

Alwyndor Management Committee

NOTICE OF MEETING

Notice is hereby given that a meeting of the Alwyndor Management Committee will be held in the

Alwyndor Aged Care Boardroom 52 Dunrobin Road, Hove

Thursday 20 February 2020 at 6.30pm

Koberto Bria

CHIEF EXECUTIVE OFFICER

Alwyndor Management Committee Agenda

OPENING

The Chairperson, Mr K Cheater will declare the meeting open at 6.30 pm.

2. KAURNA ACKNOWLEDGEMENT

We acknowledge Kaurna people as the traditional owners and custodians of this land.

We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kaurna People today.

3. APOLOGIES

- 3.1 Apologies received
- 3.2 Absent

4. DECLARATION OF INTEREST

If a Committee Member has an interest (within the terms of the Local Government Act 1999) in a matter before the Committee they are asked to disclose the interest to the Committee and provide full and accurate details of the relevant interest. Committee Members are reminded to declare their interest before each item.

5. CONFIRMATION OF MINUTES

5.1 Minutes of the Previous Meeting

Motion

That the minutes of the Alwyndor Management Committee held on 19 December 2019 be taken as read and confirmed.

5.2 Confidential Minutes

Motion

That the confidential minutes of the Alwyndor Management Committee held on 19 December 2019 be taken as read and confirmed.

6. REVIEW OF ACTION ITEMS

- 6.1 Action Items
- 6.2 Confidential Action Items

7. REPORTS/ITEMS OF BUSINESS

- 7.1 General Manager's Presentation BPA Survey Results
- 7.2 General Manager's Report (Report No: 01/20)

8. CONFIDENTIAL

8.1 General Manager's Report (Report No: 02/20)

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

- d. commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.
- 8.2 Monthly Financial Report Month Year (Report No: 03/20)

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

- d. commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.
- 8.3 Financial Investments (Report No: 04/20)

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

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- 8.4 Review of Financial Governance Policies (Report No: 05/20)

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City of Holdfast Bay
Agenda 20/02/2020

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

- d. commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.
- 9. URGENT BUSINESS Subject to the Leave of the Meeting

10. DATE AND TIME OF NEXT MEETING

The next meeting of the Alwyndor Management Committee will be held on Thursday 19 March 2020 in the Boardroom, Alwyndor Aged Care, 52 Dunrobin Road, Hove.

11. LOSURE

ROMERTO BRIA

CHIEF EXECUTIVE OFFICER

CITY OF HOLDFAST BAY

Minutes of the meeting of the Alwyndor Management Committee of the City of Holdfast Bay held at Alwyndor Aged Care, Dunrobin Road, Hove on Thursday 19 December 2019 at 5.30 pm.

PRESENT

Elected Members

Councillor Philip Chabrel Councillor Susan Lonie

Independent Members

Chairperson – Mr Kim Cheater Ms Trish Aukett Mr Todd Bamford Mr Kevin Whitford Ms Julie Bonnici

Staff

General Manager Alwyndor – Ms Beth Davidson-Park Residential Services Manager – Mr Graham Harding Acting Home Support Services Manager – Ms Molly Salt Finance Manager – Ms Leisa Humphrey Personal Assistant – Ms Marisa Dinham

Special Guest

People and Culture Manager – Mr Dan McCartney

1. OPENING

The Chairperson declared the meeting open at 5.32pm.

2. KAURNA ACKNOWLEDGEMENT

With the opening of the meeting the Chairperson stated:

We acknowledge the Kaurna people as the traditional owners and custodians of this land.

We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kaurna People today.

3. APOLOGIES

For Absence - Ms Julia Cudsi

The Chairperson introduced Mr Dan McCartney, People and Culture Manager to members and welcomed him to the meeting.

3.2 Leave of Absence - Nil

4. DECLARATION OF INTEREST

Members were reminded to declare any interest before each item.

5. CONFIRMATION OF MINUTES

5.1 Minutes of Previous Meeting

Motion

That the minutes of the Alwyndor Management Committee held on 21 November 2019 be taken as read and confirmed.

Moved by Councilor Lonie, Seconded by K Whitford

Carried

5.2 Confidential Minutes of Previous Meeting

Motion

That the confidential minutes of the Alwyndor Management Committee held on 21 November 2019 be taken as read and confirmed.

Moved by Councilor Lonie, Seconded by K Whitford

Carried

6. REVIEW OF ACTION ITEMS

Action 7.2 Acting General Manager's report – noted that the wording around the action to be altered to reflect the currency of the item. Deletion of 'This item and terminology was relevant to the previous management'. The General Manager explained the strategy behind the marketing plan and the future planning be undertaken once the Strategic Planning Day had occurred.

7.1 **General Managers Report** (Report No: 46/19)

1. Residential Accommodation

The Residential Services Manager informed members that Alwyndor had received its final accreditation report with an outstanding result of 42 out of 42. An excellent result and worthy reflection of the staff's hard work.

Noted that the February meeting would include an update on new management practices towards ensuring we meet quality standards on an ongoing and sustainable basis.

2. AMC proposed meeting dates

Approved with December 2020 being moved to 5.30pm.

Action: Personal Assistant to update Members diaries accordingly.

3. Aged Care Royal Commission

The General Manager informed members that response to the discussion paper released recently will be submitted by 24 January 2020, citing that there will be the need to circulate papers out of session due to the tight timeframes.

Motion

- 1. That the successful outcomes of the Residential accreditation assessment process be noted.
- 2. That the proposed 2020 meeting dates for the Alwyndor Management Committee be approved.
- 3. That the AMC note that Alwyndor will prepare a response to the discussion paper recently prepared by the Aged Care Royal Commission: <u>Aged care program redesign: services for the future</u> and submit by the due date of 24 January 2020.

Moved T Bamford, Seconded Councilor Lonie

Carried

8. CONFIDENTIAL ITEMS

Exclusion of the Public – Section 90(3)(d) Order

 That pursuant to Section 90(2) of the Local Government Act 1999 Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Attachments to Report No: 47/19 General Manager's Report in confidence.

2. That in accordance with Section 90(3) of the *Local Government Act 1999*Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No: 48/19
Monthly Financial Report – November 2019 on the following grounds:

d. pursuant to section 90(3)(d) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to confer a commercial advantage on a third party of Alwyndor, in addition Alwyndor's financial position is reported as part of Council's regular budget updates.

In addition, the disclosure of this information would, on balance, be contrary to the public interest. The public interest in public access to the meeting has been balanced against the public interest in the continued non-disclosure of the information. The benefit to the public at large resulting from withholding the information outweighs the benefit to it of disclosure of the information.

3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.

Moved T Bamford, Seconded Councilor Lonie

Carried

8.1 General Manager's Report (Report No: 47/19)

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- 3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential
- 8.2 Monthly Financial Report November 2019 (Report No: 48/19)

Exclusion of the Public – Section 90(3)(d) Order

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3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential

RETAIN IN CONFIDENCE – Section 90(3) Order

That having considered Agenda Item 8.1 General Manager's Report - November 2019 (Report No: 47/19) and 8.2 Monthly Financial Report - November 2019 (Report No: 48/19) in confidence under section 90(2) and (3)(d) of the Local Government Act 1999, the Alwyndor Management Committee, pursuant to section 91(7) of that Act orders that the Report, Attachments and Minutes be retained in confidence for a period of 18 months and that this order be reviewed every 12 months.

Moved Councillor Lonie, Seconded K Whitford

Carried

9. URGENT BUSINESS – Subject to the leave of the meeting

Nil

10. DATE AND TIME OF NEXT MEETING

The next meeting of the Alwyndor Management Committee will be held on Thursday 20 February 2020 in the Meeting Room, Alwyndor Aged Care, 52 Dunrobin Road, Hove.

11. CLOSURE

The meeting closed at 6.32pm.

CONFIRMED 20 February 2020

CHAIRPERSON

AMC ACTION ITEMS

Action No.	Meeting	Agenda Item	Action Required	Responsibility	Due Date	Current Status
1	17-Oct-19	7.1 General Manager's Report	The Chairperson and General Manager to review the AMC Terms of reference and present to AMC for comment and review prior to presentation to the Holdfast Bay Council for consideration and approval.	GM	TBA	In progress.
2	17-Oct-19	7.1 General Manager's Report	That a report be provided to the AMC regarding Alwyndor's position on the use of CCTV - Surveillance Cameras in residents rooms.	GM	Feb-20	In progress.
3	19/12/2019	7.1 General Managers Report	That an update on new management practices towards ensuring quality standards are met on an ongoing and sustainable basis to be provided at the February 2020 meeting.	GM/RSM	Feb-20	In progress.
4	19/12/2019	7.1 General Managers Report	That the Personal Assistant update Members diaries with the approved AMC meeting dates.	PA	Feb-20	Completed

City of Holdfast Bay AMC Report No: 01/20

Item No: 7.2

Subject: General Manager Report

Date: 20 February 2020

Written By: Beth Davidson-Park

SUMMARY

This report is to update and inform the Alwyndor Management Committee (AMC) regarding items, initiatives and issues of relevance to Alwyndor business specifically and to the aged care sector more generally.

RECOMMENDATIONS

That the Alwyndor Management Committee:

- 1. Note the completion of the Enterprise Bargaining negotiations and the pending voting process.
- 2. Support the submission made by Alwyndor to the Royal Commission Consultation Paper: Aged care program redesign services for the future.
- 3. Note the Alwyndor Organisational Chart as at February 2020.

CITY OF HOLDFAST BAY COMMUNITY PLAN

Community: Building a healthy, active and resilient community

Culture: Providing customer-centred services

Culture: Enabling high performance

Culture: Supporting excellent, efficient operations

REPORT

1. Enterprise Bargaining, Industrial and staffing matters

The Enterprise Bargaining negotiations were completed in December 2019 and we will be putting the resulting Enterprise Agreement to the vote later in February.

City of Holdfast Bay AMC Report No: 01/20

2. Royal Commission Consultation Paper: Aged care program redesign - services for the future

The December 2019 meeting of the AMC noted that we would prepare a submission in response to the *Royal Commission Consultation Paper 1 - Aged care program redesign - services for the future.*

The draft submission was circulated to AMC prior to submission, some comments were received and incorporated into the final submission which is attached to this report (attachment 1).

In summary, we were supportive of the key components and principles outlined in the paper and commented that we felt some optimism in the tone and position of the paper ie it showed evidence of a growing understanding of the challenges in delivering aged care services and the quantum of reform which is required.

We prepared our additional thinking under the themes of *Residential Care, Home Care, Accessing Services, Early Access, Time limited programs, Complex Care* and *Regulation*.

It is noteworthy that our submission was one of a selection which were published on the Royal Commission website: https://agedcare.royalcommission.gov.au/submissions/Pages/read-consultation-paper-1-submissions.aspx#R

3. Alwyndor Organisational Chart as at February 2020.

At the December 2019 meeting of the AMC a request was made for a current organisational chart. This is attached to this report (attachment 2) and is current as at February 2020.



ATTACHMENT 1



Response to Aged Care Consultation Redesign Paper

Redesign components and principles

Alwyndor Aged Care supports the key components and the proposed principles for the redesign of aged care services to respond to the known and projected needs and challenges of current and future generations of ageing individuals and communities. The consultation paper gives cause for optimism that there is a growing understanding of the current challenges in delivering aged care services and the extent of the fundamental reforms required in service models and delivery of services, including associated funding, to address the systemic issues in the current system.

The components reflect the major elements which, over time, comprise all areas of need and offer the required streams of care to enable the agility of movement required for people moving through the process of ageing and its many and varied challenges.

These components are:

- a care finder
- a support stream
- an investment stream
- a care stream
- specialist expertise.

The principles reflect the standards which were introduced in July 2019 and as such have a strong values base, that is that services:

- be underpinned by respect and support for the rights, choices and dignity of older people
- ensure quality and safe care is fundamental to the operation, funding and regulation of the system
- provide equity of access, regardless of location, means or background
- be transparent, easy to understand and navigate
- · deliver care according to individual need
- maximise independence, functioning and quality of life for older people
- support older people to have a good death
- support older peoples' informal care relationships and connections to community



- enable the recruitment and retention of a skilled, professional and caring workforce
- support effective interfaces with related systems, particularly health and disability
- be affordable and sustainable, both for individuals and the broader community
- be capable of being implemented, monitored and evaluated.

Please find the following comments in regard to the proposals outlined in the consultation paper which we have prepared in the following themes:

- Residential Care
- Home Care
- Accessing Services
- Early Access
- Time limited programs
- Complex Care
- Regulation.

Residential Care

For residential care, the last two decades have seen a significant change in expectations of consumers, community, society, government and the industry itself. Despite historically being funded to provide a substantially 'home-like' environment, there is an expectation to provide ever increasingly complex health care without commensurate funding increases.

It is recognised that consumer needs within residential care are comparable to those of an acute general medical ward. Despite this, our regulatory and funding models are significantly disparate to the acute sector – increasingly complex regulation and significantly lower funding.

Indeed, the current Aged Care Funding Instrument (ACFI) sees a significant portion of our health sectors' most experienced nurses being taken away from client care to navigate a complex taxonomy system. This has resulted in the unintended consequence of many residential services requiring their most experienced skilled and knowledgeable staff to be diverted from care delivery and coaching and mentoring carers, to administrative tasks which focus on leveraging much needed funding.

To add insult to injury, the funding classification model, by design, does not have any direct relationship to restorative and holistic care and service delivery.



Home Care

Within the home care space there is evidence that a significantly increasing portion of the older population would prefer to remain living in their own homes, and that broadly the current demand for appropriate in-home care and service delivery is not being met. A significant portion of older individuals are entering residential aged care without having accessed a home care package or whilst receiving a home care package that is less than their basic requirements. There is also a growing body of evidence that a large number of those that enter into residential aged care find that their health and wellbeing improves significantly due to having access to the 'right type' of care and services, both clinical and restorative.

Health and wellbeing outcomes can be improved when care and services are responsive to the needs of the individual and reduce the number of older people entering residential care before they need, or indeed, want to.

Improved access to information about options and support to navigate aged care services almost certainly would be a mitigating factor in such instances. The reorientation of the health system towards meeting people's needs for in-home care is an imperative.

Accessing Services

Older people and their influencers and carers must be enabled by face-to-face support as well as online information and contact centres. Importantly, the information and support offered must be within a system that is informed and resourced to support a diverse older population in terms of age, health and wellness, ethnicity, life choices, wishes and desires.

Recent reports have found that perceptions around aged care and the access to services are confusing for many. It is challenging for ageing people and their loved ones and/or carers to find clearly articulated and transparent information about what is available. This is augmented when the individual and family are undergoing the stresses of continued infirmity or responding to a health event or crisis.

There is very often a lack of accurate information available through agencies such as Centerlink or from time poor General Practitioners and similar health providers. This, very often combined with poor technology skills and counter intuitive, complex access to the current MyAgedCare can be prohibitive to making timely and informed choices for ongoing care and support. These issues would be eased in part if service providers were enabled to



assess basic service eligibility and to enter individuals details into MyAgedCare and assist with navigation of services.

Entry-level support services should not require complex bureaucracy to access. Similarly, strength and resilience building should be part of the 'front end' support framework and should not be delayed.

Approval for more complex care and service provision requires a robust assessment process, preferably via a 'single point of contact' intuitive assessment service.

Linking potential consumers with service providers is of critical importance. Having access to clearly articulated detailed information about available services and costs, is an essential component of the navigation process.

The contribution required by aged care services during the navigation and pre-admission stages should not be underestimated. Upfront costs and vacant bed days are not funded within the current system, despite the need for resources needed to locate, work with and onboard consumers to the services. If approved providers were funded to some degree for the operational costs of vacant beds (post resident death), assisting prospective customers with the navigation of the aged care sector would be achievable within the funding envelope and would ensure the best possible outcomes for the consumer.

Early Access

There is no doubt that early signs of frailty impact on an older person's ability to care for their environment - home and garden. Where the individual declines further, simple personal care activities can become a challenge. It is important to highlight the importance of putting strength and resilience building 'up front' earlier in the life course to support the individual's intrinsic capacity, and to both delay and overcome illness.

An entry level support stream which would include assistance with meals, domestic assistance, and home maintenance is necessary. Assistive technologies to keep people at home longer, safer and well is an enormous opportunity which would benefit from government investment – offering significant returns on investment both in financial terms as well as in ensuring a greater quality of life for individuals, their families and communities.

Importantly, maintaining self-identity through ongoing engagement with their communities and opportunities for positive emotion are essential to wellbeing. Early (and continued) access to services which support socialisation and access to services – transport, social



support and centre-based activities - are necessary regardless of whether the older person resides in their own home or residential care.

Education and proactive promotion of the value and availability of early intervention services to individuals and care providers is much needed in this area.

Time Limited Programs

Respite is an important piece of the aged care puzzle, whether used in a time of crisis or as a planned intervention.

Currently, government funded residential respite programs do not include any focus, funding or opportunities for restorative care or health reviews. Periods of respite care are an ideal opportunity to invest in health improvement interventions and may include consideration of assistive technologies to maintain safety and wellbeing at home.

Just as importantly, the evidence is clear that restorative care and reablement programs (including physical strengthening, evaluation of nutrition and sleep) can increase individual intrinsic capability and delay frailty. The requirement for residential care and acute primary care can also be diminished through the application of such services and programs.

Short term restorative care stays cannot currently be funded through an individual's home care package. This causes a barrier to required and valuable services and can cause rapid decline in the absence of intensive restoration being available in the home care setting. This is a missed opportunity where time-limited restoration and reablement programs are available in residential care on short term basis, enabling a return to home in many instances, increased quality of life and delay or avoidance of acute care and / or residential care.

Short Term Restorative Care and Transitional Care Programs within a residential care setting are vital. Unfortunately, these types of programs are not popular amongst service providers as they exist within a funding model that attracts less funding than that provided for 'standard' residential care. A very short-term view.

Short stay programs by virtue of the nature of the program have higher 'turnover' and therefore higher upfront costs via specialised assessment and onboarding processes. Coordination costs for these programs are not funded and there is no incentive for successfully achieving positive long-term outcomes for consumers.



Complex care

Older people with very high care needs rarely benefit from transfers from aged care to hospital. It is hoped that future Australian aged care systems will provide access to better clinical care within the aged care system for aged related care requirements, while guaranteeing timely access to acute tertiary health services and specialists when required.

The last decade has seen our aged care system cater for increasingly high-care needs. Approximately 50% of people living in aged care have dementia, depression, or another mental health or behavioural condition. The proportion of older people requiring high care for complex needs, which includes assistance with all activities of daily living such as eating and bathing, quadrupled from 13% in 2009 to 61% in 2016.

In addition to the challenges of funding and providing complex care, accessing specialist services is increasingly difficult. As an example, accessing assistance with challenging behaviours from dementia specialists within the current system can take up to 1 month to access. General Practitioners are often not well enough educated, or resourced, to provide appropriate interventions for challenging behaviours.

During acute periods, residents with challenging behaviours often require a dedicated staff member to ensure safety, security and wellbeing of the individual and those around them. The current aged care funding model does not support this practice, and this often results in the residents being transported to the acute sector. Unfortunately, the acute sector does not have resources to cater for this marginalised older population. Indeed, the current system does not provide any clinical pathways for those residents with the most urgent needs and /or challenging behaviours.

Similarly, residents with life-limiting illnesses experience challenges accessing multiple and intensive coordinated care from multi-disciplinary teams to treat symptoms of pain or other distressing symptoms. Access to health professionals via alternate mediums such as telehealth would, in part, increase opportunities for a timely response. Indeed, we are keen for the industry to explore different ways of engaging medical officers, nurse practitioners, and other health professionals within the aged care space.

Regulation

More flexible service delivery options would mean that aged care may no longer be defined by the setting in which it is delivered (ie residential care facility or private home).



There is an opportunity for Australian health care, whether provided in hospital, home or residential care, to be measured and regulated under a single national health framework, such as the National Safety and Quality Health Services Standards.

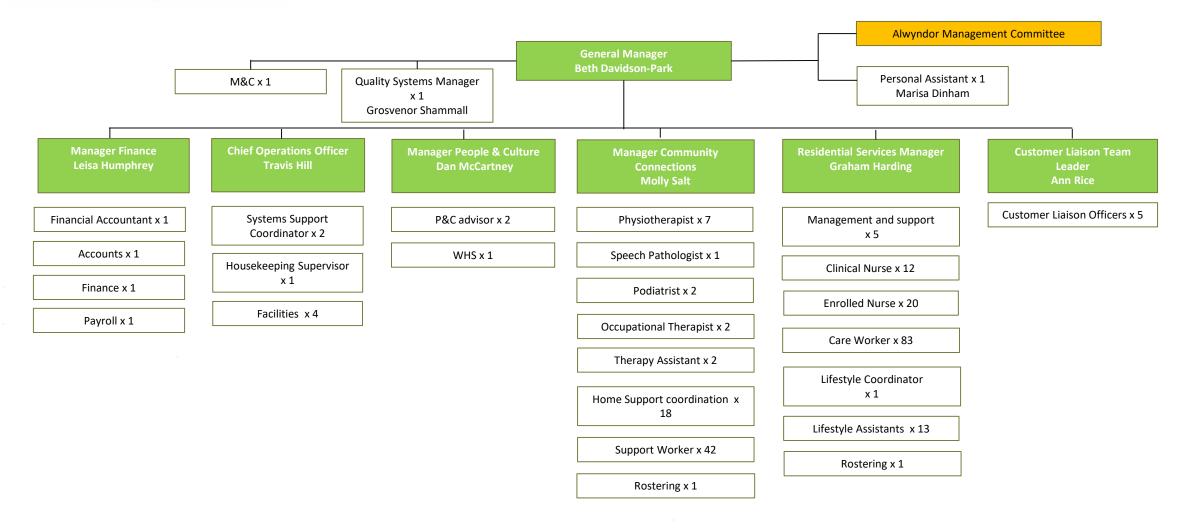
Beyond health care, there is an opportunity to remove regulatory barriers for older people who are facing challenges accessing and/or moving through aged care services.

Alwyndor Aged Care looks forward to the outcomes of this discussion providing improved models of care and services for our ageing population which are supported by appropriate enablers including adequate levels of funding and technology as well as skills and experience.



ATTACHMENT 2

Alwyndor Organisational Chart – February 2020



City of Holdfast Bay AMC Report No: 02/2020

ITEM NUMBER: 8.1

CONFIDENTIAL REPORT

GENERAL MANAGER'S REPORT – FEBRUARY 2020

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City of Holdfast Bay AMC Report No: 03/20

ITEM NUMBER: 8.2

CONFIDENTIAL REPORT

MONTHLY FINANCIAL REPORT – JANUARY 2020

Pursuant to Section 90(2) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

City of Holdfast Bay AMC Report No: 03/20

ITEM NUMBER: 8.2

CONFIDENTIAL REPORT

COUNCIL LOAN – FEBRUARY 2020

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City of Holdfast Bay AMC Report No: 04/20

ITEM NUMBER: 8.2

CONFIDENTIAL REPORT

PRUDENTIAL STANDARDS – FEBRUARY 2020

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