Country SA - Aged Care
2023/24 - 2026/27
Activity Summary View

AC-CF - 1 - Care Finder Program

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

1

Activity Title *

Care Finder Program

Existing, Modified or New Activity *

Modified

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 care finder network that will provide specialist and intensive assistance to help people in Country SA and within the Care Finder Target Population to understand and access aged care and connect with other relevant supports in the community for healthy ageing and to reduce unnecessary hospitalizations.

Description of Activity *

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

- Coordination of support when seeking to access aged care.

- 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.

This activity is designed to be integrated across health systems and in alignment with the Care Finder Guidelines that will establish and maintain a 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.

- Addresses the specific local needs of Country SA PHN communities in relation to care finder support.

- Is supported to build their knowledge and skills and promotes continuous improvement of the Care Finder Program.

- Is an integrated part of the local aged care system.

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

The Country South Australia PHN will focus on:

- Commissioning a network of Care Finders across Country SA based on local needs with service delivery from 1 January 2023. Contracts will be executed by 31 December 2022 and Care Finder organisations will be supported to be fully operational, with full-service delivery by 30 April 2023.

- Supporting the transition of the four local Assistance with Care and Housing (ACH) programs to the Care Finder Program by 1 January 2023, across their existing geographic coverage.

- Supporting all Care Finder organisations to establish and embed service delivery models that meet the needs of Care Finder target populations, targeting our most vulnerable client groups identified in the Needs Assessment.

- Monitoring and managing Care Finder Organisation/s contracted by CSAPHN to ensure obligations are met, including completion of required training and reporting.

Operational activities will include:

- Working closely with other PHNs to identify where joint activities in the program will support efficiencies and collaboration and identification and monitoring of cross border referrals and impact on outcomes.

- Participating in and monitoring data collection by commissioned service providers to support national evaluation including development, implementation and maintenance of required infrastructure, systems and processes to meet data collection and reporting requirements, ensure accuracy, completeness and timeliness of data and reporting, and to monitor and manage data integrity.

- Supporting and promoting continuous quality improvement of the Care Finder Program.
Supporting improved integration of the Care Finder Program between health, aged care and other systems by:
- inclusion in locally developed Aged Care clinical referral pathways and assisting in development and embedding of equitable and consistent referral pathways

- inclusion in aged care and primary care education and promotional resources and training materials, promoting awareness of care finder services

- establishing, coordinating and maintaining Communities of Practice to share local experiences, lessons learned, innovations and key evaluation findings across care finder organisations and building key partnerships and relationships to support effective implementation and management.

- consultation and co-design of activities with relevant stakeholders.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to specialist services to support ageing well	63
Older persons are supported to stay healthy and well in their place of residence	63
Workforce and service sustainability	77

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 services 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

Consultation activity conducted for Care Finder Needs Assessment, which informed analysis of need:

- Conducted survey on aged care navigation services with Local Health Cluster members to gain insight on local behaviour, needs, services and challenges surrounding aged care navigation. Eight responses were collected.
- Met with Lower Eyre Peninsula LHC members to discuss outcomes of their research report on Aboriginal person's navigation of MyAgedCare, which was informed by community consultation conducted on the Eyre Peninsula (50 participants).

Consultation undertaken and ongoing with existing ACHs to ensure transition is achieved effectively.

Consultation with stakeholders engaged in navigation trials and broader stakeholders, including PHNs.

Collaboration

Supporting the establishment of a collaborative community of practice to continuously improve the care finder service, and to enable an integrated approach that supports the needs of consumers in the target population. The PHN will continue to build on established relationships with a wide range of stakeholders supporting the care of older Australians in Country SA PHN including:

- Developing strong working relationships with aged care service providers to ensure efficient and effective referrals into available services.
- Working closely with GP Practices, Local Government Areas (LGAs) Aged Care Assessment Teams (ACAT) and Regional Assessment Service (RAS) teams.
- Participating in, and contributing to, community of practice (CoP) meetings and other continuous improvement activities.
- Participating in training to build knowledge and skills in relation to care finder support.
- Collaboration with Adelaide and other PHNs to support care finders across the State and to share learnings.

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

30/06/2025

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2025

Other Relevant Milestones

30 December 2023: commissioning process completed.

1 January 2023: ACHs commence services.

1 January 2023: ramp-up period commences for organisations that require it.

30 April 2023: all organisations should be fully operational.

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: 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

Decommissioning details?

Co-design or co-commissioning comments

Working with ACH and Care Finder providers to develop service delivery models and creative referral pathways.

Scoping for a potential State-wide referral service with Adelaide PHN.

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 *

Modified

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 through quarterly regional Practice network meetings, bi-annual Primary Care Support on-site visits and ongoing dissemination of resources and materials via email, during workshops and education and service provider network forums.
- Build the capacity of health and aged care professionals to deliver high quality care through workshop hosting, education delivery, commissioned service provider forums and activity engagement and utilisation of newsletter, social media and other relevant digital platforms such as Health Connections Community. Stakeholders include General Practice, RACH, Commissioned

Service Providers, Peak bodies and State agencies.
- Improve coordination, integration, and continuity of care at the aged care and primary health care interface through implementation, promotion and education of electronic health records and integrated care platforms to facilitate seamless information sharing and communication. Further activities include scoping for a Community of Practice and regular attendance and participation in Aged Care stakeholder meetings.

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. Support provided includes;
    - ICHOM, to ensure that commissioned services are effective and efficient and meet the needs of the community.
    - Establish clear performance indicators and outcome measures aligned with the objectives of the commissioned services, integrating ICHOM standard sets where applicable, allowing for systematic tracking and assessment of service delivery quality and impact.
    - Develop robust data collection and reporting mechanisms to capture relevant metrics, including service utilization rates, client satisfaction scores, health outcomes, and cost-effectiveness measures.
    - Foster stakeholder engagement and feedback mechanisms to solicit input from service users, caregivers, healthcare providers, and community representatives, ensuring that commissioned services remain responsive and relevant to evolving community needs
    - Conduct regular audits, reviews, and performance assessments to identify strengths, areas for improvement, and emerging needs, enabling evidence-based decision-making and continuous quality improvement.
    - Utilise evaluation findings and insights to inform CSAPHN strategic planning, resource allocation and service redesign efforts, maximising the efficiency and effectiveness of commissioned services while optimising outcomes for the community.
- 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.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Chronic disease: multidisciplinary care and prevention	72
Access to specialist services to support ageing well	63
Older persons are supported to stay healthy and well in their place of residence	63
Reduce potentially preventable hospitalisations	74
Integrated and coordinated care across the health system	65
Workforce and service sustainability	77

Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76

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

Engagement with appropriate stakeholders across country SA regions has been embedded in the activity of the PHN. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Stakeholder involvement in understanding the needs of older people in Country South Australia has been crucial for ensuring a comprehensive and inclusive approach. Engaging with community leaders and advocacy groups representing older individuals allows for capturing grassroots perspectives and priorities. These stakeholders provided valuable insights into the specific challenges faced by seniors in different localities within Country SA and included organisations such as: COTA, Dementia SA, Resthaven Inc, Aged Care Alternatives, LGA's and Community Health Clusters, along with an extensive RACH survey process undertaken in 2023. This engagement enabled CSAPHN to have a link to older individuals and their caregivers to ensure that their perspectives integrated into CSAPHN decision-making processes.

Further consultation occurred at Regional Annual Aged Care Stakeholder Expos gathering insights, and being available to disseminate information about available resources, services, and support networks for the elderly population. Promotion of early intervention commissioning ensured raised awareness about preventive healthcare measures, lifestyle modifications, and community-based programs to support healthy aging and mitigate age-related health risks.

Collaboration

Ongoing collaboration with the commissioned providers will occur via regular meetings and six-monthly reporting.

Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2025

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: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
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?

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

AC-VARACF - 0 - AC-VARACF-Operational

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-VARACF

Activity Number *

0

Activity Title *

AC-VARACF-Operational

Existing, Modified or New Activity *

Modified

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 the people of 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 *

Operational costs

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to specialist services to support ageing well	63
Medication management	63
Older persons are supported to stay healthy and well in their place of residence	63
Reduce potentially preventable hospitalisations	74
Integrated and coordinated care across the health system	65
Workforce and service sustainability	77
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76

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

29/06/2025

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

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

RACHs, General Practitioners engaged in design of digital tools and training programs.

AC-CF - 0 - AC-CF-Operational

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

0

Activity Title *

AC-CF-Operational

Existing, Modified or New Activity *

Modified

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 care finder network that will provide specialist and intensive assistance to help people in Country SA and within the Care Finder Target Population to understand and access aged care and connect with other relevant supports in the community for healthy ageing and to reduce unnecessary hospitalisations.

Description of Activity *

Operational activities will include:
Working closely with other PHNs to identify where joint activities in the program will support efficiencies and collaboration and identification and monitoring of cross border referrals and impact on outcomes.

Participating in and monitoring data collection by commissioned service providers to support national evaluation including development, implementation and maintenance of required infrastructure, systems and processes to meet data collection and reporting requirements, ensure accuracy, completeness and timeliness of data and reporting, and to monitor and manage data integrity.

Supporting and promoting continuous quality improvement of the Care Finder Program.

Supporting improved integration of the Care Finder Program between health, aged care and other systems by:

- inclusion in locally developed Aged Care clinical referral pathways and assisting in development and embedding of equitable and consistent referral pathways.
- inclusion in aged care and primary care education and promotional resources and training materials, promoting awareness of care finder services.
- establishing, coordinating and maintaining Communities of Practice to share local experiences, lessons learned, innovations and key evaluation findings across care finder organisations and building key partnerships and relationships to support effective implementation and management.
- consultation and co-design of activities with relevant stakeholders.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to specialist services to support ageing well	63
Older persons are supported to stay healthy and well in their place of residence	63
Workforce and service sustainability	77

Activity Demographics

Target Population Cohort

Senior Australians 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 services 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

Consultation activity conducted for Care Finder Needs Assessment, which informed analysis of need:

Conducted survey on aged care navigation services with Local Health Cluster members to gain insight on local behaviour, needs, services and challenges surrounding aged care navigation. Eight responses were collected.

Met with Lower Eyre Peninsula LHC members to discuss outcomes of their research report on Aboriginal person's navigation of MyAgedCare, which was informed by community consultation conducted on the Eyre Peninsula (50 participants).

Consultation undertaken and ongoing with existing ACHs to ensure transition is achieved effectively.

Consultation with stakeholders engaged in navigation trials and broader stakeholders, including PHNs.

Collaboration

Supporting the establishment of a collaborative community of practice to continuously improve the care finder service, and to enable an integrated approach that supports the needs of consumers in the target population. The PHN will continue to build on established relationships with a wide range of stakeholders supporting the care of older Australians in Country SA PHN including:

Developing strong working relationships with aged care service providers to ensure efficient and effective referrals into available services.
Working closely with GP Practices, Local Government Areas (LGAs) Aged Care Assessment Teams (ACAT) and Regional Assessment Service (RAS) teams.
Participating in, and contributing to, community of practice (CoP) meetings and other continuous improvement activities.
Participating in training to build knowledge and skills in relation to care finder support.
Collaboration with Adelaide and other PHNs to support care finders across the State and to share learnings.

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/09/2025

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2025

Other Relevant Milestones

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: 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

Working with ACH and Care Finder providers to develop service delivery models and creative referral pathways.

Scoping for a potential State-wide referral service with Adelaide PHN.

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 *

Modified

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 the people of 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 *

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 of people.

This activity will:

Assist RACF's 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 people's 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.
Identify and resolve barriers to uptake and use of telehealth and digital health in RACFs.
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's to establish a suitable virtual health consultation facility/capability.
Use of SMD to exchange clinical details between providers.
Promote registration and use of the MHR to support care planning and information exchange.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to specialist services to support ageing well	63
Medication management	63
Older persons are supported to stay healthy and well in their place of residence	63
Reduce potentially preventable hospitalisations	74
Integrated and coordinated care across the health system	65
Workforce and service sustainability	77
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76

Activity Demographics

Target Population Cohort

Senior Australians living in Residential Aged Care Homes

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. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Collaboration

Ongoing collaboration with RACFs, General Practitioners (GPs) and other key stakeholders, to support design and implementation, deliver education and training via meetings, webinars and face to face engagement.

Collaboration with ADHA who are responsible for registering all RACFs for My Health Record, including those that fall within Tier 3 (organisations with 5 or less facilities).

Collaborating with Aged Care Research and Industry Innovation Australia to establish a program to embed telehealth utilisation across country RACF's.

Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2025

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

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

RACHs, General Practitioners engaged in design of digital tools and training programs.

AC-CF - 2 - AC-CF-Quarantined

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

2

Activity Title *

AC-CF-Quarantined

Existing, Modified or New Activity *

Modified

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 support a transition of the Assistance with Care and Housing Program to the care finder program.

Description of Activity *

The aim of this activity is to improve outcomes for people within in the Care Finder Target Population. This activity will include improvements in:
Coordination of support when seeking to access aged care.
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.

This activity is designed to be integrated across health systems and in alignment with the Care Finder Guidelines that will establish and maintain a 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.
Addresses the specific local needs of Country SA PHN communities in relation to care finder support.
Is supported to build their knowledge and skills and promotes continuous improvement of the Care Finder Program.
Is an integrated part of the local aged care system.
Collects data and information to support an evaluation of the Care Finder Program.

The Country South Australia PHN will focus on:
Supporting the transition of the local Assistance with Care and Housing (ACH) programs to the Care Finder Program by 1 January 2023, across their existing geographic coverage.

Supporting all Care Finder organisations to establish and embed service delivery models that meet the needs of Care Finder target populations, targeting our most vulnerable client groups identified in the Needs Assessment.

Monitoring and managing Care Finder Organisation/s contracted by CSAPHN to ensure obligations are met, including completion of required training and reporting.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2022-2025 (Nov 2023) V3

Priorities

Priority	Page reference
Access to specialist services to support ageing well	63
Older persons are supported to stay healthy and well in their place of residence	63
Workforce and service sustainability	77

Activity Demographics

Target Population Cohort

Senior Australians 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 services 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

Collaboration

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

30/06/2025

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2025

Other Relevant Milestones

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: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

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 *

Modified

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 *

This activity will ensure that RACFs have after hours action 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 people's GP, families/carers as part of the multidisciplinary care team including through telehealth.
- Guide and support RACFs to develop after-hours plans that raise awareness of care options that may arise unexpectedly in the after-hours period.

Building on the Needs Assessment, we have contacted RACFs 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 has 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 (Nov 2023) V3

Priorities

Priority	Page reference
Access to specialist services to support ageing well	63
Medication management	63
Older persons are supported to stay healthy and well in their place of residence	63
Reduce potentially preventable hospitalisations	74
Integrated and coordinated care across the health system	65
Access to afterhours services	77
Workforce and service sustainability	77
Utilisation of technical solutions to facilitate integrated and coordinated care across the health system	76

Activity Demographics

Target Population Cohort

Senior Australians living in Residential Aged Care Homes

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. Consultation also occurs at the strategic and peak body level across the State and elsewhere as appropriate.

Collaboration

Ongoing collaboration with RACFs and key stakeholders occurs via meetings, webinars and face to face engagement.

Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/06/2025

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

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

Toolkit and training resources will be co-designed/developed with RACFs and other key stakeholders to ensure currency.