

Plan for the 2001

Illawarra Care Connect

Illawarra Coordinated Care Trial: Organisation and Management

Prepared on behalf of the Steering Committee by the

Centre for Health Service Development

Faculty of Health and Behavioural Sciences

University of Wollongong

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Illawarra Coordinated Care Trial: Organisation and Management

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Introduction

This paper addresses the organisational and management requirements of running a coordinated care trial in the Illawarra. It should be read after the paper entitled "The Illawarra Coordinated Care Trial Model of Care: defining consumer needs, community care interventions and care packages" (CHSD, 2000a).

This is a draft document and will be progressively refined during the planning phase and during the implementation phase before the trial goes live. The paper focuses on trial management from a local perspective but recognises that there are important stakeholders at State and National level who have a legitimate interest in the organisational and management arrangements adopted by the trial. This paper will form part of the final proposal to be submitted to the Commonwealth.

At the time of writing a number of important decisions regarding the scope and resources available to the trial have not been made. These will impact on the shape and viability of the trial and include:

- Whether Commonwealth Residential Aged Care funds are to be included in the trial
- The Final arrangements for Trial Evaluation
- Whether Enhanced Primary Care Items are to be included/pooled in the trial
- Which CDSM/Share Health Care projects are to be funded
- What risks will be accepted or shared by Commonwealth and State Governments

Background

The local stakeholders took part in the first round of coordinated care trials and the sponsoring organisation, IAHS, was happy to bear financial risk as part of the costs of learning about care coordination in the Illawarra. Care Net did not break even and IAHS bore a considerable proportion of the loss. The IAHS executive are not willing to bear financial risk in the role of sponsor, particularly risks over which they have no control, in a second round of trials.

There would appear to be two options as regards sponsorship. Option 1 would involve the State and Commonwealth as Joint Sponsors. They would put in place the governance and risk management arrangements required to ensure that the trial is properly managed and local trial managers would provide them with the information needed to do their job properly. This is the locally preferred option.

Option 2 involves a risk agreement between Commonwealth, State, and local partners in which the risk is born by the partner that would normally bear that risk. Thus, if MBS and PBS elements are overspent then the risk lies with the Commonwealth since they have control over the agents who commit those funds.

It follows that a decision about **sponsorship** must necessarily be the outcome of negotiations with State and Commonwealth authorities.

Key values underpinning the organisational and management structure

Trial 2 is a **controlled trial** of service systems that primarily concern mainstream **public** services provided for residents of the Illawarra. The intention is to test a model of coordinated care outlined in a previous paper (CHSD, 2000a). While private services may be contracted to meet specialist needs or needs that cannot be met economically by public services, they are not the focus of the trial and will not hold public funds. The designers expect that changes in the pattern of mainstream health care delivery will result from negotiations between the trial organisation and public providers, not from simply outsourcing to the private sector.

Coordinated care implies making worthwhile improvements to existing levels of **collaboration** between mainstream health and community care agencies providing services to the local population. This requires horizontal collaboration between health and community care agencies at the operational level. The patterns of management and funding imply vertical collaboration between agencies at Commonwealth and State levels. Such collaboration requires a partnership in which the interests of all stakeholders are addressed and will require a range of compromises to ensure the feasibility of the trial.

This is a trial that addresses the **effectiveness** of coordinated care, to determine whether coordinated care can bring service improvements to average clients when delivered by average practitioners in a normal setting? It also seeks to examine whether improvements can be made to the structures and systems of mainstream health and community care services

The Commonwealth designers have identified a five-class **outcomes hierarchy** with the following domains of change:

- System structures
- System practice
- Client experience
- Client health and functional system changes; and
- Client well-being changes

It follows that there needs to be a focus on the drivers of change in client outcomes and also the drivers of system change.

The trial is expected to operate in a **realistic context** in which it takes appropriate responsibility for the processes over which it has operational control. However, local stakeholders will not take responsibility for expenditures over which they have no control such as the costs of medical services. **Risks** will be identified, realistically assessed, and managed by the party that is able to control the relevant actions.

Model of Care

The Trial addresses the primary hypothesis: whether the Illawarra model of coordinated care permits better services to be delivered to clients with complex care needs within existing resources.

This model separates Care Coordination into several functions, client assessment, care planning, purchasing of services, coordination and delivery of services (including monitoring). Accredited assessors assess client needs and allocate clients to a consumer type based on the primary objective of care and, within that consumer type, to a client class. Allocation to a client class brings a maximum sum of money that can be used to provide a package of care for the client.

Provider agencies will be asked to bid for resources to provide services to a given number of clients in particular classes. Since the (maximum) level of funds for each class is predetermined, the bids are based on service quality, not price and quality. Care (delivery) coordination is undertaken by the provider agency and clients have a single care coordinator. Care coordination is an element of the care package. It varies in its intensity according to the particular class to which the client is allocated.

The medical care of the client remains the responsibility of the GP except where the client is under the care of a medical specialist.

This model requires a small, but experienced, executive group that manages the trial through a series of contracts with provider agencies. These contracts will include service provision contracts, contracts for local evaluation and may also, include contracts for data processing or other tasks.

The central trial organisation will retain responsibility for one-off interventions such as home modifications or group education or self-management interventions which cannot sensibly be contracted in the same way as the other care packages.

This model is described in detail elsewhere (CHSD, 2000a).

Structure

Two elements of structure need to be determined namely management and governance structure. Management structure is designed to deliver the objectives/goals of the trial and governance structure is to ensure that the trial is properly managed on behalf of the stakeholders.

- Management Structure

The trial organisation requires the following management **roles**: project manager, finance manager, contracts manager, service quality/training manager, and data quality manager. These roles require careful consideration and might be combined at particular points in the trial. Thus the contracts and the finance role might be a single portfolio when contracts have been agreed and the pattern of work changes.

The trial design requires consistent and high quality assessment to be undertaken and we recommend that the trial set up a **training and quality unit** to ensure that the competent and consistent assessors with appropriate skills are available to the trial. It will be necessary to ensure that care coordinators in provider agencies have the necessary skills and also that the care packages delivered by provider agencies are of appropriate quality.

Attachment A outlines the structure and activities of the training and quality unit

- **Governance Structure**

The governance structure is dependent on decisions taken about financial risk sharing and sponsorship. However we believe that the following governance arrangements will make sense whether State and Commonwealth act as sponsors or there is a risk sharing agreement between Commonwealth, State, and local partners.

We recommend that as a minimum the trial should have an **independent chairman** whose role is to ensure the trial is properly managed and addresses its objectives within the context of the agreed proposal and business plan. The project manager should report directly to the chairman. This arrangement allows for appropriate independence from stakeholders but assures accountability. It is likely that the chairman with the skills required would have to be paid on a sessional basis.

A **Governance** committee with independent chairman should meet monthly to review performance reports from the project manager and governance sub-committees and to make policy decisions where appropriate. This committee will have members from Commonwealth and State Governments and the Local partners.

The following **Sub-committees** should be established:

Trial sub-committee - ensures that the trial addresses its objective as set out in trial hypotheses and proposal. This sub-committee will have a particular interest in the quality of data and the evaluation of the trial.

Finance/Resources sub-committee - ensure that trial resources, including the funds pool, are used appropriately and that action is taken to ensure trial viability.

Clinical Governance and Service Quality sub-committee - to address all issues of the quality and appropriateness of services provided as part of the trial.

Consumer and Carer sub-committee - to safeguard the interests of clients and their carers and provide a mechanism for consumer input to the trial.

Appointment to these committees must be in accordance with two principles. Each of the partners (including consumers and carers) must be represented, and the committees must have appropriate expertise to enable them to do their job. Thus the committees must be able to independently review information provided to them so that they can be sure that the trial is being properly managed.

Sources and types of funds

There are two sorts of funds available to the trial, trial funding and pooled funding. **Trial funding** is provided by the Commonwealth and designed to fund those activities that can be directly attributed to the trial. This includes set up and development costs, training and other costs required for a trial to go ahead. Trials are advised that the average sum per trial will be \$1.5m and trials are advised to seek other sorts of funding and share development costs.

Pooled funding will include those funds that are calculated to be what the clients recruited would have consumed in mainstream health and community care services, any growth monies that the partners choose to contribute to the pool, and funds provided by the Commonwealth if it is decided to include residential care. These funds will be a contribution towards the costs of services to be supplemented by client contributions which will be collected in the same way as in mainstream services.

See Attachment B: Fees policy

Systems

The following systems must be finalised:

Recruitment System

Nominations to the trial will be invited from registered nominators. Registration requires that a nominator attend a detailed briefing session and is listed as a proper person to interpret the eligibility criteria (attachment C) and make nominations to the trial. The nominator will also conduct a problem screen (attachment E) which will identify whether the client requires specialist assessment and if so what needs to be assessed. This will ensure that expensive assessments are avoided where there is no apparent problem. The completed nomination form will be forwarded to the trial that will arrange for specialist assessment to take place.

If the nominator is the GP then s/he will undertake the health assessment, using the EPHC item if appropriate. If the nominator is not the GP, the eligibility criteria require that GP consent is obtained and a health assessment conducted.

If no problems requiring community care packages are identified but the client is eligible for the trial, the client will be allocated to consumer type 6 (Prevention and Early Intervention). Other clients will be referred for specialist assessment by trial-accredited assessors.

The Commonwealth has suggested continuous recruitment (and discharging) of clients to/from the trial. This has the advantage of mirroring the mainstream service but is a nightmare for the management of trial funds, for the organisations contributing to the pool, and for trial evaluation. We propose that clients should be recruited in **batches** to facilitate the assessment/care planning/package process (See attachment F). Once a client enters the trial s/he should only leave if s/he chooses to (withdraws consent) or moves to a form of care that is not part of the trial. Clients who choose to withdraw from the trial should be reassessed by the appropriate mainstream agency and provided with the services that would normally be provided for a client with similar needs. We expect that any such withdrawals would be unusual and that clients who had previously received mainstream community care services would not experience an interruption in services, or be otherwise penalised because they had chosen to take part in the trial.

Eligible clients discharged from acute hospitals may enter the trial at any point and once they enter they stay in the trial for its duration.

Clients will be recruited from those who already receive services so that they bring resources with them. The clients who have needs which are currently unmet will bring no community care resources to the trial. They will represent net losses to trial funds unless there are new funds added to the pool that permit new clients to be taken on.

Recruitment must take account of the level of clients' needs. Clients who have needs which would make them eligible for residential nursing or hostel care will only be recruited if there is pooling of residential care growth funds at an acceptable level.

Consent System

Consent must be obtained for all participants in the trial. Clients will be asked to provide consent when their eligibility for the trial has been determined. It would seem easiest for consent to be explained and requested by the nominator. Consent processes will need to include a request for consent to be assessed for trial eligibility with a full consent process for those clients who are eligible to go into the trial.

See Attachment G

Control Group

Three sorts of data can be used to create a control group. Clients recruited for the trial can be randomly allocated to active and control categories and data collected for the control group. Clients' history of care can be used to create a data set against which to compare their performance as active participants in the trial. Clients can be matched against a historical data set of similar clients, in this case the control group recruited for the Care Net trial.

The funds pooling exercise will involve collecting historical data on clients to calculate an appropriate contribution, based on each client's previous use of health and community care services. This will provide a means of assessing whether service use changes following trial interventions.

There are a number of problems with the random allocation approach. Clients in the control group are subject to regular review like the active group but receive no packages of care and no tangible benefit from participating. Recruiting and managing a large control group has logistical problems and it is not always easy to prevent contamination since the process cannot be blinded. With the resources available to this trial and the large numbers of clients required, this approach is not possible.

The wait-list approach implies that some, or all clients are recruited as controls and after an appropriate period, perhaps 6 months, become intervention clients, thus they act as their own controls.

A blended approach implies a combination of data sources. We recommend that data for control purposes should be collected from: the clients historical service use over 3 years if possible; a proportion of clients should be recruited as controls for 6

months and then become active clients and receive packages; and that active clients should be matched with clients from the control group of the Care Net trial data set.

The use of geographical control groups seems to have been ruled out by the Commonwealth.

A proposed recruitment timetable is provided in Attachment F.

Assessment System

Following the specialist assessment a client will be allocated to a consumer type and class, usually types 2-5. The trial will then allocate the consumer with the appropriate level of funds to a package provider. The trial will ensure that specialist assessments are consistent such that clients with similar needs are allocated to the same class and receive similar care packages. The trial will achieve this consistency through undertaking assessor training and competence assessment, and by observing or reviewing assessments in the live phase of the trial. This will be the role of the Quality and Training unit and its manager.

Care Coordination system

Care coordination is used in a generic sense to refer to the coordination of care to individuals, and the coordination of care to a defined population. In this trial co-ordination of care to clients takes place both at the levels of assessment and care planning, and at the service delivery level. Coordination at service delivery level is a package element and varies in intensity according to the client class. Coordinators may arrange for services to be provided by the fundholding agency or may, on behalf of that agency, subcontract services to other public, voluntary or private providers.

Care coordinators will be accredited by the trial to provide coordination of different intensities to different classes of clients. For instance, a coordinator may be accredited to provide level three coordination but not the more intensive level one coordination.

Contracting system

The trial will enter into contracts with provider agencies to provide **fixed-term** packages of care for trial clients. Some packages for post-acute care may be for 1 or 2 weeks while others may be expected to be required for long periods of time. For these clients, the contracts will be for 13 weeks but it is expected that, unless the clients needs change significantly, the package will be renewed following a brief review to confirm that needs remain unchanged. Care coordinators will have protocols to ensure that significant changes in need result in reassessment to determine whether changes in class and package are necessary. Care coordinators will have discretion to make minor changes in an individual care package.

The contracting process must be **transparent** and must be conducted such that agencies compete from a common base. If the pool is built on contributions based on marginal costs of services the trial should be charged marginal prices. Funds should not be transferred between agencies because some agencies charge marginal prices while others charge full average prices. The bulk of the work in contracting will come at the beginning of the trial since as the trial progresses, new contracts for new or existing clients will follow the form of existing contracts. Contracts must permit **flexibility** so that a coordinator can vary the resources available to a particular client but they must set limits to such variation and incentives for providers to spend less than the maximum sum on each client. This could take the form of a measure and share arrangement.

A number of tasks will need to be undertaken at the beginning of the trial. The trial will have to produce a list of **approved contractors**. It will have to produce a **model contract**. It will need to negotiate **quality assurance arrangements** with providers and it will need to agree a **minimum data set** to be provided by each provider agency. Sub-contacting arrangements by provider agencies will need to be specified before the trial signs contracts. This contracting system should enable the trial to understand its financial commitments in advance and to manage its risk accordingly.

The trial must further develop its client **fees policy**. The care packages are a **contribution** and not the full cost of services for a client. The policy must insure that there is no net transfer of costs to the client, nor a net transfer of costs to the trial that would be funded by the client under normal circumstances.

A series of protocols for brokerage and sub-contracting of services have been developed by community care agencies in the Illawarra and these will form the basis for the trial contracting systems to maximise the impact that the trial has on mainstream service structures and systems.

These protocols have not been reviewed by legal opinion and must be understood as draft documents. Nonetheless they demonstrate the depth of interagency consideration of a set of complex problems.

Attachment H Pre-engagement checklist
Attachment I Rights and Responsibilities of Trial and Service Providers
Attachment J Sample Service Agreement
Attachment K Trial Code of Conduct

Client and Carer participation system

Clients and carers will participate at a number of levels. They will participate in the agreement of **their own care plan**. They will have real choices about the components of the package and the way in which it is delivered. They will have, in as far as it is practicable, the possibility to change providers or to choose between provider agencies where more than one agency is providing relevant packages.

There will be opportunities to participate in the design and development of trial **elements that are provided for groups** of clients within the trial such as health education or self - management programs. Such elements will be piloted and clients will have a role in their design and in their review and development. Client feedback will be sought from all participants on such programs.

Clients will participate in the **trial policy process** through the governance procedures described above so as to make an active input to trial design and development and provide the trial with information on the impact of its policies.

There must be easily accessed **complaint/compliment systems** for clients/carers that are not stigmatising or threatening. This will permit complaints and compliments to be provided directly to the trial, to care coordinators, agency providers or other appropriate individuals. Complaints and compliments will be logged, investigated and responded to, and reported to the steering committee.

Quality Assurance System

The trial must be able to ensure that the quality of care packages meets acceptable/contracted levels. This is a function for the Quality/Training Unit and should include assessment pre- contract and also audit of service delivery within contracts. Mechanisms for quality improvement should be available to solve particular problems and to enable broader learning across the trial.

Information System

Quality data is a critical requirement of the trial and this accounts for the appointment of an executive in charge of data quality. IT systems are important as a means of generating such data but the trial must focus on the provision of quality information for management.

A detailed discussion of the issues is available in Cromwell (2000).

Attachments

The attachments that follow comprise documents prepared by the Trial Project Officer and the sub committees which met during the planning phase. They represent the views of members and have not necessarily been endorsed by their employing organisations nor the groups they represent.

Attachment A Training and Quality Unit

ILLAWARRA COORDINATED CARE PROJECT CENTRE FOR TRAINING AND QUALITY

CENTRE FOR ITQ	TRIAL STAFF	ASSESSORS	CARE COORDINATORS	STAKEHOLDERS	CLIENTS
WHO	Project Manager Data Manager/Quality Manager Accountant Admin support staff	Staff of agencies seeking accreditation in Comprehensive Assessment – external to Trial.	Staff of agencies seeking to provide care coordination and care packages	Stakeholders not otherwise named. Fund holding agencies Board of Management Community Acute Health sector General Practitioners Funding bodies Pooling partners	Clients participating in the intervention group Clients participating in the control group

				Local evaluators National evaluators	
INITIAL TRAINING	<ul style="list-style-type: none"> • Data collection • Financial monitoring/forecasting • Role and process of substitution • Trial rationale (Hypotheses etc) • Role of evaluation • Research design principles 	<ul style="list-style-type: none"> • Data collection • Financial monitoring/forecasting • Role and process of substitution • Trial rationale (Hypotheses etc) • Role of evaluation • Research design principles • Assessment competencies 	<ul style="list-style-type: none"> • Data collection • Financial monitoring/forecasting • Role and process of substitution • Trial rationale (Hypotheses etc) • Role of evaluation • Research design principles • Case management competencies • Brokerage role and processes 	<ul style="list-style-type: none"> • Data collection • Financial monitoring/forecasting • Role and process of substitution • Trial rationale (Hypotheses etc) • Role of evaluation • Research design principles • Conflict Resolution • Decision making processes • Effective Management Skills • Complaints Management 	<ul style="list-style-type: none"> • Data collection • Role and process of substitution • Trial rationale (Hypotheses etc) • Role of evaluation • Research design principles • Consumer Rights including Confidentiality and the Complaint Resolution/Feedback • Consumer participation strategies • Trial Orientation
ONGOING	<ul style="list-style-type: none"> • Care 	<ul style="list-style-type: none"> • Care 	<ul style="list-style-type: none"> • Care 	<ul style="list-style-type: none"> • Care 	

<p>TRAINING</p>	<p>Coordination Research</p> <ul style="list-style-type: none"> • Legal and Ethical issues • Consumer Advocacy • Quality Assurance • Risk Management Strategies • Outcomes evaluation • Process evaluation • IM/IT upskill • Protocol development and monitoring 	<p>Coordination Research</p> <ul style="list-style-type: none"> • Legal and Ethical issues • Consumer Advocacy • Quality Assurance • Risk Management Strategies • Outcomes evaluation • Process evaluation • IM/IT upskill • Protocol development and monitoring 	<p>Coordination Research</p> <ul style="list-style-type: none"> • Legal and Ethical issues • Consumer Advocacy • Quality Assurance • Risk Management Strategies • Outcomes evaluation • Process evaluation • IM/IT upskill • Protocol development and monitoring 	<p>Coordination Research</p> <ul style="list-style-type: none"> • Legal and Ethical issues • Consumer Advocacy • Quality Assurance • Risk Management Strategies • Outcomes evaluation • Process evaluation • IM/IT upskill • Protocol development and monitoring 	
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Centre for Training and Quality

PURPOSE

Consistency and standardisation of quality processes, particularly the assessment process, function and outcome. It is considered that this is important for the evaluability of the project.

The centre for ITQ could become a Centre for Best Practice at a local/regional level.

The Centre would monitor all quality assurance activities of the Project.

The centre would be very important during the second development phase and have responsibility for informing and orienting all stakeholders.

The centre would add value to the local area and could become self funding after the third year by offering accredited training programs to other agencies on a fee for service basis. Training on offer would be consistent with other reform processes at a local level.

The quality assurance monitoring activities would provide a basis for transparent decision making.

PERSONNEL

The Centre would ideally be staffed by individuals with training and development skills and qualifications, experienced in the range of training activities such as design, development and evaluation, not just delivery. Staff would be able to deliver training to Cert IV level as well as provide the assessment function to that level.

ISSUES

Existing agencies may not have the resources to seek recognition of prior learning for determined competencies. Additionally agencies may need to make decisions on the relative benefit of sending staff to accreditation training that will be time consuming.

It may be more economical to outsource accredited training to Registered Training Organisations who have satisfied VETAB time requirements. Any tendering for external training organisations should be on quality and cost.

The issue of agencies versus individuals attaining competence remains unresolved.

Draft Competency Framework for Centre for Training and Quality

AREA	ELEMENTS
Advocate for clients	<ul style="list-style-type: none"> • Assist clients to identify their rights and represent their own needs • Advocate on behalf of clients on request • Advocate for clients
Support the interests, rights and needs of clients within duty of care requirements	<ul style="list-style-type: none"> • Provide support to client for the realisation of their interests, rights and needs within role and responsibilities • Support and safeguard rights and interests of clients
Undertake basic administrative duties	<ul style="list-style-type: none"> • Organisational reporting procedures are followed • Use workplace equipment
Support community participation	<ul style="list-style-type: none"> • Work with community and individuals to promote participation • Support existing community activities
Meet information needs of the community	<ul style="list-style-type: none"> • Identify information requirements • Address information requirements
Manage the organisations finances, accounts and resources	<ul style="list-style-type: none"> • Implement budget processes • Establish and implement systems for financial reporting and management • Manage the use of funds • Develop and recommend funding options • Develop and implement resourcing proposals to meet operational requirements • Monitor resources usage and performance • Manage property equipment and stores
Support community resources	<ul style="list-style-type: none"> • Develop an information base • Establish relationships with key people

	<ul style="list-style-type: none"> • Apply strategies for linking people
Support community leadership	<ul style="list-style-type: none"> • Develop and maintain support mechanisms • Promote community leadership • Develop leadership skills
Provide leadership	<ul style="list-style-type: none"> • Develop effective leadership role • Provide direction • Promote community work and maintain quality performance
Provide advocacy and representation	<ul style="list-style-type: none"> • Establish the representative role and process • Participate in decision making forums • Negotiate outcomes and liaise with key people
Undertake work in the community service industry	<ul style="list-style-type: none"> • Operate within a community development framework • Meet duty of care and legal responsibilities • Provide a non discriminatory service • Work to address individual issues
Work within specific communities	<ul style="list-style-type: none"> • Define the issues of specific communities or groups • Undertake relevant work within specific communities or groups • Evaluate work in specific communities
Undertake systems advocacy	<ul style="list-style-type: none"> • Obtain, analyse and document information relevant to the needs of people • Work with stakeholders to develop strategies to address identified needs • Advocate for and facilitate the implementation of strategies developed to address needs
Undertake case management	<ul style="list-style-type: none"> • Provide for clients needs and monitor progress on a regular basis • Promote clients development
Establish and monitor a case plan	<ul style="list-style-type: none"> • Develop a case management plan • Define plan implementation procedures

	<ul style="list-style-type: none"> • Establish review and evaluation systems
Develop, facilitate and monitor all aspects of a care plan	<ul style="list-style-type: none"> • Conduct case management meetings • Develop an appropriate approach to case management • Develop an appropriate case management plan • Manage case plan activities and processes
Promote high quality case management practice	<ul style="list-style-type: none"> • Provide a lead in case management practice • Provide practice advice on complex cases
Develop practice standards	<ul style="list-style-type: none"> • Promote practice standards • Provide case management consultancy to promote best practice
Communicate with people accessing the services of the Trial	<ul style="list-style-type: none"> • Communicate with clients of the organisation appropriately • Present a positive image of the service to the public
Communicate appropriately with clients and colleagues	<ul style="list-style-type: none"> • Exercise effective communication techniques • Follow routine instructions • Complete reports as required
Utilise specialist communication skills	<ul style="list-style-type: none"> • Meet specific communication needs of clients and colleagues • Conduct effective interviews with staff and clients • Contribute to the development of effective communication strategies • Represent the organisation to a range of groups • Facilitate group discussions
Develop, implement and promote effective communication techniques	<ul style="list-style-type: none"> • As above • Produce quality written materials • Conduct interviews
Deliver services to clients	<ul style="list-style-type: none"> • Identify responsibilities within client care plan • Deliver client service

	<ul style="list-style-type: none"> • Respond to changes in client need
Deliver and monitor service to clients	<ul style="list-style-type: none"> • Identify client needs • Deliver service • Review client service
Coordinate the provision of services and programs	<ul style="list-style-type: none"> • Coordinate services provided to clients • Plan client service delivery • Review client services
Manage the delivery of quality client service	<ul style="list-style-type: none"> • Target client services • Deliver client services • Review client services
Identify and address specific client needs	<ul style="list-style-type: none"> • Establish rapport with clients • Extract and analyse information of client needs • Match services to client needs
Assess and deliver services to clients with complex needs	<ul style="list-style-type: none"> • Assess and analyse client needs to ensure they can be met • Identify and provide for the delivery of services to meet those needs • Evaluate client service delivery
Promote high quality case management practice	<ul style="list-style-type: none"> • Provide a lead in case management practice • Provide practice advice on complex cases
Implement a case work strategy	<ul style="list-style-type: none"> • Establish an appropriate working relationship with clients • Promote preventive strategies • Provide a specialist service to clients
Maintain organisations information systems	<ul style="list-style-type: none"> • Maintain accurate records • Handle organisational correspondence • Provide information as required

Manage the organisations information systems	<ul style="list-style-type: none"> • Identify and address the information requirements • Supervise day to day processes for collecting storing using and disseminating information • Establish and manage systems to record, store, process and distribute information • Support and supervise the development of informational and educational resources
Meet statutory and organisational information requirements	<ul style="list-style-type: none"> • Identify information requirements • Review options for systems to obtain information • Establish and manage systems to record and store information • Provide staff training
Manage information strategically	<ul style="list-style-type: none"> • Develop and implement strategies for collection, verification and use of information to achieve organisational objectives • Facilitate strategies for interagency sharing of information and use • Monitor and upgrade organisations strategic management of information
Participate in networks	<ul style="list-style-type: none"> • Identify and select appropriate networks • Make effective use of relevant networks
Maintain effective networks	<ul style="list-style-type: none"> • Develop cooperative working relationships and strategic alliances with other agencies • Represent the organisation • Maintain networks
Develop new networks	<ul style="list-style-type: none"> • Develop and maintain appropriate networks • Reflect social and cultural awareness in developing and maintaining networks
Follow the organisations occupational health and safety policies	<ul style="list-style-type: none"> • Follow workplace procedure for hazard identification and risk control • Contribute to the management of OH&S • Utilise and implement strategies as directed to prevent infection in the workplace • Utilise strategies to prevent stress overload • Work in a safe manner

Establish and manage new programs or services	<ul style="list-style-type: none"> • Complete strategic planning activities • Manage implementation of new services or programs • Establish and manage organisational operational arrangements • Undertake appropriate evaluation and reporting
Manage projects and strategies	<ul style="list-style-type: none"> • Consider the need or scope for the project strategy • Prepare a project plan • Identify and acquire resources to make implementation possible • Promote and advertise strategy • Manage implementation • Evaluate and report on project/strategy
Manage organisational change	<ul style="list-style-type: none"> • Ensure practices of the organisation are appropriate • Initiate and implement organisational change within a planning framework
Lead and develop others	<ul style="list-style-type: none"> • Provide leadership direction and guidance to the organisation • Maximise own performance outcomes • Manage effective workplace relationships • Manage and improve the performance of others • Support participate in and review group development • Support and develop managers
Review organisational effectiveness	<ul style="list-style-type: none"> • Respond to the external environment • Implement continuous improvement • Refocus the organisation/issue
Manage organisational and strategic business planning	<ul style="list-style-type: none"> • Formulate a strategic and business plan • Apply the strategic and business plan
Manage a service organisation	<ul style="list-style-type: none"> • Coordinate organisational planning • Design and implement the structures and the processes of the organisation

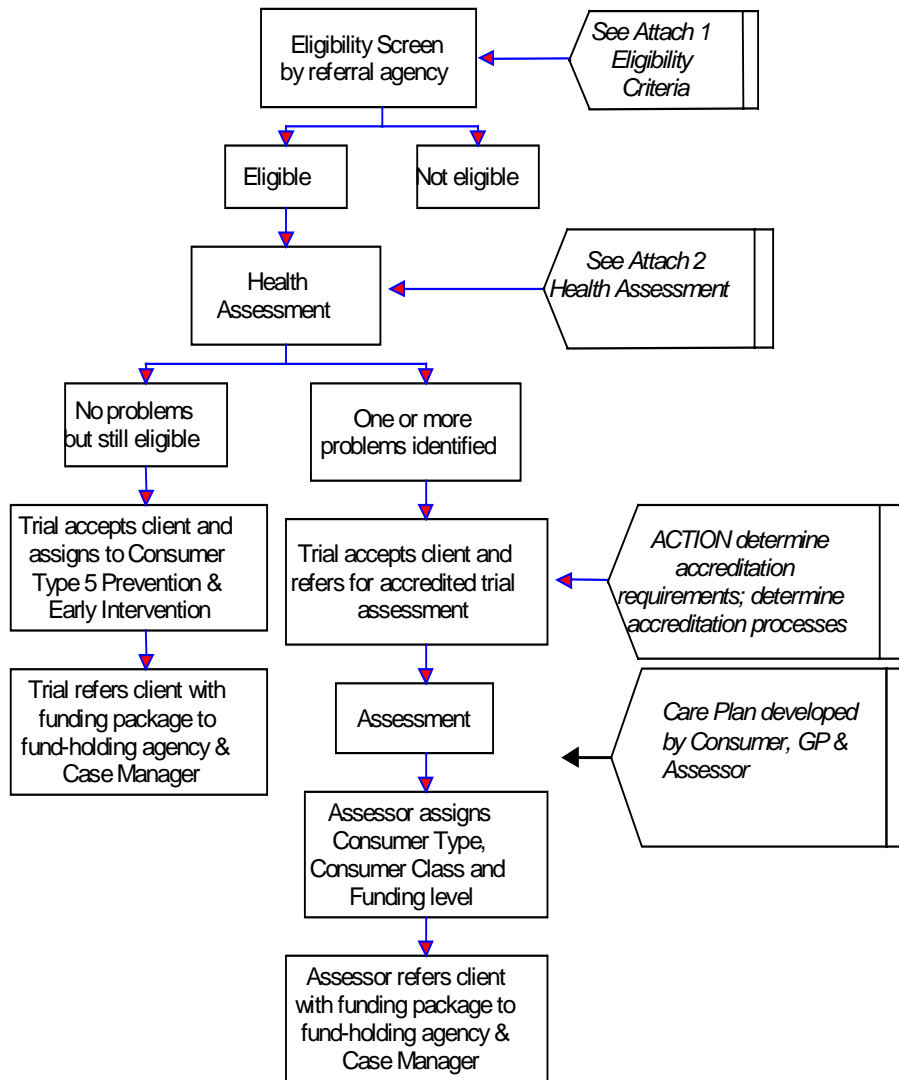
	<ul style="list-style-type: none"> • Enable organisation to meet legal requirements • Establish the profile of the organisation and market its services • Give direction for the effective management of the organisation • Manage changes in the organisation
Manage training	<ul style="list-style-type: none"> • Maintain training records • Report and advise on training • Manage training expenditure and resources • Maintain training activities within organisational and legal requirements
Establish, maintain and evaluate the organisations OH&S system	<ul style="list-style-type: none"> • Establish and maintain the framework for the OH&S system in the area of responsibility • Establish and maintain participation arrangements for OH&S management • Establish and maintain procedures for identifying hazards • Establish and maintain procedures for assessing risks • Establish and maintain procedures for controlling risks • Establish and maintain organisational procedures for dealing with hazardous situations • Establish and maintain an OH&S training program • Establish and maintain a system for OH&S records • Evaluate the organisations OH&S policies procedures and programs
Develop and maintain the quality of service outcomes	<ul style="list-style-type: none"> • Evaluate outcomes for clients accessing the organisation • Plan and implement changes/strategy to improve outcomes • Ensure client service standards and codes of practice are adhered to • Manage quality assurance processes
Participate in policy development	<ul style="list-style-type: none"> • Assist in the policy development of the organisation • Contribute to the collection of data for research purposes

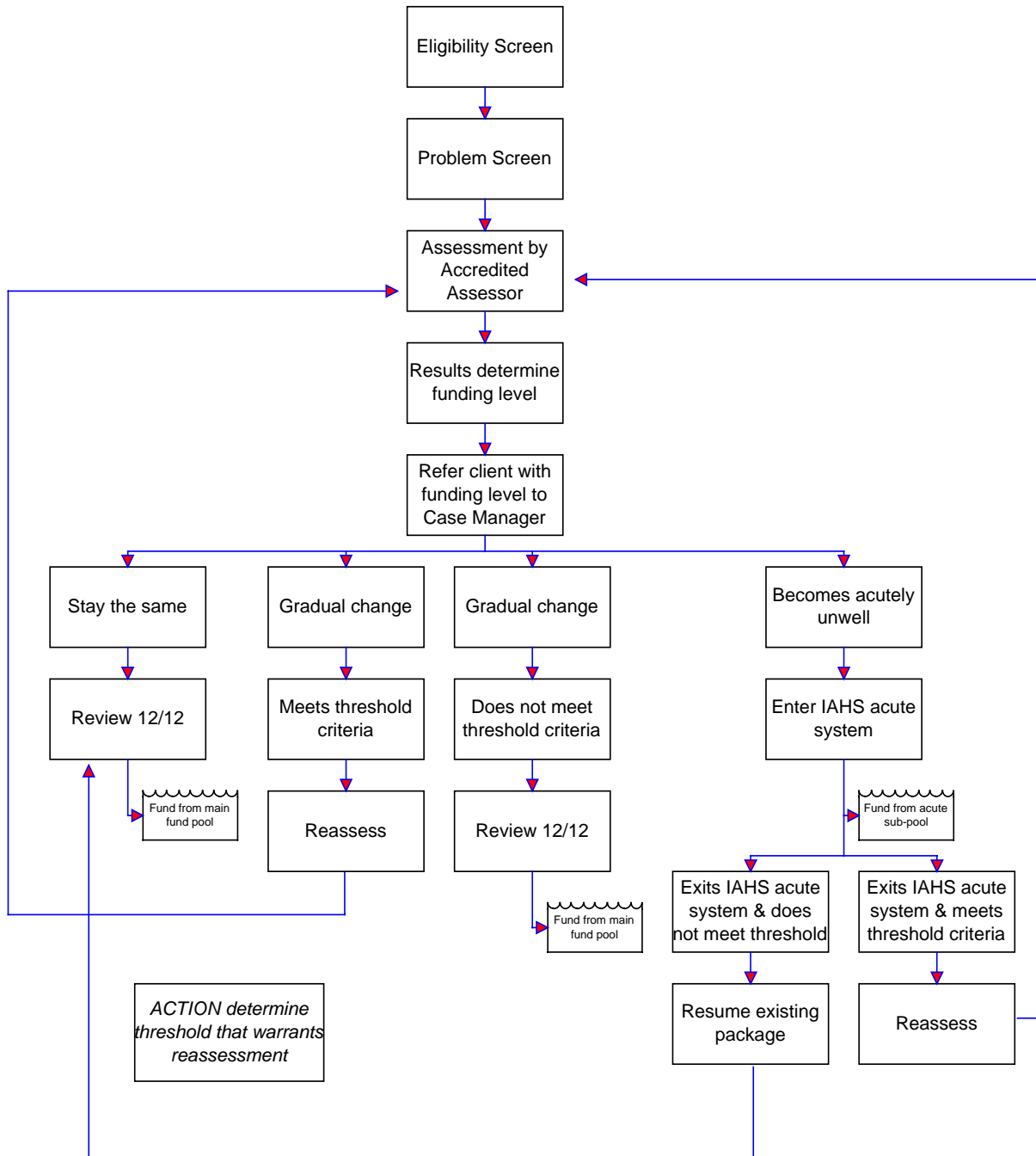
Attachment B Fees Policy

Maximum fee for a single person will be 17.5% of the pension. Currently there would be:

- \$32.00 per week – Level 1 care coordination
- \$20.00 per week – Level 2 care coordination
- \$ 5.00 per week – Level 3 care coordination

Attachment C Recruitment System





Attachment D Eligibility Criteria

Eligibility to participate in the Illawarra Coordinated Care Trial will be determined as follows:

People with age-related chronic conditions,

AND/OR

Complex care needs that are evidenced by,

- episodic acute/unplanned need for care,
- or limitations with performing at least one activity of daily living or instrumental activity of daily living,

OR

People who have medical conditions that are typically associated with old age that require multiple and ongoing medical and community services,

OR

Be a resident ageing carer of an existing Coordinated Care Trial participant

AND

Have a General Practitioner who is participating in the Illawarra Coordinated Care Trial

Attachment E Problem Screen

See CHSD 2000a The Illawarra Coordinated Care Trial- Model of Care, CHSD, University of Wollongong

Attachment F Recruitment Timetable

We assume an attrition rate of approximately 10% per annum.

The control data can be drawn from 3 sources:

- Records on service use for 3 years prior to trial for all participants.
- The wait clients in their pre-active phase
- Matched clients from the Care Net controls data base

Months	Active	Wait/control	Total Active
-3 begin recruitment			
0	1500	750	1500
6	750	750	2250
12	750	300	3000 - attrition
18	Top up 300	300	3000 average
24	Top up 300	300	3000 average
30	Top up 300		3000 average
36			3000 average

Attachment G Consent Forms

We understand that the Commonwealth/HIC is producing model consent forms.

Attachment H Pre Engagement Checklist

Organisations intending to achieve preferred provider status with Illawarra Care Connect will be required to satisfy the following accountability requirements.

- i) Progress notes and any other required documentation are to be completed by each staff member attending.

Notes should be:-

Clear and legible
 In chronological order
 Have the client's name, date of birth and date on each page
 Be signed by staff members with their designation

It is recommended that some discussion be held between the broker and the service provider as to who has ownership of the documentation.

- ii) Documentation is to include procedures that were successful and list any concerns that may have arisen during the service.
- iii) Timesheets are to be completed by each staff member and signed by the available client/carer where possible.
- iv) All written documentation will be returned to the Trial on request.

MINIMUM STANDARD

Pre-engagement checklist completed and relevant insurances and employer responsibilities confirmed/sighted.

PRE-ENGAGEMENT CHECKLIST	
Item/Issue	Confirmed/Evidence Sighted (Y or N)
Provider is a legal entity? Type of incorporation (specify):	
Agreement by Provider to comply with relevant standards? HACC Disability Service Standards (C'wealth & State) Community Care Standards	<ul style="list-style-type: none"> Copies of Standards provided and explained to Provider

Carer Standards Health Care Standards	
Employer & Legislative Responsibilities taken? Including: Public Liability Insurance Workers Compensation Professional Indemnity Personal Injury Accident Insurance Industrial award conditions Occupational Health & Safety provisions Taxation Superannuation	Certificates of currency sighted including # of staff covered, amount of coverage, policy expiry dates
Provider's has a Complaint Handling Procedure and Dispute Resolution Mechanism?	
Provider's has a Client Confidentiality Policy?	
Have all current staff qualifications and licenses been sighted by the Provider?	
Provider maintains selection procedures to ensure staff are appropriately qualified and suited to perform the work which they undertake?	
Provider has Staff Code of Conduct?	
Provider has an Agency fee schedule?	
Provider keeps a Staff Training Record? (past 12 months)	

Attachment I Rights and Responsibilities

RIGHTS AND RESPONSIBILITIES OF THE PURCHASER

RIGHTS

- To receive service as per the service agreement.
- For all staff to adhere to the Code of Conduct.
- To determine the level, timing and frequency of service to be purchased.
- To receive up to date schedule of fees.
- To determine most appropriate provider.
- To refuse, cancel and/or change services according to circumstances.

RESPONSIBILITIES

- To provide a service agreement that clearly states the responsibilities of parties and a service requisition that clearly states details for occasions of service.
- To develop appropriate referral mechanisms and priority of access systems. Where possible to obtain adequate assessment information.
- Where possible to identify and address Occupational Health and Safety issues in the home.
- To disclose adequate information to service provider to enable quality service provision.

See attachments for rights and responsibilities that would be reflected in a service agreement.

RIGHTS AND RESPONSIBILITIES OF SERVICE PROVIDERS

RIGHTS

- Where possible have sufficient detail about client needs and the home environment to deliver service.
- Where possible have a safe working environment and be informed about identified hazards.
- To choose not to provide a service or attach conditions to service provision.

RESPONSIBILITIES

- To provide service as per the service agreement.
- To ensure that all staff abide by the Code of Conduct.
- Once a service request has been accepted, to provide service as per the service requisition.
- To provide accurate and timely accounts.
- To provide copies of current fee schedules to the purchaser.

See attachments for rights and responsibilities that would be reflected in a service agreement.

Attachment J Service Agreement

SERVICE AGREEMENT

This service agreement document is a draft sample, which should serve as a guide only for any service wishing to implement a service agreement.

The headings are used as a guide format only. Additional headings may be required by individual services or others may delete some headings.

Examples are in *Italics* under the headings. *These are examples only* and are not all-inclusive.

Any organisation may use the information in this sample with acknowledgment to the Illawarra Regional Brokerage Working Party / Brokerage package.

No responsibility will be taken by the Working Party for any omissions.

SAMPLE SERVICE AGREEMENT FOR PACKAGE

Provider:	
Provider Business Address:	
Provider Contact Person:	
Provider Contact Details:	
Type of Service:	
ABN:	
Service Purchaser:	
Purchaser Contact Person:	
Purchaser Contact Details:	Phone: Fax: E-mail
ABN:	
Duration of Agreement:	month period date to date

1 PREAMBLE

This section needs to 'set the stage' for the contract. It should include a brief description of what the agreement will specify.

For example:

In order to ensure accountability in expenditure of public monies and the effective delivery of services to support communities within the Wollongong, Shellharbour and Kiama local government areas, **The Agency** details the terms of relationships with external service providers in Service Agreement documents.

This Agreement specifies:

- The type, volume, quality and cost of particular services to be purchased by (purchaser's name) over a set time period.
- Details of monitoring arrangements.
- Insurance's
- Confidentiality

- Staff requirements
- Financial terms
- Actions to be taken in the event of extraordinary circumstances
- The process to be used for terminating the Agreement

2 DEFINITIONS

This section is to ensure consistency in the understanding of the document by outlining the common terms used and to what or whom they apply. This list can include any terms mentioned in your agreement or any terms that may be implied.

Examples:

'provider' means 'service provider named in this Agreement'

'purchaser' means 'Bla Bla Service'

'staff' means 'people employed by the service provider named in this Agreement'

'person with dementia' means 'a person who has a dementing illness that has been diagnosed by a health professional'

'Carer' means 'a relative or friend whose life is restricted in some way because of the responsibility to care for an older person or a younger person with a disability'

3 TYPE OF SERVICE

This section allows for an outline of the type of services that you want the provider to deliver, in a summary format.

For example:

The services required are Home Based Respite care for people with dementia in times of carer crisis within the Wollongong, Shellharbour and Kiama local government areas. This service is an emergency response service and is available to carer's 24 hours per day 7 days per week. Response to referrals may be required within one hour of referral if necessary.

Operation of the service shall include:

- Provision of direct care of an appropriate nature recognising different levels of staff required (RN, EN, AIN).
- Provision of a range of service types including sleepovers, personal care, behaviour management, transport, meal preparation.

- Ability to undertake client assessment if requested which may include Occupational Health & Safety (OH&S) assessment.
- Responsibility for the appropriate insurances of all staff involved in providing service.
- Feedback and reporting of provided service.

4 VOLUME OF SERVICE

This section allows you to specify processes that your service requires from the provider. How the referrals are received and changing the service are two examples given but can include any other specific issues related to the volume of service that will be provided.

For example:

4.1 Referral process

Referrals will be forwarded to the provider in a written format before service can be provided or;

Referrals will be phoned through to the agency within 1 hour of service or;

Provider will receive referrals straight from the client and will advise the purchaser each week up to a certain level or;

Whatever referral process is adopted by the purchaser.

4.2 Changing or extending service allocation

Individual service duration can be changed / extended only in the following circumstances:

(specify the exact circumstances or as close as possible that need to exist before service can be changed by either party. If services cannot be changed under any circumstances (*) this also needs to be stated)

* HACC and other government funded services are expected to offer a flexible service as part of a customer focused service under the terms of their funding agreement.

5 QUALITY REQUIREMENTS

Allows service purchaser to outline what policy, protocols and legislation that they are operating under when purchasing service. The purchaser will expect the provider to be able to meet the same standards and policies.

For example:

The Emergency Home Respite Service must be provided in accordance with:

- Relevant legislation and regulations for Home and Community Care, including the Home and Community Care Program National Service Standards 1991.
- Industry "Best Practice" Development and Standards.

- Funding Agreements with NSW Ageing and Disability Department.
- NSW Occupational Health and Safety Act 1983.
- Any other relevant Legislation.
- WCC Respite Services Policies and Procedures.

6 STAFF REQUIREMENTS / SERVICE PROVISION

Some staff requirements may be the same for all organisations such as OHS responsibilities. Others depend on the specific requirements of your service. This section allows the purchaser to outline the staff requirements for service provision, and the type of services needed.

For example:

The provider is responsible for all costs associated with recruitment, employment, supervision and training of their workers.

Due to the specialised nature of the service provided, staff requirements of service provider are outlined as:

- Staff employed must be competent and hold appropriate qualifications. These will be Personal Care assistants – Assistant in Nursing (AIN), Enrolled nurse or Registered nurse.
- Language skills of workers be known to the service provider so that they can be utilised if required.
- Have available where possible both male and female staff that are suitably skilled.
- Formal qualifications, as well as experience and skills be appropriate to the needs of individual requests for service.
- Staff must be aware and have had appropriate training in Occupational Health and Safety. On occasion they may be required to report on OHS issues and must be aware of their rights and responsibilities under the Act. If any uncontrollable hazards are recognised and reported to the Provider an immediate response will be required by the service provider to the situation. This then needs to be reported to the service purchaser as soon as possible. If it is within business hours the service purchaser must be notified immediately.

The agency must ensure that:

- Staff are remunerated in accordance with the relevant award, including sick leave, annual leave, long service leave.
- Staff comply with any directive or guidelines re the individual services provided.
- Check appropriate references of all new staff.
- Orient and appropriately train all staff.

- Provide appropriate supervisory staff for all staff.
- Staff are neat and tidy in appearance and have an identification badge, which includes their name and the providers company name, when working in the client's home.
- Immediately replace staff who are incompatible or unacceptable to any client.
- All staff are provided with and adhere to a code of conduct.

7 FINANCIAL TERMS

Outlines the funding terms of the agreement, how the invoices / accounts will be paid, and any additional financial arrangements that are required.

7.1 Funding Payment

For example:

The Trial will make payment on receipt of invoices for services provided on an individual service request basis for the duration of the Agreement. Payments will be reconciled against service requisition (referral) at time of request for payment, prior to payment. If any discrepancy arises, payment will be delayed until clarification is sought. All services should be, where possible, as per requisition and only changed in consultation with the Trial.

Accounts will be paid within 7 working days within agreed budget constraints.

7.2 Account requirements

Allows purchaser to outline their requirements to enable them to process the invoice/account.

For example:

Minimum details required on the invoices/accounts include:

- Name of customer including first and last name.
- Address of customer.
- Date service was provided.
- Exact times of services provided.
- Total amount of time provided for each type of assistance (MDS requirement).
- Type of service ie: AIN, RN, EN.
- Agreed cost being charged of service (per hour rate or per service rate).
- Total of service in dollars.

- Referrer.
- Name of Carer.
- Staff person providing service.
- Service providers name.
- If applicable: total quantity of type of assistance received (for delivered meals, transport and linen services only – MDS requirement).
- If applicable: total cost of any assistance with Goods and Equipment received including self care aids, mobility aids etc – MDS requirement).

7.3 Costs and Expenses in provision of service

Gives both parties the capacity to agree on any additional payments for example groceries costs or travel costs for appointments that are part of the services etc.

8 INSURANCES

Allows for the purchaser to outline the insurance requirements of the provider to adhere to.

8.1 Public and Products Liability Insurances

For example:

Before commencing provision of the service under the Agreement, the Provider must effect at the Provider's cost public liability and product insurances that must:

- i) Have service purchaser's interests noted as Principal only;
- ii) Be in an amount of ten million dollars or any other amount as service purchaser may reasonably require from time to time with an insurer and on terms all to be approved in writing by the service purchaser which approvals must not be unreasonably withheld;
- iii) Be maintained until the Provider's liabilities and obligations under the Agreement have ceased.
- iv) Any other insurance in respect of any liability that may arise out of the provision of the service

8.2 Workers Compensation

The purchaser needs to be clear that the workers of the agency that undertake the service they broker are covered by workers compensation.

For example:

The Provider must ensure that every service is undertaken by workers that have adequate and appropriate Workers Compensation Insurance. If the agency does not provide such cover for their employees and the employee has self insured workers

compensation cover, it is the responsibility of the agency to check and ensure that workers do have cover and maintain a record of all insurance cover for every employees used by the purchaser.

8.3 Vehicle Insurance

This section may not be required by all services but if a worker from a brokered service uses a vehicle to assess the client or in providing any part of a service, it should be in the agreement.

For example:

Before commencing supply of service under the Agreement, the Provider must ensure that each employee contracted to provide service has a comprehensive Motor Vehicle Insurance policy, registration of said vehicle and a current divers license.

8.4 Inspection and Provision of Insurance Policies

- This is required to ensure that the purchaser can check the validity of the insurance obligations under the agreement.

For example:

Before commencing provision of service under the Agreement and whenever requested in writing by the purchaser to do so, the Provider must produce evidence to the satisfaction of the purchaser of compliance with the Provider's insurance obligations under the Agreement.

9 INDEMNITY

For example:

9.1 The service provider shall perform its duties at its sole risk and the service purchaser shall not be liable to the service provider or its officers, employees or agents for any loss, damage, injury (which expression shall include disease or illness) or death sustained by any persons or any property howsoever caused whether as a result of or arising from negligence, breach of duty or breach of statute by the Council, its officers, employees, agents or otherwise.

9.2 The service provider will be solely liable for and indemnify and hold harmless the service purchaser, its officers, employees and agents against all liability, damage, loss, expense, costs and proceedings of any nature whatsoever arising out of or in connection with the services, duties and other obligations hereunder where as a result of or arising from negligence, breach of duty or breach of statute by the Service provider, its officers, employees, agents or otherwise.

9.3 For the purpose of this clause, the service purchaser shall be or be deemed to be acting as trustees or agent for and on behalf of and for benefit of all persons who are or might be its officers, employees or agents from time to time and all such persons shall to this extent be or be deemed to be parties to this agreement.

10 MONITORING / REPORTING

For quality outcomes and continuous improvement of services, monitoring processes need to be outlined in the service agreement. Each purchaser needs to establish the role that they will play and the role that they expect the provider to play in monitoring quality, handling complaints and adhering to standards (see also section 5)

For example:

10.1 Monitoring / Feedback

To ensure quality outcomes for consumers of this service, monitoring shall take place.

- Service providers will be required to provide feedback on services provided. Feedback needs to be timely and relevant to both the service provider and/or possible ongoing care issues for the client or carer.
- Feedback may take the form of a written report to the purchaser by mail, e-mail or verbal comments by phone re various aspects of the service that was provided. At times behaviour reports or reports on specific aspects of the service may be requested.
- If a service is of 12 hours duration or less feedback need only be provided if there is any difficulty with the service provided. If the service is over 12 hours formal feedback is required to enable the purchaser to monitor the service quality in terms of client outcomes. Formal feedback can include details of the service provided including the reactions of the person, behaviour observations, any problems encountered and suggestions for possible future service.

10.2 Service Standards

The agency must ensure compliance with all relevant Service Standards.

10.3 Performance Indicators

Specific client and referrer surveys will be undertaken at regular intervals throughout the length of the Agreement. The results of such will be discussed with the service provider in a way that enhances service provision.

Other forms of monitoring by the purchaser will include random client checks, service user follow up letter and consumer consultation.

Other performance indicators may be undertaken by the provider.

10.4 Complaints mechanism

If any complaints are received from client, carer or referrer the provider must ensure;

- Adherence to providers own complaints handling mechanism. A copy of this will need to be given to purchaser.
- That purchaser is advised in writing of the complaint and what steps were taken to deal with it.
- If any complaints regarding the service are made directly to the purchaser, the manager will discuss the issue and management of the complaint with the provider.

11 CONTINGENCIES

Any kind of contingencies can be outlined in this section. This is especially useful for services that may deal with emergency referrals, out of hours processes or difficult services that require specialist approaches.

For example:

11.1 Out of Hours Referrals – process

Out of hours referrals are made directly to the service provider who completes the first 2 pages of the CIARR and also the Additional Referral information page. Service provision is at the discretion of the service provider. However, note must be taken that hours do not go over the maximum band of care and care must be provided using the same criteria and guidelines. At times the provider must make the decision not to provide the service if the criteria is not strictly met or;

No service can be provided without the written approval of the purchaser or;

Referrals over the weekend are at the discretion of the provider (this may allow for a loose service agreement without any details to be agreed to);

12 COMMUNICATIONS

If specific communication methods are required it can be outlined in this section.

For example:

Informal and minor communications and inquiries may be made between both parties verbally and as required. Formal communications shall be made in writing and addressed to the Contact Persons specified herein or;

All communication must be in a written format and responded to in 7 days or;

Purchaser must meet with provider every second Wednesday at 2pm.

13 CONFIDENTIALITY

For example:

- 13.1 The provider acknowledges and agrees that all information supplied to it by the purchaser pursuant to the performance of this agreement or which may come to the providers knowledge as a consequence of the performance of this services under this Agreement concerning the business of the purchaser (including but not limited to client names, addresses, services procedures, documents, forms) as well as details regarding the client or person being cared for will be kept strictly confidential and will be used by the provider only in connection with the performance of its obligations under this agreement and must not be disclosed to any other party during or after the term of this agreement.
- 13.2 The provision in Clause 13.1 will not apply in respect of information which has:
- a) Entered the public domain otherwise than as a result of the breach by the provider of the provision of this clause; or
 - b) Has otherwise become known to the provider;
 - c) In all circumstances cannot reasonably be considered to be confidential information.
- 13.3 All information relating to the referrals of this service must be stored by the provider appropriately, in a secure manner.

14 VARIATION

A statement that will allow either party to vary the agreement within an agreed and specified time frame.

For example:

The terms of this Agreement may be varied by the mutual consent and must be recorded in writing confirming the agreement of both parties.

15 DISPUTE RESOLUTION

This section is to outline the dispute resolution process before the contract is signed and ensure that each party is sure of the process as outlined.

For example:

In the event of a dispute arising between the Provider and the Trial the following procedure must be followed:

- Verbal notification of the dispute will be given to the other party.
- If unresolved, the nature of the dispute is to be put in writing, to the other party requesting it be dealt with as soon as possible. The party giving such notice can request attendance at a meeting with the other party.

- The party in receipt of a written notification of a dispute will discuss the matter and provide a written response to the other Party.
- If still unresolved, an independent mediator as agreed by both parties will be asked to facilitate a resolution.
- If no resolution is forthcoming, the Trial Manager????

16 Termination

For example:

Either party may discontinue this agreement within its lifespan by serving not less than 12 weeks notification in writing on the other and outlining in writing clear reasons for seeking termination or;

Within 24 hours or;

On the spot (circumstances will need to be outlined).

17 Summary of Attachments

A list of relevant attachment for example forms, other documents that may be referred to, schedule of fees etc.

For example

Attachment 1: Service requisition form

Attachment 2: CIARR Protocols

Attachment 3: Schedule of fees

Attachment 4:

18 Signatories

For the Purchaser:

Signature:	
Name:	
Position:	
Date:	

For the Provider:

Signature 1:		Signature 2:	
Name:		Name:	
Position:		Position:	
Date:		Date:	

Attachment K Code of Conduct

CODE OF CONDUCT FOR BROKERAGE SERVICES

STATEMENT OF GENERAL PRINCIPLES

When purchasing services using brokerage funds you can expect staff to understand the principles on which this code of Conduct is based.

THE COMMUNITY

The community and clients can expect that any service be delivered with safety, efficiency, economy, impartiality and integrity.

EMPLOYEES OF BROKERED SERVICES

Employees of brokered services are expected to be law-abiding citizens and not participate in or assist others to participate in illegal activities. Staff have rights under common law and various legislation and these rights are listed at the back of this document.

Service providers who are brokered need to be committed to providing leadership, information, resources, training and the relevant policies and procedures to help staff achieve the high standard of performance expected in service provision.

Consistent with the principles outlined above, staff of brokered services are expected to comply with this Code of Conduct, being particularly mindful of the following:

1 PERSONAL AND PROFESSIONAL BEHAVIOUR

Staff will perform all duties requisitioned with all care, diligence, impartiality, conscientiously and in a culturally and linguistically appropriate manner.

Staff are required to:

- Attend for work in a clean and tidy manner.
- Comply with any relevant legislation and industrial or administrative requirement applying to their area of responsibility.
- Keep up to date with advances and changes in their area of expertise.
- Identify practices that will increase efficiency and reduce opportunities for corruption.
- Ensure that claims for payment or reimbursement of work related expenses incurred are honest and accurate.
- Strive to obtain value for public money spent and avoid waste and extravagance.

- Refrain from using official information obtained in the course of their employment for improper gain
- Where necessary maintain documentation that supports any decision taken
- Will not work under the influence of alcohol or illicit drugs
- Will not smoke in the workplace.
- Will take reasonable care for the health and safety of themselves and others while at work

Staff brokered may indicate objections but must not wilfully disobey or wilfully disregard any lawful direction or policy given by a person having authority to give the direction. In situation where staff have a concern they must discuss this with their supervisor.

2 PUBLIC COMMENT

It is not appropriate for staff members to make public comments or enter into debate that may be perceived to be an official comment of the service they represent or the service that has requisitioned the work.

Public comment includes public speaking, comments made on radio and TV, letters and articles to newspapers, journals, books and notices where it is likely those comments will spread to the community at large.

3 DISCRIMINATION AND HARRASSMENT

Services are required to be committed to a workplace that is free from all forms of harassment and discrimination.

Staff of organisation brokered to provide service should understand and apply the principles of Equal Employment Opportunity. Colleagues or members of the public can not be discriminated against on the basis of sex, physical appearance, marital status, pregnancy, age, race, ethnic or national origin, physical or intellectual impairment, sexual preference or religious or political conviction.

4 FAIRNESS AND EQUITY

Service providers are to make all work related decisions in a timely and consistent manner, which is fair, and without discrimination. When making these decisions staff will ensure that they take all the relevant facts into consideration.

5 CONFIDENTIALITY

The nature of service provision to clients requires that the collection and maintenance of confidential information regarding clients be protected at all times. All concerned with the provision of a service instance share a responsibility to ensure that this information remains confidential. For example discussing the details of a brokered service with another client of the workers organisation can cause harm to the client in question and bring the credibility of the organisation into question.

6 DEALING WITH CLIENTS

Staff brokered from agencies will at all times respect the rights of clients to exercise control over their own lives and in their homes according to their own values and preferences. Staff are expected to comply with the policies of the agency they work for in assisting clients to achieve this.

When dealing with clients, staff brokered from agencies are expected to:

- identify themselves with appropriate and endorsed identification
- provide fair and equitable professional advice and assistance
- be respectful, courteous and sensitive to the rights, needs, feelings and cultural background of the client for whom they are providing service.

When dealing with clients, staff brokered from agencies must not:

- make statements that may reasonably be construed by that client as an offer to purchase or a request to acquire personal property from that client
- offer personal financial advice to consumers especially with respect to investment or disposal of personal funds (this includes the coaxing of consumers to purchase products normally sold via home based sales networks and raffle tickets)
- accept any appointments by consumers which would compromise their employment such as acting as a Power of Attorney for the consumer or serving as a signatory to a consumers bank account or serving as an executor of consumer's estate.

7 CONFLICT OF INTEREST

Staff brokered from agencies should understand that conflict of interest is assessed on the likelihood of the interest to them or the interest to someone close to them, leading a reasonable person to think that it could influence the way the work is performed. Where a staff member believes that there may be a conflict of interest they must discuss this with their supervisor immediately and the supervisor needs to inform the service requisitioning the service.

8 POLITICAL PARTICIPATION

Staff should be careful that any participation in political matters does not conflict with the performance or their duties. Staff are encouraged to carry out their duties in a politically neutral manner.

9 DEALING WITH RELATIVE AND FAMILY MEMBERS

Staff brokered from agencies need to be mindful when dealing with their relatives and family members who are seeking assistance, or employment from the agency the staff person works for, or the agency that has brokered them.

Staff should not undertake to assess, reassess or provide services to family members who may be a consumer of the organisation that has brokered their services. Where circumstances appear warrant and it is in the best interest of the client, the situation should be discussed with both the staff member's supervisor and the worker who is requisitioning the service instance.

10 GIFTS AND BENEFITS

Staff must not seek or accept gifts or benefits that are intended or likely to influence the way in which the work is performed. It is the responsibility of the staff or supervisor to report the offer of any gift and the worker who has requisitioned the service to determine whether a gift of token may be accepted without being seen to compromise the staff member or either organisation.

11 USE OF FACILITIES AND EQUIPMENT

Staff brokered from agencies have a responsibility to use all equipment or property provided efficiently, economically and carefully. Equipment and supplies are to be used only for the purpose intended.

12 REPORTING CORRUPT CONDUCT, MALADMINISTRATION AND WASTE

Staff brokered from agencies have a responsibility to report any possible corrupt conduct or unethical behaviour of which they become aware. Staff can report such behaviour or concerns to their supervisor or the brokering agency. It is the responsibility of the supervisor to report the situation to the brokering agency for action.

13 BREACHES OF THIS CODE OF CONDUCT

All staff of agencies who provide services on behalf of a broker are expected to understand and comply with this Code of Conduct during the term of their contract. Agencies are advised that any breach of the Code could result in the termination of their contract.

14 LEGISLATION

Legislation relating to this Code of Conduct includes:

- Occupational Health and Safety Act 1983
- Crimes Act 1900
- Anti Discrimination Act 1977
- Public Finance and Audit 1983
- Freedom of Information Act 1989
- Independent Commission Against Corruption Act 1988
- Industrial Relations Act (NSW and Federal)
- Protected Disclosures Act 1994
- Aged Care Act 1997
- Disability Services Act 1993
- Home Care Act 1988

Attachment L Partners in the Illawarra Trial

Illawarra Area Health Service

Address

Chief Executive Officer/Authorised Signatory

Illawarra Division of General Practice

Address

Chief Executive Officer/Authorised Signatory

Home Care NSW

Address

Chief Executive Officer/Authorised Signatory

Ageing and Disability Department NSW

Address

Chief Executive Officer/Authorised Signatory

New South Wales Health

Address

Chief Executive Officer/Authorised Signatory

Commonwealth DHAC

Address

Chief Executive Officer/Authorised Signatory

Attachment M - Risk Analysis

Type of risk	Impacts on	Timing	Risk Management Strategy
Sponsorship: <ul style="list-style-type: none"> • Financial shortfall • Management cost • 	The Commonwealth /State/ Local partnership depending on agreement	Mid point onwards	<ul style="list-style-type: none"> • Negotiate appropriate trial (sponsorship) agreement • Lobbying at State and Commonwealth levels • Ensure appropriate governance mechanisms • Ensure competent trial management
Provider Organisations <ul style="list-style-type: none"> • Package risk - i.e. spending more than package value • Backfilling • Loss of equity - i.e. trial clients get more • Providers sign up for services they can not provide 	The particular provider organisation - small size may exacerbate risk	From first quarter of live phase	<ul style="list-style-type: none"> • Ensure providers have administrative/financial ability • Specific policies about backfilling and funding new clients • Incentives for economy e.g. "Measure and share" • Recruit from existing clients • Provide similar levels of service to mainstream • Provider sub-contracting arrangements
Recruitment risk <ul style="list-style-type: none"> • Trial recruits unfunded clients • Trial recruits clients with needs equivalent to RC classification • Inconsistent nomination 	Trial viability and therefore on partners	From beginning of live phase	<ul style="list-style-type: none"> • Recruit from existing clients • New clients require new funds/ growth funds • Await Commonwealth RC decision before finalising recruitment criteria • Brief/register nominators

<p>Quality Risk</p> <ul style="list-style-type: none"> • Provider quality • Assessment quality and (in-) consistency • Packages not sensitive to individual need • Quality and consistency of care coordination 	<p>Clients - poor services, inappropriate expectations Similar clients receive different services Clients</p>	<p>Beginning of live phase and onwards</p>	<ul style="list-style-type: none"> • Provider accreditation/checklist • Quality assurance, Q & T unit • Care coordinators have some autonomy within package constraints • Review of allocation of clients to case categories • Peer review activities with assessors and coordinators
<p>Coordination risk</p> <ul style="list-style-type: none"> • Relationship Assessor/GP • Relationship CC/Provider and GP • Link acute hospital and community 	<p>Service system and services to clients</p>	<p>Beginning live phase onwards</p>	<ul style="list-style-type: none"> • Clear "protocols" re roles and relationships • Appropriate briefing and training • Significant numbers of clients/patients (critical mass) • Intensity of coordination i.e. type 4 and clients "existing" class-doubling up coordination
<p>Carer Risk</p> <ul style="list-style-type: none"> • Carers as substitute for paid services • Carer health sacrificed for client health 	<p>Carers</p>	<p>Beginning of live phase but increasing as trial progresses</p>	<ul style="list-style-type: none"> • Carers to be clients in own right if meet criteria • Carers to be available, able and willing • Carer representation in management and governance system • Building respite into packages
<p>Client risk</p> <ul style="list-style-type: none"> • Inappropriate, uncongenial 	<p>Clients</p>	<p>Beginning onwards</p>	<ul style="list-style-type: none"> • Participation on planning services

<p>services</p> <ul style="list-style-type: none"> • Client needs change • Client hospitalised and loses services 		<p>Subsequent assessments</p>	<ul style="list-style-type: none"> • Mechanisms to change providers • Representation in management and governance system • Clear mechanisms for periodic reassessment and change of case category • Acute services as short term add on package
<p>Population Risk</p> <ul style="list-style-type: none"> • Inequitable services 	<p>Population with complex needs Trial population</p>	<p>From beginning but increasing</p>	<ul style="list-style-type: none"> • Consumer/case needs typology designed for equity • Packages grounded in mainstream provider experience
<p>Health system risk</p> <ul style="list-style-type: none"> • Considerable effort not linked with service development or learning • Providers compete rather than cooperate • Packages imply services that do not exist 	<p>Health/Care System and Population</p>	<p>Throughout and increasing</p>	<ul style="list-style-type: none"> • Packages imply new services • System incentives include measure and share • Quality/training unit as investment in collaboration • Local evaluation addresses 5 domains of change • Trial makes use of local service developments such as discussions on brokerage, electronic communication developments etc • Address potential gains and losses for participating providers (risk analysis for

			individual providers) • Pressure to develop new services, new collaborations, or buy from private sector
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