-AHARACF - 1 - Enhanced out of hours support for residential aged care



Activity Metadata

Applicable Schedule *
Aged Care
Activity Prefix *
AC-AHARACF
Activity Number *
1
Activity Title *
Enhanced out of hours support for residential aged care
Existing, Modified or New Activity *
New Activity



**Activity Priorities and Description** 

### Program Key Priority Area \*

Aged Care

**Other Program Key Priority Area Description** 

### Aim of Activity \*

The aim of this activity is to ensure that Residential Aged Care Facilities (RACFs) have plans in place to support people with access to after-hours care including managing deteriorations in their health and wellbeing, and support carers and health professionals in the management of people's care in place, avoiding any unnecessary transfer to hospital.

### Description of Activity \*

Description of Activity: This activity will ensure that RACFs have plans in place to access local out of hours services in the Country SA PHN region. RACF residents can experience deterioration in their health during the after-hours period, however, immediate transfer to hospital is not always clinically necessary. Lack of awareness and utilisation of out of hours services provided by GPs and other health professionals leads residents to unnecessary hospital presentations.

This activity will:

• Assist participating RACFs with the development and implementation of after-hours action plans that will support residents to access the most appropriate medical services out-of-hours

• Provide education support for RACF staff in out-of-hours care options and processes

• Assist the RACF to implement procedures for keeping residents' digital medical records up to date, particularly following an episode where after-hours care was required

- Support engagement between RACF and their residents GPs or other relevant health professionals
- Support the establishment and implementation of flexible, integrated, and best practice models of after-hours care
- Include and integrate GP, families/carers as part of the multidisciplinary care team including through telehealth.

A needs assessment will be conducted of all providers within the CSAPHN region to determine the appropriate level of support on an individual provider basis and where there is the greatest need. While prioritisation will be given to the RACFs, CSAPHN will provide support to National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATISFACP) and Multi-Purpose Services (MPS) where a local need is identified without disadvantaging RACFs.

### **Needs Assessment Priorities \***

### **Needs Assessment**

Needs Assessment 2022-2025

### Priorities

Priority	Page reference
Access to afterhours services	74
Medication management	74
Workforce and service sustainability	74
Access to specialist services to support ageing well	60
Older persons are supported to stay healthy and well in their place of residence	60
Reduce potentially preventable hospitalisations	71
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	72
Integrated and coordinated care across the health system	72



## **Activity Demographics**

**Target Population Cohort** 

Vulnerable and disadvantaged ageing population

In Scope AOD Treatment Type \*

Indigenous Specific \*

No

Indigenous Specific Comments

### Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Collaboration



**Activity Milestone Details/Duration** 

### Activity Start Date

30/06/2021

Activity End Date

29/06/2024

Service Delivery Start Date

Service Delivery End Date

**Other Relevant Milestones** 



**Activity Commissioning** 

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes Continuing Service Provider / Contract Extension: No Direct Engagement: No Open Tender: No Expression Of Interest (EOI): No Other Approach (please provide details): No

Is this activity being co-designed?

Yes

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

### Decommissioning

No

**Decommissioning details?** 

Co-design or co-commissioning comments



## Summary of activity changes for Department

### **Activity Status**

Subject	Description	Commented By	Date Created
New Activity - Aged Care	New activity for enhanced out of hours	Bernadette Cummins	09/09/2022
Funding	support for residential aged care		