



Meals on Wheels

Connecting

700 services • 75,000 volunteers

60,000 doors knocked on every day • 10,000,000+ meals delivered annually

Australian Meals on Wheels Association • November 2015

President's Message

This has been a huge year for the Meals on Wheels sector. The phasing out of the Home and Community Care (HACC) program and the introduction of the Commonwealth Home Support Program (CHSP) represents the biggest change within the sector for over 35 years. The challenge for all of us is to find a way to work within the new federal government funded program, without compromising the quality or long term viability of our services. Each State is different, even services within States are different. Teasing out the common issues, and feeding back clear messages regarding the changes to the Department of Health is difficult, but not impossible. AMOWA has made it a priority this past year to speak with one voice, both in it's submissions regarding the design of the CHSP and also in feeding back the problems and issues related to implementation.

On pages 3 and 4 of this newsletter you'll find a summary of what we've fed back to the federal government based on what you have told us via your State bodies since July 1st.

The national conference in Adelaide was a great success. I realise that attending these events is an expensive exercise and beyond the financial capacity of many, especially those travelling from other States. I felt very fortunate to be there and heartened by the overwhelmingly positive feedback from other delegates. ►



The conference program was informative, challenging and interesting, and a credit to Sharyn Broer and her team from South Australia. Gill Hicks' MBE motivational speech was the most moving and inspiring I've ever heard. The standing ovation she received following her talk indicated many others felt the same way. There are simply too many other highlights to mention, but Dr Kali Thomas from Brown University, Rhode Island, deserves a special mention. Her research conducted for Meals on Wheels America, provides some of the most compelling and irrefutable evidence so far about the financial and social benefits of Meals on Wheels. See page 5 for more information and links.

Dr Thomas, through her meticulous and highly reputable research, has backed-up other international studies that highlight the importance of Meals on Wheels. It's what most grass roots providers know intrinsically, and a message AMOWA intends to continue promoting strongly. The Meals on Wheels preventative care approach does save millions of dollars a year, by keeping people nourished, monitoring their health and recommending medical care and attention when it's needed, and by doing so, lowering the risk of falls and prolonged illness, that ultimately mean less hospital admissions, and premature residential care. As I said during my opening address at the conference, now is not the time to get stricter or punitive about who gets our services. To do so is simply counterproductive and bad economics. The overwhelming majority of Australians putting up their hands and asking for help do so, because they need it. In fact many times clients admit they should have asked for meals sooner. With your help, this is the message AMOWA will be focusing on very strongly in the coming year.

Nelson Mathews – President



Gill Hicks MBE, Guest Speaker, and Sharyn Broer, CEO MoWSA.



Dr Kali Thomas, Key Note Speaker from Brown University, Rhode Island USA.



Kathryn Dowling- NSW General Manager, Marketing and Fundraising, Gail Carroll, NSW General Manager Network Strategy and Services, Margo Holness, Executive Officer: Business Performance, Aged and Disability Services Shire of City of Yarra Ranges and AMOWA Board Member and Maree Lyster-Sturman, MOW Victoria Treasurer and AMOWA Board Member.

Commonwealth Home Support Program, My Aged Care and Regional Assessment Services. The Feedback so far...

Introduction

Since last year, AMOWA has been actively engaged with the Commonwealth Government's Department of Social Services around the introduction of the CHSP (Commonwealth Home Support Program). We have provided feedback via various face to face meetings in Canberra, phone conferences, and by nominating a Meals on Wheels representative to attend CHSP Advisory Group meetings. We also provided formal submissions on the draft CHSP Manual, Best Practice Guidelines, and Fees Policy.

This proactive and constructive engagement between AMOWA and the federal government is unprecedented. We're determined that the structural changes the government puts in place, have minimal impact on the viability and operation of Meals on Wheels services. This is no easy task.

Prior to the recent AMOWA board meeting and Annual General Meeting in Adelaide, all State Presidents and Managers were asked to provide as much feedback as possible about the impact and emerging issues surrounding the My Aged Care Gateway and Regional Assessment Services. Their job was to relay back your concerns as service providers. As predicted there were lots of problems, almost all as we / you had forecast in the lead up to the change. Some issues were more prevalent or noticeable in some jurisdictions than others. At our meeting in Adelaide we collated all the known issues that were being experienced at that time. A summary of the main themes follows.

My Aged Care – General Information on MAC Gateway

- Referrals were not being directed to the correct geographic area. When service providers had loaded information and website links into the Service Finder, it had often not been displayed.
- My Aged Care call centre staff had recommended expensive private meal providers who deliver once a week, completely missing the essential preventative care benefit of Meals on Wheels in terms of regular deliveries, care planning and the 'safe and well' checks (monitoring).

My Aged Care – Inadequate and Inaccurate Information for Service Planning

- Service providers were often not able to identify from the MAC referral in the portal, who sent the referral to

CHSP - Commonwealth Home Support Program

MAC - My Aged Care

RAS - Regional Assessment Service

DSS - Department Social Services

DoH - Department of Health, again responsible for Aged Care policy and funding from November 2015.

MAC; whether it was a general practitioner, hospital, self, relative or friend.

- Critical service planning information had been missing from referrals sent by MAC, such as: the details of the nominated contact person (essential for monitoring or emergencies); information about who initiated the referral (in some instances when a potential client was phoned, they refused service, in one case this was because the daughter had initiated the referral as their mother had dementia); and other important information about the client's health status (mental and physical) to assist in arranging a visit to establish services.
- Inaccurate information, due to numerous input errors in referrals received from MAC. Incorrect phone numbers, spelling of names, surnames and first name entered the wrong way around, middle name entered as surname, had delayed commencement of services and required providers to unnecessarily spend time chasing information from MAC.

People ineligible for CHSP funded services

- My Aged Care had reportedly turned away people, such as those aged under 65, and not directed them to contact providers of services for those under 65.
- My Aged Care may have incorrectly told callers they are not entitled to MOW, when it was only correct to say they are not entitled to the CHSP. This emphasises the importance of MOW services specifying on the Service Finder that their services are available to people who are not eligible for CHSP.

My Aged Care and Regional Assessment Service – Unclear and Disruptive Processes

- Providers had very little information about what is entailed in either the screening or assessment processes and were thus unable to answer consumer questions about what MAC will want to know, when MOW refers the consumer to MAC for determination of eligibility.
- Information about the client collected by the RAS was not imparted to MOW in the referral data, causing consumer frustration at having to re-tell information and counteracting a key objective of the Gateway.
- Clients were reporting extreme dissatisfaction to MOW providers who need to visit the home to establish services, often the day after a 2 hour RAS assessment for a person who "just wanted meals".

- A client may initially refuse to receive delivered meal services following a referral from MAC to MOW, and may change their mind and consents to service delivery. There was no way for the provider to start the client's services due to the set up of the portal – service refusal requires an end date to be entered, but it shows as 'Services in Place' and the Care Plan stays available, but the end date cannot be removed.

Pathways for clients

- Hospitals, discharge planners and GPs were often not aware that they may continue to use existing referral pathways, ie refer directly to the provider, particularly to address urgent needs (which is the case with most MOW referrals)
- Meal service providers who refer clients to My Aged Care reported lengthy delays, and then no advice at all coming back regarding the eligibility of clients they had referred.
- Where a client had approached a MOW service and been considered eligible for CHSP, the consumer had already made a choice about their preferred provider. In some cases, after this eligibility had been confirmed with MAC, the referral had been broadcast to other providers.
- Mandatory fields contained in the form for referrals to My Aged Care did not appear to contain sufficient information, resulting in multiple phone calls between referrers (service providers) and My Aged Care staff.
- My Aged Care had telephoned clients following a provider-initiated referral and had been informed, correctly, that the client was already receiving meals and needed no other services. Often the client became confused and did not understand that My Aged Care was simply verifying that meals from a particular service had started (sometimes this caused stress when clients thought the call was from telemarketers). In addition, MAC was unable to allocate the referral from the service provider, the provider had no way to access the client data via the portal, and service delivery data relating to the client did not match.
- Lots of delays including urgent direct referrals sent through to MOW from MAC a week or more after the person was originally referred and referrals from hospitals to MAC being sent to MOW weeks later.

Direct Referrals

- A very small proportion of referrals to MOW were being generated by the RAS. The majority of clients who needed meals had either approached MOW services first, or had been directly referred to MOW by MAC without the need for RAS assessment. The first 2 months' experience from July 1st indicated that less than 5% of new clients with a need for meals will be assessed by the RAS.
- Service providers were receiving emails and telephone calls from MAC directing them not to commence

services for clients before the client has been referred to MAC. **This was incorrect and contrary to the CHSP Program Manual. DSS has confirmed with MAC and providers that:**

- Timely commencement of meal services is paramount, and consumers should not be disadvantaged in the transition.
- In most instances, where MOW providers are contacted directly, they would commence and then refer the client to be registered with MAC.

MOW Staff and Volunteer Resources

- Considerable staff and volunteer resources have needed to be applied to ensure that clients are registered with My Aged Care, including:
 - a. Average 20 minutes extra discussion in the client's home to explain the MAC registration process and determine whether consumers will register themselves or consent to MOW referring to MAC (and understand that MAC will call them back), along with conducting a 'wallet check' to save an extra visit.
 - b. Many processes required providers to telephone the MAC call centre, with hold times of 20-40 minutes. It was common that the call centre operators could not answer the questions.
 - c. Completing MAC referrals on line or via fax takes around 15 minutes per referral
 - d. High rate of failure for referrals completed on website
 - e. Inaccurate or inadequate information from MAC requiring providers to spend 15 – 30 minutes on hold to attempt to contact MAC to ensure the information is subsequently changed on MAC records.
 - f. Duplicate record management regarding provider-initiated referrals.

Conclusion. What we've done with all this information ...

All the information, sometimes in much more detail and with real examples, was passed onto the Department of Social Services in late September. In addition, four representatives from the Department were on hand at the recent national conference specifically to hear from delegates about their experiences as grass-roots service providers. We're pleased that quite a few of the problems have been addressed, or are occurring less and less. Others are ongoing, in particular the resource issues for service providers.

It's vital that you continue to report any difficulties or issues to your central State offices. AMOWA will continue to collect information and pass it on to the Department of Health. In the coming months this will not only include issues around MAC and RAS, but also the new Data Exchange process.

AMOWA President visits Ku-ring-gai and Hornsby MOW

Ku-ring-gai and Hornsby Meals on Wheels Chairman Duncan McDonald, invited AMOWA President Nelson Mathews, to visit staff at the local production kitchen in late November. They were joined by board member Danny Houseas to discuss local, regional and national issues.

Nelson Mathews observed, "This team think locally, but also more broadly, and it was good to hear about how they're dealing with the challenges of working with My Aged Care, the Regional Assessment Teams and the uncertainty around Council amalgamations in NSW".

"The best thing about my current role, is meeting such a wide range of hard working and passionate people. The common denominator is their innate understanding and commitment to Meals on Wheels"

"Jeffi and Tony are great examples of grass-roots providers determined to keep their service sustainable, because they truly believe, as do I, that MOW is so much more than just a meal, and has so many additional benefits".



Tony Lyons (Chef/Catering Coordinator), Duncan McDonald (Chairman), Jeffi Hill (Manager), Danny Houseas (Board Member) and Nelson Mathews

How Meals on Wheels saves millions of tax dollars...link to MOW America and Dr Thomas' research

For those of you not fortunate enough to hear Dr Kali Thomas from Brown University, Rhode Island speak at the national conference, visit the Meals on Wheels America website to find links to her research at <http://www.mealsonwheelsamerica.org/theissue/research>. The AMOWA board believes it's probably the most significant research conducted in terms the social welfare and financial benefits of Meals on Wheels. Dr Thomas has written various articles on the sector, and has found, for example, that those States in America that spend more on their meals programmes, have less people in residential care.

It's this kind of data that confirms what we intrinsically know about the importance of our services.

AMOWA Patron visits QLD service

His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd) Governor-General of the Commonwealth Of Australia and Her Excellency Lady Cosgrove, visited Brisbane on Friday 25 September and requested a visit to a local Meals on Wheels service.

They met cooks, drivers, volunteers and staff. The one hour visit provided an opportunity to show to Their Excellencies, all aspects of an innovative Meals on Wheels service, including the premises, kitchen and packing facilities. Their Excellencies kept formalities to a minimum over morning tea. The invited guests lived locally and many had been volunteering for decades. The longest serving volunteer in attendance had provided over 48 years of dedicated service to Wynnum and District Meals on Wheels.

Holland Park and District Meals on Wheels Service represented all of Queensland Meals on Wheels 149 member services, who collectively employ 250 staff and 12,953 volunteers, and deliver 2.7 million meals annually to 11,738 clients. Their Excellencies have plans to visit a Meals on Wheels Service in each State and Territory.



The Governor-General and Lady Cosgrove and Mary Lowe A.M. – President of Queensland Meals on Wheels Association from 1987 – 1998 (Mary continues to volunteer with the Mt Gravatt service)

BREAKING NEWS! AMOWA to develop National Meals on Wheels Guidelines

In the past few decades various guidelines and publications have been developed both at both State and Commonwealth level focusing on the nutritional composition of meals on wheels. AMOWA, in it's various submissions related to the Commonwealth Home Support Program, argued for a need for national guidelines. We're delighted to say, that a proposal to DSS we submitted in October has been successful. Details to follow in the next issue.