

s 22

From: MORGAN, Nick
Sent: Monday, 24 May 2021 11:53 AM
To: s 22
Cc: HARTLAND, Nicholas; HERALD, Russell; s 22; s 22
Subject: Meals on Wheels [SEC=OFFICIAL]
Attachments: D21-551781 MS21-000115 - Signed Min-Sub - Proposed increase to CHSP meals unit price to \$7.50(2).PDF; FW: Response to Media Release 18 May 2021 [SEC=OFFICIAL]

Hi s 22

As discussed re background on Meals on Wheels issue for Brendan.

- Please see attached a min-sub in which Minister Colbeck agreed to increase the minimum unit price for meals from \$4.90 to \$7.50 (at a cost of \$7m) – no provider loses funds.
- Minister Colbeck announced this in a press release last week,
- Rather than welcoming the announcement, Australian Meals on Wheels Association (AMOWA) wrote to the Minister (and met with him) strongly criticising the increase as not being enough (see attached Email)
- s 47F from Meals on Wheels has advised that their NSW members (funded at \$7.90 per meal) are leading the charge, as they would not get extra funds
- We are still pulling together some data on NSW providers as requested by the MO on Friday night (should have more information today).
- An initial response to AMOWA's concerns was provided to the office last week - see below.

With regard to AMOWA's specific concerns about the \$7.50 meals unit price we can advise:

Why was \$7.50 was selected as the new minimum meals unit price?

- The Department has reviewed data on the funding paid to meals providers and the number of meals delivered. Many providers spend their funds but deliver fewer meals than specified in their funding agreements. From this data we have determined that the average unit price of actual meals delivered is around \$7.50. This not a notional number, but the price at which providers are actually delivering.
- A data study compiled by Deloitte also looked at unit prices. A unit price of \$7.50 with a typical client contribution of \$5.00 exceeds the maximum level they estimated as a reasonable price for meals delivery.
- Under the CHSP, all service providers are expected to have a client contribution policy. The client contribution policy recognises that senior Australians have a responsibility to contribute to the cost of their care and to ensure the ongoing financial sustainability of the CHSP.

Is funding under the CHSP inequitable when compared to funding under Home Care Packages

- In 2020, AMOWA made a submission to the Department for increased funding for CHSP meals providers to \$12/meal to match the amount they indicated they receive through the Home Care Package program.
- However rates, even among Meals on Wheels providers, seem to vary considerably across the country. For example, Tweed Heads Meals on Wheels advertises on its website that it offers large delivered meals to Home Care Package clients at a cost of \$4 to the client and \$3 charged to the package. Similarly, alternative (i.e. non-MOW) meals providers like Lite n' Easy, who partner with many Home Care Package and CHSP providers, offer clients frozen meals delivered in batches of \$7.50 per meal billed to the Home Care Package, along with a \$3.25 client contribution.
- The proposed price increase will see significant boost to providers, such as Meals on Wheels South Australia, which will receive an additional \$2 million (out of the total \$7 million) per annum alone.

Meals delivery and social support

- Many CHSP providers, including those not affiliated with Meals on Wheels, conduct regular welfare checks and minor social support with their clients as part of their normal service delivery and duty of care to clients. This is acknowledged in the CHSP Program Manual as a complementary benefit of meals delivery, but it is not specifically funded.
- For example, 263 CHSP meals providers offer meals in a social group setting at community centres to encourage and promote seniors mental and social wellbeing.
- All CHSP service providers should factor any additional costs of their preferred service delivery model into their client contribution fees and/or their own business models including the role of volunteers.
- Social support, including group and individual, is funded separately under the CHSP.

Thanks

Nick Morgan

Assistant Secretary

Home Support & Assessment Branch

In Home Aged Care Division

Department of Health

P: s 22

M: s 22

Level 5, Sirius Building

GPO Box 9848, Canberra ACT 2601

I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past, present and future.

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From: LYE, Michael
Sent: Monday, 24 May 2021 11:56 AM
To: MURPHY, Brendan; s 22 LYE, Michael
Cc: HARTLAND, Nicholas; MORGAN, Nick
Subject: FW: Meals on Wheels [SEC=OFFICIAL]
Attachments: D21-551781 MS21-000115 - Signed Min-Sub - Proposed increase to CHSP meals unit price to \$7.50(2).PDF; FW: Response to Media Release 18 May 2021 [SEC=OFFICIAL]

Hi Brendan

Background on MoW as requested. The team is working on further briefing in respect of NSW's concern and is currently running data.

Regards

s 22

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providers, offer clients frozen meals delivered in batches of \$7.50 per meal billed to the Home Care Package, along with a \$3.25 client contribution.

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- All CHSP service providers should factor any additional costs of their preferred service delivery model into their client contribution fees and/or their own business models including the role of volunteers.
- Social support, including group and individual, is funded separately under the CHSP.

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OFFICIAL



Australian Government
Department of Health

Ministerial Submission – Standard

MS21-000115

Version (2)

Date sent to MO:27/04/2021

To: Minister Colbeck

cc: Minister Hunt

Subject: Proposed change to raise Commonwealth Home Support Programme (CHSP) meals unit price to \$7.50

Critical date: 5 May 2021, as negotiations for implementation in 2021-22 financial year need to commence.

Recommendations:

- | | |
|--|--|
| <p>1. Agree to raise the minimum meals unit price for CHSP providers from \$4.90 to \$7.50 from 2021-22 at a cost of \$7 million per year using existing CHSP growth funding.</p> <p>2. Note that CHSP providers technically funded below \$7.50 per meal, but who receive at least \$7.50 in practice (by spending their grant and under-delivering services), will not receive additional funding, but will have funded outputs reduced in line with delivery.</p> | <p>1. Agreed/Not agreed/Please discuss</p> <p>2. Noted</p> |
|--|--|

Signature

s 22

Date: 3 / 5 / 2021

Media Release required? YES/ NO

Comments:

As Discussed Today

Contact Officer:	Nick Morgan	Assistant Secretary, Home Support and Assessment Branch, In Home Aged Care Division	Ph: s 22 Mol: [redacted]
Clearance Officer:	Nick Hartland	First Assistant Secretary, In Home Aged Care Division	Ph: s 22 Mol: [redacted]

OFFICIAL

Issues:

1. The Department proposes increasing the minimum unit price per meal paid to CHSP meals providers from \$4.90 to \$7.50 at a cost of \$7 million per year, to be met from the existing CHSP appropriation from 2021–22.
2. \$7.50 per meal is around the average funded meal price across all providers (noting there is significant variation for historical reasons) and represents a fair price for the cost of meal preparation and delivery (noting the cost of ingredients is charged to consumers at around \$5 per meal).
3. Providers currently delivering meals at a unit price below \$7.50 will receive an increase in their grant funding.
4. Those providers funded at below \$7.50 per meal in their funding agreements, but who deliver meals at a rate of \$7.50 or more in practice (i.e. spend their funds but deliver fewer meals), will not receive additional funds, but will have the outputs in their grant agreements adjusted to reflect actual meals delivered.
5. 136 meals providers should receive an increase in funding; 86 will have reduced outputs negotiated; 29 will experience both a reduction in outputs and an increase in funding; and around 320 providers will not be impacted, as they receive more than \$7.50 per meal.
6. This increase is expected to be welcomed by Meals on Wheels Australia, although they are likely to complain that it is not enough (they are seeking \$12 per meal).
7. As part of the extension of CHSP from July 2022, work is being undertaken to make pricing nationally consistent within CHSP sub-programs. Undertaking a price increase for meals now is a first step in this process. Nationally consistent pricing for sub-programs of CHSP will assist with the transition to a new funding model as part of a Support at Home program in July 2023.

Background:

Meals are delivered under CHSP to ensure food security for older Australians, along with social benefits. The policy intent of meals funding is to facilitate the preparation and delivery of meals without paying for the food component.

Meals providers collect a higher proportion of contributions from clients than any other service type. This represents a longstanding position that all consumers should pay for ingredients, noting that even for those on a full pension, the aged pension is set at a level to allow individuals to pay for food. The proportion of clients making a client contribution for meals was 78% in 2018–19. These clients paid an average of \$468 in 2018–19 for an average of 77 meals during the year (or around \$6 per meal) according to our Deloitte data study.

The current minimum unit price for meals under CHSP (i.e. grant funding per meal) is \$4.90. Approximately 37 per cent of all CHSP providers have a funded meals unit price of between \$4.50 and \$5.50 per meal and the average funded unit price is \$7.60 per meal (2021–22 figures). Stakeholders have advised that funding is too low in many circumstances to meet costs of delivery and that some are withdrawing meal service provision from their communities which could lead to gaps in service delivery and direct impacts on client care (Attachments A and B).

Stakeholders have advised that rising costs of food production, transportation, compliance and increased specialisation and diversification in menu choices are being felt across Australia.

In 2020, the Australian Meals on Wheels Association (AMOWA) made a submission to the Department calling for increased funding for CHSP Meals providers to \$12 per meal, to match the average amount they receive through Home Care Packages (HCPs). AMOWA also met with Minister Colbeck in March 2020 to discuss the proposal.

HCP Providers can source meals for clients through Meals on Wheels Providers, or other meals providers, or deliver the meals themselves where the client chooses to include meals in the services they access through their package. Meals on Wheels has indicated that on average Home Care Packages are billed \$12 per meal plus a client contribution for ingredients. However, rates vary significantly. For example, Tweed Heads Meals on Wheels offers large delivered meals to Home Care Package clients at a cost of \$4 to the client and \$3 to the package. An alternative meals service, Lite n' Easy, partners with most Home Care Package providers to offer clients frozen meals delivered in batches for \$7.50 per meal billed to the HCP plus a \$3.25 client contribution.

The Department has reviewed data compiled by Deloitte Access Economics on efficient meal pricing options. Deloitte estimated a reasonable price range for delivered meals (including government grant funding and consumer contributions combined) is between \$6.20 and \$11.50 per meal. A minimum grant unit price of \$7.50 with a \$5 client contribution gives providers a minimum of \$12.50 per meal, which is around the upper end of this estimate.

The \$7 million cost of this proposal is affordable from within 2021-22 CHSP growth funds. A grant round is currently underway covering two years of CHSP growth (2020-21 and 2021-22). However, there remains \$7 million available under the CHSP appropriation that will be unallocated in 2021-22 through the round to cover this measure.

The proposed price increase will see significant funding boosts to providers such as Meals on Wheel SA, which is expected to receive an additional \$2 million+ per annum to continue to deliver over 850,000 meals a year (currently funded at \$5 per meal).

The impact on a provider's unit price/funding and outputs will be determined using one of the methods below¹:

Funded outputs would be unchanged and funding would increase where the provider fully delivered (or over-delivered) meals outputs and is funded less than \$7.50 per meal. Funding would increase to the 2020-21 funding outputs multiplied by \$7.50 (new unit price).

Funded outputs are reduced and funding is either unchanged or increases where the provider under-delivered and had a funded meals price less than \$7.50. Outputs would be reduced (to the actual amount delivered) to increase the provider's funded unit price to \$7.50 per meal. If output reduction does not lift the funded unit price to \$7.50, funding is then increased to reach the funded unit price.

Funded outputs and funding remain unchanged where Meals providers are currently funded at \$7.50 or higher.

¹ The reference period used for calculations 2018-19 and 2019-20 to account for service disruption by the COVID-19 pandemic.

CHSP meals data

In 2021-22 there are 571 service providers funded \$87 million to deliver 11,480,050 meals across Australia. The data in table 1 shows wide variation between states and territories in average unit price. Figure 1 illustrates the distribution in prices per meal with the concentration in the \$5-\$15 range, noting that large outliers are likely to be servicing rural and remote areas.

Table 1: Distribution of CHSP meals funding by state and territory in 2021-22

State or territory	Funding 2021-22	Funded outputs	Average funded unit price
ACT	\$722,795	97,942	\$7.38
NSW	\$36,672,270	3,952,950	\$9.28
NT	\$5,567,548	383,357	\$14.52
QLD	\$14,748,000	2,446,808	\$6.03
SA	\$8,857,916	1,265,476	\$7.08
TAS	\$2,750,227	237,702	\$11.57
VIC	\$14,024,460	2,571,545	\$5.45
WA	\$3,784,751	524,270	\$7.22
Australia	\$87,227,969	11,480,050	\$7.60

Average Provider Funded Unit Price by location



Figure 1: Distribution of funded unit price and outliers in 2021-22: box plot showing minimum, maximum, interquartile range, and median by state.

History of funding for meals under CHSP

The 2020 proposals and correspondence received follows many years of AMOWA seeking additional funds for meals and come after significant additional investment into meals services for the CHSP:

- In 2017, an additional \$8 million in CHSP funding was provided to all meals service providers to address historical differences in funding and ensure minimum unit prices for meals nationally.

- In 2018-19, CHSP meal providers in South Australia were provided an additional \$1.075 million to further align funding levels with other meals providers across Australia.
- In 2018-19, MoW service providers received over \$1.4 million in growth funding to expand the delivery of meal services.
- In 2019-20, MoW service providers received over \$160,000 in growth funding to expand the delivery of meal services.
- On 20 March 2020 \$50 million was made available to support CHSP meals services to support senior Australians through the COVID-19 crisis. All CHSP meal providers were offered funding to meet COVID-19 related costs, such as replacing volunteers, and expanding services for existing and new clients.

s 22

Sensitivities:

AWOMA is seeking a price of \$10-12 price and they may feel \$7.50 is too low in comparison with funding in HCP and the NDIS. AWOMA will likely respond with a proposal for a higher meal price.

Consultations:

AWOMA has met with the Department to discuss prices. AWOMA has not yet been informed of the proposal for the price increase to be \$7.50 a meal.

Communication/Media Activities:

More funding for meals is a positive story and could be accompanied by a media release if the office would like one.

Impact on Rural and Regional Australians:

Costs of delivering meals in rural and regional Australia are higher than in metropolitan regions. Raising the price of meals to \$7.50 ensures financial viability of meals providers and greater service provision for these areas.

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s 22

From: HERALD, Russell
Sent: Tuesday, 22 June 2021 6:50 PM
To: HARTLAND, Nicholas
Cc: s 22; s 22
Subject: AMOWA [SEC=OFFICIAL:Sensitive]

Nick,

AMOWA was broadly OK today.

General outcome is that we probably need to a bit more work to explain the recent decision on the \$7.50. Need to drive home that this is safety net and not necessarily the new price that will be included in agreements moving forward. s 22 will work through what that might look like

The main issue about payment in arrears was more about liquidity support for smaller operators, and so there may still be scope to keep them in the process given we addressed the notion of some targeted support. The pushback in their advocacy on this was about a large number of operators subject to operating deficits and low liquidity.

They seemed broadly ok with considering the future world re a more consistent/concentrated range of unit prices in agreements, and looking at options that might better align their services between meals and social support. So might be ok for now in the engagement with the stakeholder working group.

I did raise the issue of inefficiencies in business models – particularly admin funding overheads, as well as our intel that some MoW providers do not provide the social support as suggested, or sub-contract lite n easy. We committed to work with them to consider potential proposals to fund business improvement investments that would drive structural improvements in the cost of their delivery model (on the basis that providers are running with cashflow challenges, and that in the long run the global meals price is driven lower). This would essentially be about shared services between a number of their 600 providers (payroll etc).

What that has left us with is managing the next 12 months – the threat is still there that services will fall over soon without more relief and 'at election time'. The main concern seem to be NSW and Tasmania (they were keen to point out the Minister's electorate)

We have asked them to ignore the unit prices for now, and focus on what viability looks like in order to ensure service continuity for 21-22. Essentially something that is not a structural change or leads the outcome of the pricing work, but a 'bridge'. They will also work on that advice – but the ambit claim is \$20m. The big issue is that I think they are playing not just at viability, but also business expansion, so we need to be careful.

The budget is tight, so not sure how much we can move without additional funding from budget, but the above puts it back in their court and keeps the process moving for now. When I spoke to the MO this morning, their advice was that they would be open to a small budget bid if necessary to avoid material issues emerging in this space (not that this is the plan).

Rusty

Russell Herald
A/g Assistant Secretary

Home Support Operations Branch
 Home and Residential Division | Ageing and Aged Care Group
 Australian Government Department of Health

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s 22

From: HERALD, Russell
Sent: Friday, 23 July 2021 3:14 PM
To: s47F
Subject: FW: Follow up from yesterday [SEC=OFFICIAL]

s47F – as discussed
 Rusty

From: HERALD, Russell
Sent: Wednesday, 23 June 2021 4:57 PM
To: s47F
Cc: s47F; s 22 @health.gov.au>; s 22 @health.gov.au>; s 22 @health.gov.au>; s47F
Subject: RE: Follow up from yesterday [SEC=OFFICIAL]

My apologies s47F – I'm terrible with names and went off the meeting invite!
 Cheers
 Russell

From: s47F
Sent: Wednesday, 23 June 2021 4:48 PM
To: HERALD, Russell <Russell.Herald@health.gov.au>
Cc: s47F; s 22 @health.gov.au>; s 22 @health.gov.au>; s47F
Subject: Re: Follow up from yesterday [SEC=OFFICIAL]

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Hi Russell,

Thank you for your follow up email.

It was actually the President MoWA, s47F with me yesterday. s47F is also the CEO, Meals on Wheels SA

Cc'd, so you have her email address.

Regards
 s47F

Executive Director
 Meals on Wheels Australia
 m: s47F
 e: s47F
 w: mealsonwheels.org.au

On 23 Jun 2021, at 12:22 pm, HERALD, Russell <Russell.Herald@health.gov.au> wrote:

Hi s47F and s47F

Following on from our discussions yesterday, s 22 will reach out and work with you around the messaging on the \$7.50 change – particularly to enforce that this is a safety net and not an indicator of the future state funding amount.

I understand the invite for the CHSP extension working group has now been extended to Kylie. This process will look at the longer term issues around the future price bands for meals, the method for payment in arrears, appropriate transition support to move to payment in arrear and other particulars involved in the future of CHSP from 1 July 2022/transitioning to the new single care at home program.

As discussed, we recognise that this longer term work does not address the immediate issues outlined by AMOWA in relation to the current financial viability of MoW outlets. As such, we would like to explore what might be involved in supporting service continuation in front of future reforms – particularly what a financial bridge for the 2021-22 financial year might look like.

To support consideration of these issues, the pieces that we would like to explore are:

- Opportunities for business transformation to support increased administrative efficiencies (e.g. shared services between outlets)
- Interim cashflow needs for providers to remain solvent, based on a consumer contribution per meal in the order of \$7.50 to \$8 per meal (as a benchmarking range).
 - For clarity, this is not intended to support business expansion/the delivery of additional meals, but rather considering the viability of current service offerings only. Additional meals provision is considered separately in the context of usual CHSP growth rounds.
- An understanding of the financial costs of outlets re: the split between actual provision and delivery of meals and the additional social support costs. This will support consideration of improved administrative arrangements in funding MoW services.
- Clarification of the business model across the outlets, noting feedback we have around:
 - MoW providers using options such as lite-n-easy;
 - MoW providers dropping meals at the door and not delivering social support; and
 - MoW providers not delivering variety in meals – that is basically the same meal every day of week (apologies didn't mention this one yesterday)

Otherwise, happy to discuss,

Cheers
Rusty

Russell Herald
A/g Assistant Secretary

<image001.png>

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Home and Residential Division | Ageing and Aged Care Group
Australian Government Department of Health
(W) s 22 (M) s 22

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From: s 22
Sent: Tuesday, 14 September 2021 3:44 PM
To: s 22
Cc: s 22
Subject: FW: Response by President of NSW Meals on Wheels to Ministerial letter to Meals on Wheels services in NSW around funding [SEC=OFFICIAL]
Attachments: letter Meals on Wheels-13092021140828.pdf; QLD_-NSW_-ACT-HCP_Price-List_May-2021.pdf

Hi Rusty

Interesting letter – no doubt it will come to us to prepare the reply. MoW NSW providers are funded at around the \$8 per unit price, then \$8 client contribution on average is \$16 per meal – and saying that with the volunteers it would be a 300% increase in costs so \$24 per unit price plus the \$8 contribution is \$32 per meal – do you think they have stopped to look at that, and then look across the rest of the community at whether that is a realistic funding for a meal – you can get very healthy options from for example lite and easy – pricelist attached. The whole idea of going to one program must be terrifying for them, they simply do not have a sustainable model.

Last time we spoke to Chris he was reasonable, haven't spoken to Les.

Cheers

s 22

Director
 CHSP Program Management
 Home Support Operations Branch
 P | s 22

From: s47F
Sent: Tuesday, 14 September 2021 3:29 PM
To: HERALD, Russell <Russell.Herald@health.gov.au>, s 22 @health.gov.au
Subject: FW: Response by President of NSW Meals on Wheels to Ministerial letter to Meals on Wheels services in NSW around funding

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Hi Russell and s 22

I was made aware of this letter being sent by the NSW Meals on Wheels outlet – we had no knowledge of it nor did s47F and s47F

Apologies in advance – but as you know we are working with s47F and s47F to address some of these issues.

Les felt the need to respond as he says he is concerned the department doesn't understand the program they administer and I think at the right time maybe we could organise for a meeting between Les and your team to address these issues oppose to sending unnecessary letters like this one.

Would you be agreeable to that? I am trying to find ways for MOWA to engage in a more productive way then firing off letters and emails to the Minister.

Thanks

s47F

Senior Consultant



Level 34, 259 George Street, Sydney NSW 2000

T s47F M s47F

E s47F www.apa.net.au

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Connect with me on [LinkedIn](#)

From: s 47F

Sent: Monday, 13 September 2021 4:56 PM

To: s 47F

Subject: Fwd: Response by President of NSW Meals on Wheels to Ministerial letter to Meals on Wheels services in NSW around funding

Hi s 47F

FYI

Kind regards

s 47F

Executive Director
Meals on Wheels Australia

m: s 47F

e: s 47F

w: mealsonwheels.org.au

Begin forwarded message:

From: s 47F

Subject: Response by President of NSW Meals on Wheels to Ministerial letter to Meals on Wheels services in NSW around funding

Date: 13 September 2021 at 3:25:43 pm ACST

To: "senator.colbeck@aph.gov.au" <senator.colbeck@aph.gov.au>

Cc: s 47F, s 47F, s 47F, s 47F

s 47F

s 47F

s 47F

s 47F

s 47F

s 47F

s 47F

s 47F

s 47F

Hi,

Attached is a letter from our President s 47F that addresses matters raised in the letters that the Minister sent to Parliamentarians that raised concerns with him around funding for services in NSW.

s 47F

CEO

Meals on Wheels NSW Ltd
Suite 0.2 ,15 Bourke Rd
MASCOT NSW 2020
Office Hours: 8:00 am – 4:30 pm

Phone s 47F**Fax** s 47F**Email:** s 47F**Website:** www.nswmealsonwheels.org.au**Find us on Social Media:**

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<https://twitter.com/MOWNSW>



<http://www.youtube.com/user/MOWNSW>



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s22

From: s 47F
Sent: Wednesday, 22 September 2021 11:00 AM
To: HERALD, Russell
Cc: s22
Subject: RE: Follow up from yesterday [SEC=OFFICIAL] - MOWA response to questions from the DoH
Attachments: 22092021 - DOH request for information - Response from MOWA.docx
Importance: High

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Hi Rusty

Thanks for your time yesterday – its clear between the three of us we all share the share concerns about MOWA. Please find attached a copy of the document which LG and I referred to yesterday which has now been cleared by the MOWA Board to send on.

I believe this document will address a number of your concerns and questions below.

It would be good to chat once you have had a chance to analysis this

Many thanks

s 47F

Senior Consultant



australianpublicaffairs

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Ts 47F Ms 47F

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s 22

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Support at Home Alliance Feedback on Department of Health Support at Home Overview Paper

SUMMARY OF ISSUES

Method

- ❖ Fragmentary approach to consultation on the new Support at Home program (introduces risk of untested assumptions)
- ❖ Unrealistic timeframe for model consultation, development and implementation preparatory lead times

Model

- ❖ Reliance on assessment/assessors in the model (introduces risk and limits flexibility)
- ❖ Lack of nuance in service types means involvement in other outcomes is missed (eg. transport under Social connections)
- ❖ Narrow focus re physical function in model - social, psychological, cultural, mental health also critical
- ❖ Concern re commoditisation of 'Care management' (eg. case management)
- ❖ Appears to be limited support for thin markets (eg. how will role of Council's be accommodated)
- ❖ Sustainability of sector (smaller services will struggle with fee and payment structures)

Limitations

- ❖ Lack of acknowledgement of specialist sectors (eg. CALD, homeless)
- ❖ Lack of reference to SSDs to assist with reform
- ❖ Unclear how geographical and local context will be harnessed

Strengths

- ❖ Opportunity that if the model works well in practice, it will enable the general community's preference for older people to age at home
- ❖ Flexibility that comes from being able to provide additional services to clients as well as respond to time-limited and minor changes to client's Individual support plan
- ❖ Proportionate regulation will help reduce the burden of compliance

ISSUES/CONCERNS WITH OVERVIEW PAPER

- **Department's consultation method:**

- Timeline for such significant reform is unrealistic. The sector has not been prepared, clients have not been informed, appropriate monitoring tools are not in place, service lists are not developed, cultural and seniors specific marketing and communication have not been disseminated ...the seniors who are most in need, often do not adequate English language proficiency and have multiple access issues will be lost amongst the new model.
- SSDs possess local knowledge and expertise, and it appears from the Overview that they have not been considered to help implement this system. They are an important tool for government and need to be better utilised.

- **'Rationale' for Support at Home:**

- Assumption that if the Department focuses on ACRC recommendations 35 and 118, then its responses to all of the other recommendations government accepted will naturally follow and/or have been incorporated into the design. These linkages need to be much more clearly aligned. (eg. ignores RC Recommendations 33 and 117 (which government accepted) re no mention of centre-based meals, or of the wellbeing monitoring and social support aspect of MOW)
- The paper highlights a couple of deficiencies in the existing programs, but doesn't say whether there is an intent to bring the positives from the existing programs into the new one.

- **Funding model:**

- Fee for service and payment on delivery could work for variable component of a case-mix approach (Support at Home Alliance proposed funding model)
- an AN-ACC style model (Support at Home Alliance proposed funding model) would apply a loading for remoteness which would eliminate the need for a viability grant in MMM6-7 and perhaps more efficiently address thin markets

- **Price schedule and subsidies:**

- Will providers determine the amount of consumer contribution or will this be done as part of the government price setting and/or assessment process?

- **Early intervention and risk reduction:**

- It is important that the reform and subsequent documents explicitly recognize that care services should not only be scoped and framed as reactive or restorative, but proactive and reducing the risk of early, further decline. This is not the same as the reference to 'delaying functional decline' on p3. Services that contribute to falls prevention on maintaining health, if accessed early, prevent or delay the need for more intensive services.

- **Assessment, classification and care planning:**

- "low level needs" definition of 1 – 2 service types is too low, when compared to current typical CHSP usage and current HCP Level 1
- To what extent can vital health-supporting services be implemented while awaiting assessment and classification? CHSP currently permits time-limited services for specified service types while the assessment and service planning process takes place.
- does the tool determine services, and the service type mix determines classification, or vice versa? It isn't clear how the classification informs the service mix/entitlement.
- How accurately can the initial assessment predict the amount of time a service would take (eg 2 hours per week)?
- the paper does not clarify whether consumers will have access to independent advocacy/care finders or navigators throughout their journey from assessment through to service delivery and review
- references to eating should not be confined to swallowing and there needs to be a nutrition screen embedded in the assessment tool that triggers referral to dietitian where the result indicates malnutrition or at risk of malnutrition.
- Individualised Assessment Outcomes relies on assessors knowing nature of service they are referring; risk of referring the wrong type of service
- Confusion about role of care navigators
- Proposing that a team of Assessors/or a single assessor determines the tailored mix of services to cater for what the person needs is unrealistic. It does not consider the complexities of culture language and the access and communication barriers experienced by CALD or indigenous seniors.... Current practice shows that there are several assessment gaps identified and recommendations made for CALD seniors which have resulted in a re-review due to incorrect service matches requiring intervention.

- Who are these new assessors? What training will they be provided with? How will they work with those with CALD expertise to address cultural or language barriers? And more importantlyWhat complaints mechanisms or risk assessments will be in place to capture ineffective assessments or challenges?
- Integrated Assessment Tool – query extent to which CALD seniors were included in the research, and level of consultation for fine tuning the tool
- CALD seniors often require advocates or supports to assist them when engaging with assessors. This overview does not address Who will be engaged to help CALD seniors? Is there any consideration to having navigators? Advisors or other CALD appropriate interventions?
- **Limited focus re physical frailty:**
 - The example put forward in the proposed framework example focuses on levels of physical function that assesses physical frailty. This is an extremely limited approach as we believe the social, psychological, cultural, mental health needs are critical components of a senior's wellbeing and these are not considered in this example.
 - The example classification framework overlooks that some consumers have cognitive issues only, or mixed with minor or moderate reduction in physical function that significantly impacts their ability to live independently
- **Concept of self-managed care:**
 - Both the concept and implementation of self-managed care are very complex and challenging, and this has become evident in the disability sector. We can only anticipate that this means the CALD seniors will also find this concept and implementation of self care management incredibly challenging.
- **Importance of local context:**
 - Geographical providers current effectiveness is influenced by local knowledge and local connections.. a grant or tender process which allows large organisations outside the area to compete with localised / cluster markets will not necessarily deliver appropriate services or supports to meet cluster, cohort and geographical barriers. There will need to be transparency in the follow up or support on offer to ensure the winning tender is appropriate or effective.
- **Rural, regional and remote:**
 - The proposed assessment tool does not assess remoteness and or isolation from everyday services nor does it address the need for rural remote providers to deliver centre based day care and not in home care due to poor living conditions or homelessness.

- Concerned that the modelling is based on a metro model which has been evidenced by the proposed funding agreements that have come through for CHSP 2022-2023 where a rural adjustor added this is not evidenced in the proposed agreement when compared with the national pricing. It is critical that RRR pricing issues are adequately included in funding model and pricing or services will be disadvantaged. The current overview paper does not give confidence of an efficient approach to RRR needs. Eg:
 - The need for providers to travel >350 kilometres a day to get clients from community to Day Centre and back
 - The need for providers delivering services in climates of >40 degrees and travelling on dirt roads to collect clients for the day centre to have appropriate vehicles for workplace health and safety but no ability to acquit these specialised vehicles against funding.
- **Classification model:**
 - Lack of nuance of service types means outcomes are missed (for example, transport in social connections, misses the contribution to range of wellbeing and health outcomes and centre Based meals and 'Meals' should also be included in the Social Connections service category and the Reablement and restorative care categories)
 - Classification model still reminiscent of home care package levels (forcing into a class)
 - The categories need work but the service types seem ok, noting they need to be refined. For example, meal services are not only provided at home, group social activities are often inclusive of a meal, and transport is not only about accessing social activities. Nurses would probably prefer to be in the health and specialized support category and not personal care.
 - Where does palliative care fit?
 - Where does reablement fit? Especially where the reablement package spans multiple service types.
 - We welcome the opportunity to discuss more granular service types, especially in the meals and meal preparation space to recognize that many meals are delivered in congregate settings and there is a difference in meals dropped off at a home in bulk compared to an integrated meal service with social engagement and wellbeing check.
 - If providers choose to offer unsubsidized services that aren't on the list, will those services be external to the aged care system and thus exempt from regulatory oversight?

- What happens if a service currently offered through an HCP doesn't make the final list. Can it continue as a subsidized service until that consumer's needs change or they exit the service system?
- **Sustainability of sector:**
 - need an approved provider model that sees not for profit CHSP providers competing with for profit providers
 - thin markets discussion needs to include the role of councils who are meeting local needs
 - move towards 100% activity based funding will see smaller services struggle
- **Care Management:**
 - not clear whether recommended by assessor or opt in but should be available to all
 - the department's consultation should also seek to define the indicators for care management and the mechanisms for consumers to opt in or out
 - concern regarding the commoditisation of the care management component of the plan (Item 5 in the service list). Care management should be a provider based services and potentially funded differently to the other items on the service list as the concept of relationship management is what sets providers apart in regards to quality of service. Under the new model this would not be achievable from what we can see. The Support at Home Alliance fixed and variable proposed model could potentially address this in the fixed component. [Refer Appendix A re Care Management model]
- **Specialist services:**
 - No discussion re specialist services like homeless, CALD
- **Access to GEAT:**
 - This section overlooks another important reason for supply of GEAT, which is to address WHS risks for the service provider (and consumer) and/or where GEAT can reduce the time required to deliver the service.
- **Approved providers and continuity of supply:**
 - Department's intent re new entrants to the market is unclear
 - Would appreciate greater understanding of the intended transition for existing service providers, especially CHSP-only who are not currently Approved Providers under the Act. There is amending legislation before Parliament which would mean new applicants for approved provider status would have to pay an

application fee and this may be unjust for CHSP providers transitioning to Support at Home.

- **Carers:**
 - The reference to carers comes late in the document. While the primary support mechanism is the Gateway, a simple statement early in the document recognizing the presence of an informal carer as a significant asset in the life of an older person would be appreciated.
- **Aboriginal and Torres Strait Islander care:**
 - Does this initiative mean that no other providers need to invest in training etc to ensure culture-informed service delivery?

AREAS OF MERIT BUT NEEDING IMPROVEMENT/CAREFUL CONSIDERATION

- Risk proportionate regulation good in principle but depends on competence of application
- Self management where clients are confident to take this option up is useful, but it does not necessarily apply to the majority of seniors or carers.
- Self-Management is a positive option for older Australians – hope it won't be overly complicated by assessment – especially for low level need.
- We must stress that we need to consider future aged care and not just existing cohorts. Eg the existing and the new arrivals and refugees of the near future who will be ageing in our communities.
- The pay point is innovative – concern is that it not remove any real chance for re-negotiation or review of service provision subsidy/support especially as this program begins.
- Integrated Assessment tool- good idea but depends on care in design and application. Should continue to be done by expert assessors in the ACAT teams not outsourced such as in NDIS with incentive to exclude.
- Ability for consumers to choose more than one provider is good, but the system needs to ensure consumers are supported to use this right
- Integrated and wholly independent assessment services, provided that they are well-skilled and intimately familiar with the range of service solutions available in the location

- Specific recognition of a ring-fenced funding for care management is a welcome improvement, especially if this important cost is removed from the 'administration charge' referenced in HCP invoices

LIKELIHOOD OF IMPROVING OUTCOMES FOR OLDER PEOPLE

- Socially and economically disadvantaged people will not be serviced. Risk is transferred to providers and they will not be able to operate a commercially viable service if it is not Group based.
- Many seniors, disadvantaged, have multiple language, cultural, social, psychological, conceptual challenges. The system has not discussed how these will be responded to or dealt with.
- The individualised service approach is certain to benefit older Australians, but it should not be impeded by the need for lengthy waits for reassessments and other issues in service provision which are brought about by a fixed classification system.
- Does the move towards service types and time rationing serve the older person?
- Consumer empowerment:
 - Genuine and appropriate support to enable consumers to identify all of their needs, make choices about how they would like those needs met, and not be captured by aggressively marketing providers who 'sell' the consumer on their service range to the exclusion of other options
 - It is not clear how the program design would enable consumers to have a greater choice between providers than they do currently – presumably there need to be ways to incentivise duplicate providers of the various service types in a location, in ways other than everyone sub-contracting the existing provider and re-badging the service.
- Set care plan:
 - If the care plan does not have enough flexibility to make small adjustments consumers are likely to be subject to repeated, frequent reassessments
 - If the process follows an NDIS model, consumers may need help to ensure that all of their needs are identified at the time of assessment, UNLESS the care plan can be rapidly revised if errors have been made. If Charlie Brown's plan says one meal per fortnight but they need 3 meals per week, can this be easily rectified?

- Responsiveness:
 - It is not clear that the proposed system will respond rapidly to urgent new needs or fluctuating consumer needs (eg a hospitalization, carer illness, consumer illness, recovery)
 - The flexibility within service plans and rapid availability of assessment and reassessment are critical elements and even if well-designed it will take time for all stakeholders to trust that the system is working
- Book and pay system:
 - Can see how this would be attractive for some highly functioning consumers and/or families happy to self-manage, however for consumers receiving multiple daily services from more than one provider the reports are likely to be lengthy and complex to read and the consumer may have multiple debits from their personal bank account every day for consumer contributions which would be confusing for many to keep track of
- Pricing and consumer contribution:
 - It is presumed that a single subsidy point for each final service type will eliminate the inequity in the system which sees consumer contributions vary markedly within and across jurisdictions
 - Consideration needs to be given to a fair and equitable mechanism for determining consumer contributions. Capping consumer contributions only works if the subsidy covers the balance of the service cost and the current lifetime caps and so forth need to be reconsidered in the context of multiple provider involvement"
- Assessment:
 - Assessment process again as the big barrier and the gatekeeper to good service and outcomes.
 - Will result in more Australians who are disenfranchised by an assessment system that is pervasive.

LIKELY COMPLEXITIES AND PRESSURE POINTS FOR PROVIDERS

- Point of delivery payment platform
- Navigating fluctuating income, while costs will remain substantially fixed
- CHSP will be allowed to increase frequency etc within a short-term period but it could be CAPPED per month. This concept of a locked-in service plan is un-responsive to client changing needs/circumstances.
- Appropriate assessment model is essential. This model assumes that seniors will be able to engage effectively with all assessors, able to negotiate and express their needs, and the assessor will have the expertise and will be able to effectively place the senior into the right service . (the past has shown us that what is theory and what is actual experience does not always work. We want greater clarity on what monitoring system or complaints system is set up should the seniors (eg CALD) seniors struggle, or not feel represented, or recommendations have not been appropriate?
- Where do navigators, advisory's or advocates & representatives sit in all of this?
- The assumed continuous cycle of assessment – it seems that assessment sits at the centre of this program and there is a risk that it becomes (again) a point of constriction.
- Although Service list already exists, it will require time to reclassify services under the new categories in time and alongside new grant arrangements etc. MAC also provides list of services and in many cases the list has been incorrect due to the way in which registrations were managed. Processes need to be in place to ensure currency of this Service.
- Unlocking CHSP grant funds would also have this effect, but the mechanism isn't right (see below re complexities)
- Proposed funding mechanism (fee-for-service, paid on delivery):
 - does not address the Alliance's identified need for a casemix model that provides payments for fixed costs
 - fee-for-service is acceptable for the agreed variable cost component, including consumer contribution to the cost of the food
 - unclear whether use of the payment platform is obligatory – if a service submits data weekly for a consumer receiving 4 services per week and is happy to be paid the next week, is that ok?

- Working with the set service plan:
 - Ability to flex service intensity up and down is important (this could be more easily achieved and work better for consumers if the plan allowed for a certain level of each approved service type per month). Meal services are particularly flexible as consumers change the days of delivery, cancel services on the day and so forth.
 - If a person chooses a meal service provider, who identifies a need for social support, and there is no social support in the service plan, will a reassessment be required? If social support is in the service plan, and the meal service provider is approved to deliver social support, can that simply be implemented?
 - Recommend providers be enabled to manage the fluctuations at consumer level eg by rescheduling or banking services unused due to hospitalisation, planned respite by making this a number of weeks or a percentage of the annual allowance.
- Care management:
 - All service provision requires an element of care management – the Quality Standards require services to provide follow up for unmet needs. The role of the care manager and the role of service providers needs to be carefully mapped and the Quality Standards revised accordingly.
 - Service providers who are not care managers will need to regularly interact with care managers and this 'administrative overhead' or indirect care cost needs to be incorporated into the price setting process "

POSSIBLE STRENGTHS

- "The recognition that if 'done' well' a new support at home program might mean that older Australians might not need to move to residential care.
- The recognition that not all assessments should be the same - is good. Not all older Australians should need an assessment and indeed should align with a client's goal, but some differentiation is better than nothing.
- An indigenous single assessment system that is designed and supported by the community it supports.
- Providers are able to provide additional services to clients - this would allow services to provide localised or specialist supports, and to derive an income outside of funding.

- Proportionate regulation will help reduce the burden of compliance for low level care services.
- Flexibility to respond to time-limited and minor changes to client's Individual support plan would be valuable.
- Positive that the ONLY services listed in the proposed Services List will be those offered through Approved Providers (eg. private companies like Lite N' Easy not on list)
- The intention of the reform to establish a seamless continuum of care that is responsive to changes in care needs over time is welcome.
- Integration into a single program is likely to create a simpler and more streamlined system
- Eliminating accrual of unspent funds is beneficial IF the funds are returned to/remain in the aged care system to enable more people to receive services. This may be the only mechanism that will address waiting lists.
- Proportionate assessment tool, adjusted for low level, less complex needs is a long-desired outcome
- Much greater ability for consumers to have continuity of service from their chosen provider/s as their needs/complexity increase
- Flexible funding to respond to the need for a short term uplift in care is welcome – the mechanism needs fine-tuning
- Focused GEAT program, avoiding the need for consumers to 'save up' allocated funds for larger purchases"

APPENDIX A – DISCUSSION PAPER

Aged Care Reform, In-home Support Program

Care Coordination: When should this be funded?

Principles

- Care and services must be reviewed regularly for effectiveness, and when circumstances change or when incidents impact, to meet the needs, goals or preferences of the consumer.
- In the instances outlined below the Consumer is at risk without care coordination. Further, circumstances/situations which are not adequately managed place additional stress on Carers who may no longer be able to provide care in the community resulting in admission to hospital or a residential facility.
- Care coordination should be funded as a separate service type adjacent to direct care delivery services
- For some Consumers, care coordination is required throughout their program (ongoing) and should be integrated as part of the service offering. *Care Coordination - ongoing* ensures there is resourcing to identify deterioration or change and implement an appropriate response.
- Other Consumers may require *Care Coordination - episodic* linked to an event/acute deterioration.
- Care Coordination should be undertaken by a person who is appropriately skilled / trained to be able to manage issues (such as deterioration or social issues). This management includes ability to identify the appropriate means to seek support (externally referrals/resources) and service continuity given due and required consideration to the issue.
- Consumers have a right to have a level of care whilst living in the community which does not place them at undue risk. Care Coordination for vulnerable Consumers ensures they do not fall between the cracks of discrete service provision.

Factors which indicate *Care Coordination - ongoing* should be funded

Social

Insecure housing: This includes inadequate living arrangements such as homelessness (or risk of) or where the environment is not suitable for care provision.

Social risk: Circumstances where the living arrangements challenge the ability to provide safe care due to the behaviour of others. This includes circumstances where there may be elder abuse, domestic violence and/or substance abuse.

Hoarding and squalor: Consumers who live in an environment which is subject to hoarding and squalor which has implications for the safety of care teams and the Consumer.

Mental

Cognitive: Where a Consumer has cognitive decline including memory issues or confusion there is a need for ongoing support. There is a need to manage challenging behaviours such as anxiety, agitation, wandering, sexualised behaviour for the safety of the Consumer and safe care provision.

Mental health: Consumers who have established mental illness and/or uncontrolled mental ill health require assistance to identify early decline, provide assistance with decision making and managing living independently.

Physical

Chronic condition management: Where a Consumer has a condition leading to deterioration greater than would be expected as part of the normal trajectory of aging (eg concurrent disability, medical condition) and require additional support to navigate and manage services. This category would include co-morbidities such that additional care navigation support is required.

Palliative: Consumers who are deemed palliative require additional consultation inclusive of support of family/carer linked to service management and delivery. There is further support required to liaise with/coordinate ancillary services.

System disadvantage

CALD/minority group advocacy: Where the Consumer has a language other than English or identifies as part of another minority group, additional support is required if the consumer does not have adequate support from family/others. This could include support with government agency interaction (eg Medicare, Carers Gateway) and broader advocacy.

Guardianship: Involvement of a third party in a Guardianship capacity requires additional consultation and a dedicated resource to ensure clear communications channels are maintained and requirements are acted upon.

Geographical challenges (remote consumers): For consumers who live in geographically remote locations there is a lack of primary health facilities readily available. Support to access health and other government services is required through alternate means which may not be available to the consumer (eg telephone or internet). This infrastructure and navigation support is a gap for the Consumer.

Factors which indicate Care Coordination - episodic should be funded

Hospital discharge: Coordination and liaison with hospital discharge teams is required to ensure adequate arrangements are made for safe transition back to community. Multidisciplinary meetings, engagement with General Practitioners and community-based health providers is required.

Acute event/deterioration (eg falls) – Following an acute event/deterioration there is a need for intensive support to manage ancillary services/change service delivery and/or other living arrangements.

How should Care Coordination be funded?

- The amount of Care Coordination provided at a given point in time will vary.
- Consumers' needs fluctuate and providers must have capacity to respond quickly and with adequate resourcing when required.
- This service type should be funded as a block rather than invoiced to Consumers on an pay-for-service arrangement.
- Providers would use time flexibility to meet change(s) in need
- Funding for an acute episode could be proportionate to the time allocated (weeks/months) for the Care Coordination to be provided

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 BY THE DEPARTMENT OF HEALTH AND AGED CARE

s 22

From: HARTLAND, Nicholas
Sent: Saturday, 23 April 2022 10:33 AM
To: s47F; MORGAN, Nick; s 22
Cc: s47F; s47F; s47F
Subject: RE: Lite n' Easy + Support at Home [SEC=UNOFFICIAL]

Thanks, very helpful

Nick

From: s 47F
Sent: Wednesday, 20 April 2022 4:04 PM
To: HARTLAND, Nicholas <Nick.HARTLAND@health.gov.au>; MORGAN, Nick <Nick.Morgan@health.gov.au>; s 22 @Health.gov.au>
Cc: s 47F; s 47F; s 47F
Subject: RE: Lite n' Easy + Support at Home

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi all, please see attached from our Dietitian team. Apologies for the delayed send as we had a couple of people away to complete the final checks.

Kind Regards, s 47F



s 47F
 Chief Executive Officer
 Mitchell's Quality Foods | Lite n' Easy | liteneasy.com.au
 Phone: s 47F | Fax: s 47F

From: s 47F
Sent: Wednesday, April 13, 2022 1:23 PM
To: Nick.HARTLAND@health.gov.au; Nick.Morgan@health.gov.au; s22 @Health.gov.au
Cc: s 47F; s 47F; s 47F
Subject: Lite n' Easy + Support at Home

Good afternoon Nick, Nick and s22

Thank you for your time yesterday. We appreciate being able to share our insights and our experience in being a major contributor of meals to senior Australians.

As discussed, please find attached:

- Presentation deck from 12/04/22 meeting
- Current HCP price list detailing the out of pocket cost to HCP recipients
 - I have highlighted the 7 day combo at \$2.57 per meal based on 14 “meals” – the My Choice dinner being considered one meal and the combination of the My Choice soup and dessert being another meal
- *We will forward the research piece from our Dietitians Team to you tomorrow*

We look forward to participating in and answering any queries you may have throughout the consultation phase to assist the Government with its objectives for the new Support at Home program, including feedback on the current payment platforms or other opportunities as they may arise.

Please feel free to contact me directly on s 47F at any time and we look forward to building a stronger relationship with you.

Link to HCP page - <https://www.liteneasy.com.au/home-care-packages/>

Link to My Choice page - <https://www.liteneasy.com.au/my-choice/>

Kind Regards, s 47F



s 47F

Chief Executive Officer

Mitchell's Quality Foods | Lite n' Easy | liteneasy.com.au

Phone: s 47F | Fax: s 47F

s 22

From: MORGAN, Nick
Sent: Friday, 1 April 2022 3:01 PM
To: HARTLAND, Nicholas; s 22; s 22
Cc: s 22; s 22; s 22
Subject: RE: Meeting Request - Lite n' Easy - Aged Care Reforms - Support at Home Program [SEC=UNOFFICIAL]

I'm keen to do this one given Meals on Wheels and the Dieticians peak have both told me that Lite'n Easy's meals are all designed for weight loss and inappropriate for older people, yet they have arrangements with a number HCP providers including Aus Unity – would be good to hear their perspective on that.

From: HARTLAND, Nicholas <Nick.HARTLAND@health.gov.au>
Sent: Friday, 1 April 2022 2:57 PM
To: MORGAN, Nick <Nick.Morgan@health.gov.au>; s 22 @health.gov.au;
 s 22 @health.gov.au
Cc: s 22 @health.gov.au; s 22 @Health.gov.au;
 s 22 @health.gov.au
Subject: RE: Meeting Request - Lite n' Easy - Aged Care Reforms - Support at Home Program [SEC=UNOFFICIAL]

Ok. Didn't realise she'd spammed us

Sent from [Workspace ONE Boxer](#)

On 1 April 2022 at 2:48:12 pm AEDT, MORGAN, Nick <Nick.Morgan@health.gov.au> wrote:

Nick – I spoke to s47F today and had asked s 22 to set something up. But happy to combine that with you.
 s 22 can you let s47F know we'll do it in one meeting with Nick H to be sorted out by s 22

Thanks
 Nick M

From: HARTLAND, Nicholas <Nick.HARTLAND@health.gov.au>
Sent: Friday, 1 April 2022 2:39 PM
To: s47F; s 22
 @health.gov.au
Cc: s47F; MORGAN, Nick <Nick.Morgan@health.gov.au>
Subject: RE: Meeting Request - Lite n' Easy - Aged Care Reforms - Support at Home Program [SEC=UNOFFICIAL]

Sure,

s 22 can you find a time for me and Nick M to talk to s47F

Nick

From: s47F
Sent: Friday, 1 April 2022 1:43 PM
To: HARTLAND, Nicholas <Nick.HARTLAND@health.gov.au>
Cc: s47F

Subject: Meeting Request - Lite n' Easy - Aged Care Reforms - Support at Home Program

Importance: High

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Good afternoon Nick,

I called this morning to have a brief discussion regarding Lite n' Easy. I am working as an advisor to Lite n' Easy. Unfortunately, your phone is diverted and being answered by the Drug and Alcohol team at the Department of Health.

Lite n' Easy are a key contributor in preparing and supplying meals to Customers receiving Home Care Packages. Several representatives of Lite n' Easy attended the Webinar held on 8 March 2022 and wondered if there was an opportunity to become engaged in the current reforms prior to its finalisation. They have registered via the engagement hub.

I wanted to ask you if there is an opportunity to meet via the phone or Microsoft TEAMS (or other online platform) to discuss the current Aged Care Reforms for the Support at Home Program.

If you are agreeable to a meeting, I would need to co-ordinate the meeting time and date with the representatives of Lite n' Easy.

I look forward to hearing from you.

Kind regards

s47F

Partner



p:s47F

e:s47F

Level 38, 345 Queen St Brisbane QLD 4000
GPO Box 1144 Brisbane QLD 4001



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[SEC=UNOFFICIAL]

s 22

From:

s 22

Sent:

Thursday, 30 June 2022 12:36 PM

To:

s47E(d); s 22; RICHARDSON, Rebecca; s 22

Cc:

s 22 LYE, Michael; MURPHY, Brendan; s 22
s 22 HERALD, Russell; HARTLAND, Nicholas; s47E(d)
s47E(d)

Subject:

RE: URGENT: MB22-001869 Viability of MoW following abolition of CHSP
[SEC=OFFICIAL]

Attachments:

MB22-001869 VIABILITY OF MEALS ON WHEELS FOLLOWING ABOLITION OF
CHSP_v2.docx

Importance:

High

Hi s 22 and s 22

As discussed, please use this version.

Thanks

s 22

a/g Executive Officer to Michael Lye
Deputy Secretary

Ageing and Aged Care Group | The Australian Government Department of Health

P | s 22 M | s 22 E | s 22 @health.gov.au W | www.health.gov.au

From:

s 22

Sent: Thursday, 30 June 2022 12:15 PM

To: s47E(d)

@Health.gov.au; s 22 @Health.gov.au;

RICHARDSON, Rebecca <Rebecca.Richardson@health.gov.au>; s 22

s 22 @health.gov.au; s 22 @Health.gov.au

Cc: s 22 @Health.gov.au; LYE, Michael <Michael.LYE@health.gov.au>; MURPHY, Brendan

<Brendan.Murphy@health.gov.au>; s 22 @health.gov.au; s 22

s 22 @health.gov.au; s 22 @health.gov.au; HERALD, Russell

<Russell.Herald@health.gov.au>; HARTLAND, Nicholas <Nick.HARTLAND@health.gov.au>; s47E(d)

s47E(d) @Health.gov.au; s47E(d)

s 22 @Health.gov.au

Subject: URGENT: MB22-001869 Viability of MoW following abolition of CHSP [SEC=OFFICIAL]

Importance: High

Hi s 22

Please see attached urgent brief on Viability of MoW following abolition of CHSP in relation to the attached media.

PDR will follow.

Thanks

s 22

a/g Executive Officer to Michael Lye

Deputy Secretary

Ageing and Aged Care Group | The Australian Government Department of Health

P | s 22 M | s 22 E | s 22 @health.gov.au W | www.health.gov.au

From: s47E(d) @Health.gov.au>

Sent: Thursday, 30 June 2022 9:27 AM

To: s47E(d) @health.gov.au>

Cc: s47E(d) @Health.gov.au>; s 22

s 22 @health.gov.au>

Subject: Urgent brief by COB today - CHSP [SEC=OFFICIAL]

Home and residential Division

Min brief (as per details below) **by COB today**

Thank you

s 22

From: s 22 @Health.gov.au>

Sent: Thursday, 30 June 2022 7:00 AM

To: RICHARDSON, Rebecca <Rebecca.Richardson@health.gov.au>; s 22

s 22 @health.gov.au>; s 22 @Health.gov.au>

Cc: s 22 @Health.gov.au>; s 22 @Health.gov.au>

Subject: Urgent brief - CHSP [SEC=OFFICIAL]

Morning all,

There's a piece in the clips today about Meals of Wheels becoming non viable due to the closure of CHSP. Min has requested a brief to her, cc Butler. I expect it's quite urgent given the news article.

Pls see below:

But the actual story concerning Min Butler today is the one about Meals on Wheels being at risk because of the abolition of the CHSP scheme. Could the Dept do us up a brief on this, please? Are there any other totemic institutions like MoW at risk?

With thanks,

s 22

Sent from [Workspace ONE Boxer](#)

[SEC=OFFICIAL]



29 JUN, 2022

Meals on Wheels fearing survival

Bankstown Canterbury Torch, Sydney

Page 1 of 1



□ Canterbury Meals on Wheels is concerned that proposed reforms will make their service unviable.

Meals on Wheels fearing survival

PROPOSED reforms to the aged care system are causing alarm among care at home providers, including Canterbury Meals on Wheels, who feel they will not be able to compete in a space dictated by bottom line returns.

"We are seeking to prevent the implementation by the Commonwealth Health Department of a new scheme for care in

the home that will put at great risk our continued existence," a Canterbury Meals on Wheels spokesperson said.

The scheme, instigated by the previous Coalition Government, seeks to turn the provision of support at home services by the not-for-profit sector, into a market for buying and selling a product.

Canterbury Meals on Wheels is a production

kitchen that delivers fresh meals daily to eligible older community members.

Through its volunteers and staff, elderly people in the community receive social contact, a wellness check as well as a fresh meal that meets their nutritional requirements.

"We have high fixed costs and the cash flow needed to keep our doors open under the proposed

change from preservice delivery program funding to funding in arrears, will make it extremely difficult to remain viable," the spokesperson said.

"We believe that the Government should call a halt to the development of the flawed model and start a serious consultative process with the sector to ensure the survival of the providers such as Meals on Wheels."

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s 22

From: HERALD, Russell
Sent: Monday, 18 July 2022 12:46 PM
To: s 22; s 22
Subject: RE: FOR ADVICE PLEASE - MC22-012032 - FW: Min Brief - HRD - Meals on Wheels [SEC=OFFICIAL]

For MoW – cross refer to the MIR on canterbury and then note the brief is a function of the work referenced. And then talk to the other people as relevant for the two other components

Letter on MoW just note that the project is ongoing and that keen to see the results of the future fit work, including options to collaborate with other meals providers – i.e. flat

Rusty

From: s 22 @health.gov.au>
Sent: Friday, 15 July 2022 4:20 PM
To: s 22 @health.gov.au>
Cc: s 22 @health.gov.au>
Subject: FOR ADVICE PLEASE - MC22-012032 - FW: Min Brief - HRD - Meals on Wheels [SEC=OFFICIAL]

Need your advice on this one please – noting we need to do a brief, assess the proposal and provide a M response. We also need to touch base with the MO prior to drafting.

From: s47E(d) @health.gov.au>
Sent: Friday, 8 July 2022 1:32 PM
To: s47E(d) @health.gov.au>
Subject: MC22-012032 - FW: Min Brief - HRD - Meals on Wheels [SEC=OFFICIAL]

MC22-012032

M response with background brief – clarified with MO (LM)

From: s47E(d) @health.gov.au>
Sent: Friday, 8 July 2022 10:32 AM
To: s47E(d) @health.gov.au>
Subject: FW: Min Brief - HRD - Meals on Wheels

Kind regards

s 22

Parliamentary Officer

MPS | People, Communication and Parliamentary Division | Corporate Operations Group
 Australian Government Department of Health and Aged Care

T: s 22

E: s 22 @health.gov.au

Location: Scarborough House s22
GPO Box 9848, Canberra ACT 2601, Australia



The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

From: s47E(d) @Health.gov.au>
Sent: Friday, 8 July 2022 10:27 AM
To: s47E(d) @health.gov.au>
Cc: s47E(d) Health.gov.au>
Subject: FW: Material expanding on Tuesday's discussion [SEC=OFFICIAL]

Good morning MPS,

Can we please get advice in a Min Brief and a M response on this corro with the line area in HRD to manage the relationship for meals on wheels.

Can the team assess the documents provided in two stages, first the merits of the issues raised around the current performance of MoW and second, as assessment of the proposal outlined in the lite and easy option.

Thank you and kind regards,

s 22

Department Liaison Officer

Office of the Hon Anika Wells MP
Minister for Aged Care and Sport
T: s 22 | E: s47E(d) @Health.gov.au

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

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s 22

From: HERALD, Russell
Sent: Thursday, 18 August 2022 10:03 AM
To: s 22
Subject: RE: Shepparton [SEC=OFFICIAL]

Is the highlight true? Doesn't sound right to me

From: s 47F <s 47F@apa.net.au>
Sent: Wednesday, 17 August 2022 2:46 PM
To: s 47F <s 47F@milesmorgan.com.au>; HERALD, Russell <Russell.Herald@health.gov.au>
Subject: RE: Shepparton

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Very disappointing in light of the fact that there was a real opportunity for VIC and MOWA to have stepped up.....

s47F

Director



Level 34, 259 George Street, Sydney NSW 2000

T s47F **M** s47F

E s47F **W** www.apa.net.au

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s 47G



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ON 10/11/2011



Australian Government

Department of Health and Aged Care

Information Brief

MB22-002714

Version (1)

Date sent to MO: 1/09/2022

To: Minister Butler

Subject: INFORMATION BRIEF - COMMUNITY FOOD ARRANGEMENTS

Comments:			
Contact Officer:	Russell Herald	Assistant Secretary, Home Support Operations Branch	s 22
Clearance Officer:	Nick Hartland	First Assistant Secretary, Home and Residential Division	s 22

Key Issues:

Meals on Wheels operating environment

1. In 2021-22, over \$99 million was made available to 577 meals providers under the Commonwealth Home Support Programme (CHSP) are contracted to deliver around 11.0 million meals to eligible clients. Of these, around 206 are contracted under the Meals on Wheels network (as formally represented by Meals on Wheels Australia), covering around 5.5 million meals to 84,000 clients.
2. Meals on Wheels providers have raised concerns about the cost of providing meals and the ongoing viability of their services. A recent financial stocktake undertaken for the department indicates that around one quarter of Meals on Wheels providers (58 of 206) are in a financial risk position rated medium or high.
3. The delivered meals system under CHSP is under pressure from the private sector, with the cost of ready to eat meals in supermarkets now broadly equivalent, or cheaper, than the cost to a consumer of a Meals on Wheels service.
4. Under the CHSP fees model, consumers can pay around \$8-10 per meal (but varies significantly), while the Australian Government pays a base price between \$7.50 and \$13.00 per meal. Meal providers have also advised that rising costs of food production, transportation, compliance and increased specialisation and diversification in menu choices are being felt across Australia. This further opens the door for larger scale providers of ready to eat meals, such as Lite n' Easy, to provide comparably cheaper options to CHSP clients.

Lite n' Easy have developed a range of meals that are specifically targeted to the nutritional needs of older Australians.

5. Viability risks disproportionately impact NSW outlets and outlets in metropolitan regions (MMM1). Comparatively, NSW has a higher proportion of paid staff over volunteers and a lower proportion of dedicated kitchens.

6. Funding levels for 'delivered meals' will be addressed in the development of future pricing models under the Support at Home program. However, funding levels are only one aspect of the viability issues facing Meals on Wheels. Legacy and immature business models also need to be addressed.

7. In addition, discussions to date on the funding model for Support at Home have included a proposal that delivered meals be funded on a fee for service type model. Meals on Wheels are concerned about this approach, and would prefer funding models that provide a greater degree of certainty for Meals on Wheels providers. This concession may be reasonable, but without a re-focusing of the value proposition of Meals on Wheels, it might not assist in the longer term. As the in-home care system focuses on more integrated service offers to people with higher support needs (the major area of unmet demand), the system will reward providers who offer services across a range of service types. Unless the service offer of Meals on Wheels is reviewed, even higher prices and the continuation of grant funding may not provide them with longer term security.

Social Supports

8. A unique value proposition from Meals on Wheels is social connection. Clients benefit greatly from a regular wellbeing check from volunteers when a meal is delivered. Relationships can be formed over time, and clients can get assistance with very basic domestic assistance (helping move some furniture for instance). This element is not a formal requirement of meal delivery under CHSP, and in many cases meals are delivered to the doorstep without any meaningful social engagement.

9. There may be merit in re-focusing the service offer of Meals on Wheels on social connection. The department is expecting to receive a more detailed impact of the financial costs associated with social connection, as part of the next phase of the financial stocktake which is due in the next few weeks. This is also expected provide further advice about how long volunteers tend to stay with each client (anecdotally, if it occurs it is usually less than 5 minutes).

10. The department considers there is merit in exploring ways that this can be built into the design of Support at Home, such that there is a point of difference in funding between those who simply drop off the meal and those who provide social support. Explicitly funding social connection would orientate Meals on Wheels to fostering volunteers.

11. This would involve a change in approach from the Meals on Wheels network, which has focused on funding the 'meal' component of the service offer at a higher rate. It would also require a clear definition of what social support means in this context (i.e., is it five minutes per person to talk, or help with basic domestic tasks such as moving a couch), and considerations of the subsidy that would be payable for the social connection aspects of delivered meals. Discussions are continuing as part of the reform consultation process, and the department will provide further advice on options.

Background:

- CHSP meals services offer delivery of pre-prepared meals to a client's home or meals provided in a community centre. Providers are not constrained to the model of meals service they provide, and evidence shows a wide range of business models across the meals delivery sector.
- Meals are delivered under CHSP to ensure food security for older Australians, along with social benefits. The policy intent of meals funding is to facilitate the preparation and delivery of meals without paying for the food component which is the responsibility of the client.
- CHSP is the primary program for Meals on Wheels, noting that outlets do also deliver meals for Home Care Package and National Disability Insurance Scheme providers.
- In 2021-22, the former government injected an additional \$7 million to meals providers to support the ongoing delivery of meals services, increasing the minimum meals unit price from \$4.90 to \$7.50.
- Meals funding received by CHSP providers is not intended to meet the full cost of preparing and delivering a meal. CHSP providers are encouraged to charge clients a contribution to cover costs, which are often kept low through the contribution of volunteers. The CHSP client contribution policy recognises that senior Australians have a responsibility to contribute towards the cost of their care, whilst also supporting the financial sustainability of the program.
- In late 2021, the department commissioned Miles Morgan Australia to work with Meals on Wheels Australia to undertake work to assess and improve the viability of meals on wheels outlets through a range of mechanisms, including governance reforms, improvements in back of house systems and technology, with the ultimate aim of driving increase efficiencies in the business model.
 - The first part of this process was to baseline the current meals on wheels network, by undertaking a detailed financial stocktake, which can be used to both define the active network and assess where to invest business transformation resources.
 - This will be followed up by a nutrition survey to get a better understanding of what each meal provider offers, and their adherence to national meals guidelines.
- The business transformation work has been challenging to stand up as the process has identified a clear disconnect between Meals on Wheels Australia and the outlets they seek to represent. Several delays in the project have occurred due to the need to close trust deficits across the network.
- Meals on Wheels South Australia was audited in June 2022 by the Aged Care Quality and Safeguards Commission and found non-compliant against 3 of 8 standards
 - Ongoing assessment and planning with consumers
 - Services and supports for daily living
 - Organisational governance.

Minister	Minister Butler
PDR Number	MB22-002714
Subject	Information Brief - Community food arrangements
Contact Officer	Russell Herald s 22
Clearance Officer	Nick Hartland s 22
Division/Branch	Home and Residential Home Support Operations

Adviser/DLO comments:	Returned to Dept for: REDRAFT <input type="checkbox"/> NFA <input type="checkbox"/>
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s 22

From: s47E(d)
Sent: Friday, 2 September 2022 8:08 AM
To: HERALD, Russell; s 22
Cc: s47E(d)
Subject: For advice: OFFICIAL: referral - s47F re Meals on Wheel funding [SEC=OFFICIAL]

Hi Rusty and s 22

Please see below from Minister Butler's DLO – can we take carriage of this one?

Thank you

s 22

Executive Assistant to Nick Hartland
 First Assistant Secretary

Home and Residential Division | Ageing and Aged Care Group
 Australian Government Department of Health and Aged Care
 T s 22 | E: s 22 @health.gov.au
 Location: Sirius Building, s 22
 GPO Box 9848, Canberra ACT 2601, Australia

The Department of Health and Aged Care acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

From: s47E(d) @Health.gov.au>
Sent: Thursday, 1 September 2022 9:05 PM
To: s47E(d) @Health.gov.au>
Subject: FW: OFFICIAL: referral - s47F re Meals on Wheel funding [SEC=OFFICIAL]

Hey

Is this something we can take?

Kind regards

s 22

Departmental Liaison Officer

Office of the Hon Mark Butler MP
 Minister for Health and Aged Care
 E: s47E(d) @health.gov.au T: s 22
 T: s 22
 Suite MG.50 | PO Box 6022
 Parliament House, Canberra ACT 2600

From: s47E(d) >
Sent: Thursday, 1 September 2022 8:57 PM
To: Minister Butler DLO <Minister.Butler.DLO@Health.gov.au>
Cc: s47E(d) >
Subject: OFFICIAL: referral - s47F re Meals on Wheel funding

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Hi team

Can you please advise of acceptance of this referral.

After careful review we believe this falls within the portfolio of the Minister for Health and Aged Care since Meals on Wheels is funded under the Commonwealth Home Support Programme (CHSP)

Thank you

s47F

A/Departmental Liaison Officer

Office of the Hon Mary-Anne Thomas MP | Minister for Health, Minister for Ambulance Services

Department of Health | 50 Lonsdale Street, Melbourne, Victoria

e. s47F teams: s47F

OFFICIAL

From: s47F

Sent: Wednesday, 10 August 2022 8:16 AM

To: Minister Health (Health) s47E(d)

Subject:

Dear Minister Thomas,

The following is a letter I wrote to the Greater Shepparton City Council regarding the demise of Meals on Wheels in our/other regional areas.

Recently, the fabulous Meals on Wheels program for many years has been provided for this area by the Greater Shepparton City Council (GSCC) with excellent meals catered for by 'Mi Kitchen' here in Shepparton, has had Federal Government funding cut which means residents in the city now have to rely on Lite'n Easy frozen meals from the government appointed provider Community Accessibility in Shepparton.

First notification regarding the change was given to customers by the GSCC on 9 June 2022. The takeover by Community Accessibility began on 17 July, 2022.

This is the only option offered to customers. For myself, I took up the program when recuperating from surgery some time ago and no longer 'need' the service but have kept it for the convenience of a nutritional daily meal. (Not to mention delicious!)

However, there are residents who do not have freezer capacity to store meals in bulk and some who cannot manage heating meals on their own. This is what made the GSCC MOW's daily hot meal such a wonderful and vital service.

Another point is the social interaction customers have with volunteers that is going to be lost if meals are delivered only once a week! There is a bigger picture here that shouldn't be overlooked!

With the new changes, I am afraid there will be some who will go without meals because the new option is so limited. I believe council has a duty of care to these people who need fresh/hot meals daily.

It is also more expensive. We, (GSSCC MOW customers) were charged \$11.50 for a three course meal, hot or cold (no salads offered by Lite 'n Easy) as opposed to \$15 for the same; or \$11 for the main meal or \$13 for soup & main.

I'm trusting councillors will give this situation consideration by pressuring the Federal Government to bring back funding for the Meals on Wheels program to help not only Shepparton but the other nine shires affected as well.

Or maybe find a way to budget for Meals on Wheels as a duty of care to your aging residents. Shepparton Meals on Wheels had as many as 100 wonderful volunteers delivering to approximately 120 customers. I feel as if it has been 'palmed off' to Community Accessibility to solve a problem?

Keeping people at home longer before having to access aged care facilities was something I thought councils/local government was in favour of? Now I wonder if I misunderstood that principle.

If local government isn't willing to take back the responsibility for the welfare of their residents I suggest there is a distinct lack in council's duty of care!

Yours sincerely,

s47F

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s 22

From: s 22
Sent: Tuesday, 6 September 2022 9:49 AM
To: s 22; HARTLAND, Nicholas; HERALD, Russell
Cc: s 22; s47E(d)
Subject: RE: Victorian councils ditch Meals on Wheels for weekly Lite n' Easy frozen food delivery [SEC=OFFICIAL]

Importance: High

Hi s 22

Additional points relating to the Vic Councils and Meals on Wheels (**QB22-000449** - Privatising Aged Care services (Councils)) – following the article regarding Benalla and Shepparton.

- The decision of any local council to withdraw their Commonwealth Home Support Programme (CHSP) services is an internal business decision made by the provider. The Australian Government cannot direct a council to continue delivering aged care services.
- All CHSP meals are delivered to ensure food security for older Australians, along with social benefits. The policy intent of meals funding is to facilitate the preparation and delivery of meals without paying for the food component which is the responsibility of the client.
- Meals funding received by CHSP providers is not intended to meet the full cost of preparing and delivering a meal. CHSP providers are encouraged to charge clients a contribution to cover costs, which are often kept low through the contribution of volunteers. The CHSP client contribution policy recognises that senior Australians have a responsibility to contribute towards the cost of their care, whilst also supporting the financial sustainability of the program.
- All CHSP meals providers are required to deliver nutritious meals for their clients. CHSP clients can choose from a variety of CHSP meals providers which may offer models including Meals on Wheels, Lite n' Easy, hot meals, frozen food delivery and other specific community and culturally specific providers, depending on what services are available in their local area within an Aged Care Planning Region. The CHSP program does not specify a delivery model that meals providers are required to undertake
- Where the shift from daily to weekly frozen meals is difficult for a client, they can raise their concerns with the provider to see what alternative arrangements can be put in place. Alternatively, clients can choose to receive meals from another CHSP provider or private provider.

FYI – Minister Wells office also requested this information which we have just provided.

Thanks

s 22

Executive Officer to Nick Hartland
 First Assistant Secretary

Home and Residential Division | Ageing and Aged Care Group
 Australian Government Department of Health and Aged Care

P | s 22 M | s 22 E | s 22 @health.gov.au W | www.health.gov.au

The Department of Health and Aged Care acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

From: s 22 @health.gov.au>
Sent: Tuesday, 6 September 2022 9:05 AM
To: HARTLAND, Nicholas <Nick.HARTLAND@health.gov.au>; HERALD, Russell <Russell.Herald@health.gov.au>
Cc: s 22 @health.gov.au>; s 22 @Health.gov.au>; s47E(d) @Health.gov.au>
Subject: FW: Victorian councils ditch Meals on Wheels for weekly Lite n' Easy frozen food delivery [SEC=OFFICIAL]

Hi Nick and Rusty

Could we please get some lines to respond to this this morning (around 11am)?

Thanks

s 22

From: s 22 @Health.gov.au>
Sent: Tuesday, 6 September 2022 8:58 AM
To: s 22 @Health.gov.au>; s 22 @health.gov.au>
Cc: s 22 @Health.gov.au>
Subject: Age: Victorian councils ditch Meals on Wheels for weekly Lite n' Easy frozen food delivery [SEC=OFFICIAL]

Hi ladies,

What comment could we give on a story like this:

Victorian councils ditch Meals on Wheels for weekly Lite n' Easy frozen food delivery

[Cara Waters](#) September 5, 2022 — 3.32pm

Daily fresh meal deliveries by charity Meals on Wheels are being replaced with a once-a-week delivery of frozen food for some elderly residents, as Victorian councils continue to [move away from providing aged care services](#).

The move has triggered fears that some residents may be left without regular social contact and those in need of greater care may forget to eat without a daily reminder.



Jan Forrest used to get Meals on Wheels deliveries at her home, but now gets Lite n' Easy frozen meals delivered weekly. *Jason Southnone*

Sarah Russell, director of advocacy group Aged Care Matters, said the switch to weekly frozen meals failed to recognise the social importance and additional care the daily deliveries provided to some older people.

"It's the regular contact and the social contact and the reminder to have your lunch when it arrives," she said. "If you have to get your meal out of the freezer, you might forget."

Residents in Benalla and Shepparton, in Victoria's north, previously received meals from a council worker or volunteer, who checked on their wellbeing when they delivered the meals. But both councils now offer a box of frozen Lite n' Easy meals once a week.

In Golden Plains and Moorabool shires, the council-run Meals on Wheels was also shelved this year and replaced with a once-a-fortnight frozen food delivery from provider Silverchain.

Councils including Hobson's Bay in Melbourne's south-west are considering the future of its Meals on Wheels service, while City of Melbourne and the City of Monash swapped to frozen deliveries several years ago.

Shepparton resident Jan Forrest used to receive Meals on Wheels deliveries, a service she said was "fabulous", especially her favourite meal of roast pork, roast potatoes, onion gravy and crackling.

"It was great to have a volunteer knock on your door and give you a hot meal with a greeting and see you are alive and well," the 75-year-old said. "Some had time to chat, but I'm not much of a chatter."

Forrest and other Shepparton residents were told in June the council was ending its Meals on Wheels service and they would instead receive a weekly box of frozen Lite n' Easy meals delivered by private provider Community Accessibility.

"I am afraid there will be some who will go without meals because the new option is so limited."

Jan Forrest, Shepparton resident

Forrest said she stopped using the service because she wanted to eat fresh fruit and vegetables.

She does not have the freezer space to store a week's worth of food and was also concerned about the price, which she said had increased from \$11.50 per meal to \$15 for the Lite n' Easy meal.

Related Article



"I am afraid there will be some who will go without meals because the new option is so limited," she said. "The social aspect of delivering the meal to customers meant a great deal to many, that's gone too."

Forrest said she has been able to manage without the service but was concerned that Lite n' Easy was a weight-loss food company and not appropriate for vulnerable people.

Lite n' Easy chief executive Dennis Stark said the company provided meals to about 500 elderly residents across Victoria and expected this number to increase.

"We have launched a new aged care range of meals branded as My Choice specifically nutritionally developed with high protein to meet the needs of older Australians with smaller appetites," he said.

Related Article



Stark said Lite n' Easy's preferred model was used in Monash, where Meals on Wheels volunteers delivered the meals, but the challenge in rural areas was distance and limited volunteer networks.

Louise Mitchell, director of community at Greater Shepparton City Council, said it had made an "operational decision" to cease providing Meals on Wheels, influenced by changing Australian government aged care policies.

"Many local governments have either ceased providing meals or are considering this," she said.

Benalla Rural City Council did not respond to requests for comment.

Meals on Wheels estimates about 10,000 Victorian residents receive Meals on Wheels services regularly through a network of 5000 volunteers.

Meals on Wheels Victorian manager, Nelson Mathews, said he was concerned about the shift away from councils providing the service.

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1:33

Federal government promises aged care pay rises

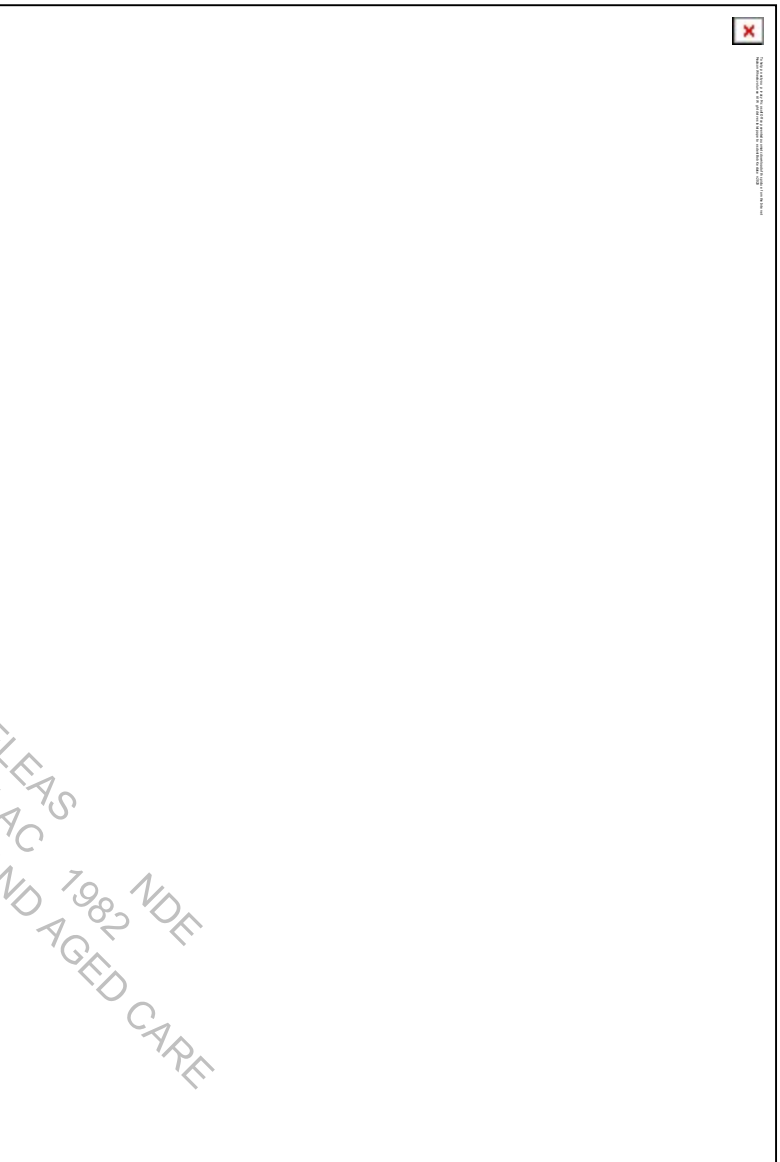
The federal government has promised pay rises for the aged care sector but won't say how much.

"The thing that really disturbs me is that these are their residents," he said. "If anything, local government should be advocating for their residents to have the same level of service they have today."

Mathews said it appeared Meals on Wheels was getting harder to access, was being delivered less frequently and the quality of meals had deteriorated in some cases.

The cancellation of Meals on Wheels services is part of a broader shift, with the Municipal Association of Victoria estimating that [23 councils around the state are discontinuing their aged care services](#) or have already done so.

Councils are moving away from providing aged care services because the federal government is changing its funding model from block funding, in which councils get a set amount of money to provide services based on how many elderly people need support, to a consumer-directed model.

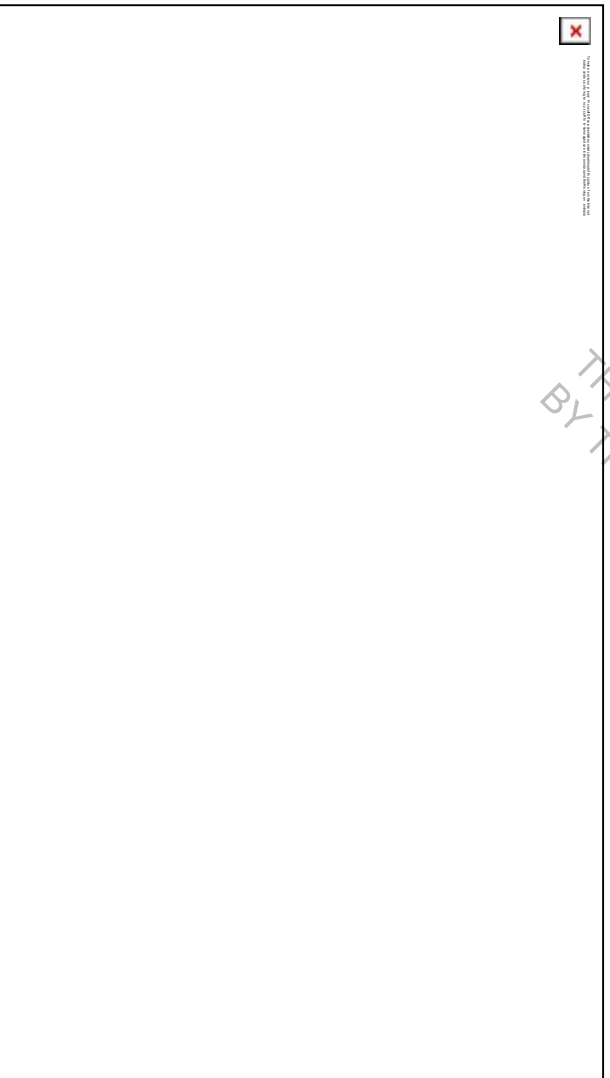


Meals on Wheels volunteer Al Wright delivers toilet paper to resident Bob Kerslake in 2020. *Dallas Kilponen* none

Block funding is delivered through the Commonwealth Home Support Programme (CHSP) while consumer-directed funding is delivered through Home Care packages. The government will roll the two programs into one from 2024.

“If the federal government is going to be assigning contracts from local government to private providers, surely there should be an assurance that the same level of service will be maintained,” Mathews said.

Related Article



Minister for Aged Care Mark Butler declined to comment.

A government spokesman said all CHSP providers were required to meet quality standards and deliver services in line with the government's program manual.

"The Aged Care Quality and Safety Commission monitors services in line with the Aged Care Quality Standards," he said. "Older Australians can also submit complaints to the commission."

[SEC=OFFICIAL]

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s 22

From: LYE, Michael
Sent: Tuesday, 6 September 2022 2:22 PM
To: s 22
Subject: Re: FW: MEDIA ENQUIRY FOR DEP SEC CLEARANCE by COB today, Tuesday 6 September: ABC Shepparton aged care services request [SEC=OFFICIAL]

Ok to go

 Sent from [Workspace ONE Boxer](#)

On 6 September 2022 at 2:12:57 pm AEST, s 22 <[REDACTED]>@Health.gov.au> wrote:

For clearance COB today – journo from ABC Shepparton

Enquiry

ABC Shepparton is publishing a story about a change to aged care services in Greater Shepparton that has seen clients who were receiving Meals on Wheels provided by council be switched to Lite N Easy frozen meals provided by an Australian Government appointed service provider.

We are speaking to a local resident who is very dissatisfied with the change and worries it will adversely affect nutrition and health of ageing residents.

Is a department spokesperson able to provide a comment on this issue for publication, as soon as possible please? We aim to publish the article this afternoon.

Proposed response

- The decision of any local council to withdraw their CHSP services is an internal business decision made by the provider. The Australian Government cannot direct a council to continue delivering aged care services.
- All CHSP meals are delivered to ensure food security for older Australians, along with social benefits. The policy intent of meals funding is to facilitate the preparation and delivery of meals without paying for the food component which is the responsibility of the client.
- All CHSP meals providers are required to deliver nutritious meals for their clients. CHSP clients can choose from a variety of CHSP meals providers which may offer models including Meals on Wheels, Lite n' Easy, hot meals, frozen food delivery and other specific community and culturally specific providers, depending on what services are available in their local area within an Aged Care Planning Region. The CHSP program does not specify a delivery model that meals providers are required to undertake
- Where the shift from daily to weekly frozen meals is difficult for a client, they can raise their concerns with the provider to see what alternative arrangements can be put in place. Alternatively, clients can choose to receive meals from another CHSP provider or private provider.

From: News <news@health.gov.au>

Sent: Tuesday, 6 September 2022 1:24 PM

To: s47E(d) <[REDACTED]>@Health.gov.au>

Cc: News <news@health.gov.au>; s 22 <[REDACTED]>@Health.gov.au>; s 22 <[REDACTED]>@health.gov.au>

Subject: For response FW: ABC Shepparton aged care services request [SEC=OFFICIAL]

Hi team,

I understand this sits with you can we please get a response by COB?

Thanks,

s 22

Media Unit

Australian Government, Department of Health and Aged Care

T: s22 E: news@health.gov.au

Unless stated otherwise, this information is provided on a background basis and should not be attributed.

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

From: s47F

Sent: Tuesday, 6 September 2022 1:14 PM

To: News <news@health.gov.au>

Subject: ABC Shepparton aged care services request

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Good afternoon,

ABC Shepparton is publishing a story about a change to aged care services in Greater Shepparton that has seen clients who were receiving Meals on Wheels provided by council be switched to Lite N Easy frozen meals provided by an Australian Government appointed service provider.

We are speaking to a local resident who is very dissatisfied with the change and worries it will adversely affect nutrition and health of ageing residents.

Is a department spokesperson able to provide a comment on this issue for publication, as soon as possible please? We aim to publish the article this afternoon.

All the best,



s47F

Reporter
ABC Shepparton

P: s47F

M:

We acknowledge Aboriginal and Torres Strait Islander peoples as the First Australians and Traditional Custodians of the lands where we live, learn and work.

Please consider the environment before printing this e-mail.

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[SEC=OFFICIAL]

s 22

From: HERALD, Russell
Sent: Tuesday, 6 September 2022 1:34 PM
To: s 22, s 22
Cc: s47E(d), s 22
Subject: RE: Media Enquiry for actioning by 3:30pm today, Tuesday 6 September: ABC Shepparton aged care services request [SEC=OFFICIAL]

Will be same input for the QTB this morning 😊

From: s 22 @health.gov.au>
Sent: Tuesday, 6 September 2022 1:32 PM
To: HERALD, Russell <Russell.Herald@health.gov.au>; s 22 @health.gov.au>
Cc: s47E(d) @Health.gov.au>; s 22 @health.gov.au>
Subject: Media Enquiry for actioning by 3:30pm today, Tuesday 6 September: ABC Shepparton aged care services request [SEC=OFFICIAL]

Hi Rusty and s 22

Please see below media enquiry from ABC Shepparton. Please provide AS cleared response **no later than 3:30pm today, Tuesday 6 September** to allow for FAS and Dep Sec clearance (noting Nick is at a conference today so will need to work to this deadline).

Enquiry

ABC Shepparton is publishing a story about a change to aged care services in Greater Shepparton that has seen clients who were receiving Meals on Wheels provided by council be switched to Lite N Easy frozen meals provided by an Australian Government appointed service provider.

We are speaking to a local resident who is very dissatisfied with the change and worries it will adversely affect nutrition and health of ageing residents.

Is a department spokesperson able to provide a comment on this issue for publication, as soon as possible please? We aim to publish the article this afternoon.

Thank you

s 22

Executive Assistant to Nick Hartland
 First Assistant Secretary

Home and Residential Division | Ageing and Aged Care Group
 Australian Government Department of Health and Aged Care
T: s 22 | **E:** s 22 @health.gov.au
 Location: Sirius Building, s 22
 GPO Box 9848, Canberra ACT 2601, Australia

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s 22

From: HARTLAND, Nicholas
Sent: Tuesday, 6 September 2022 1:54 PM
To: s 22
Cc: s 22
Subject: Re: MEDIA ENQUIRY FOR CLEARANCE by 3:30pm today, Tuesday 6 September: ABC Shepparton aged care services request [SEC=OFFICIAL]

CLEARED

NICK

Sent from [Workspace ONE Boxer](#)

On 6 September 2022 at 1:43:11 pm AEST, s11C @health.gov.au> wrote:

Hi Nick

Please see below media enquiry from ABC Shepparton for your clearance **by 3:30pm today, Tuesday 6 September**. Just to note, Rusty has said to go with the input that you cleared this morning for the Victorian Council leaving aged QTB.

Enquiry

ABC Shepparton is publishing a story about a change to aged care services in Greater Shepparton that has seen clients who were receiving Meals on Wheels provided by council be switched to Lite N Easy frozen meals provided by an Australian Government appointed service provider.

We are speaking to a local resident who is very dissatisfied with the change and worries it will adversely affect nutrition and health of ageing residents.

Is a department spokesperson able to provide a comment on this issue for publication, as soon as possible please? We aim to publish the article this afternoon.

Proposed response

- The decision of any local council to withdraw their CHSP services is an internal business decision made by the provider. The Australian Government cannot direct a council to continue delivering aged care services.
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- Where the shift from daily to weekly frozen meals is difficult for a client, they can raise their concerns with the provider to see what alternative arrangements can be put in place. Alternatively, clients can chose to receive meals from another CHSP provider or private provider.

Thank you

s 22

Executive Assistant to Nick Hartland
 First Assistant Secretary

Home and Residential Division | Ageing and Aged Care Group

Australian Government Department of Health and Aged Care

T: s 22 | E: s 22 @health.gov.au

Location: Sirius Building, s 22

GPO Box 9848, Canberra ACT 2601, Australia

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s 22

From: s 47E(d)
Sent: Tuesday, 13 September 2022 1:24 PM
To: s 22; s 22
Cc: HERALD, Russell
Subject: Response to your correspondence [SEC=OFFICIAL]
Attachments: MC22-016814 s47F.pdf

Hi s 22 and s 22

Response below to attached corro.

Thanks

s 22

Executive Assistant to Russell Herald
 Assistant Secretary

Home Support Operations Branch | Home and Residential Division | Ageing and Aged Care Group
 Australian Government Department of Health and Aged Care
T: s 22 | **E:** s 22 @health.gov.au
 Location: Sirius Building, s 22
 GPO Box 9848, Canberra ACT 2601, Australia

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From: s47F
Sent: Tuesday, 13 September 2022 1:21 PM
To: s 47E(d) @Health.gov.au>
Subject: Re: Response to your correspondence [SEC=OFFICIAL]

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Dear s 22

Thank you for your response however please explain how your response appears to be at odds with the following extracts. Perhaps the author is mistaken?

These article extracts are from the September 6 issue of The Age Digital Edition.

Residents in Benalla and Shepparton, in Victoria's north, previously received meals from a council worker or volunteer, who checked on their wellbeing when delivering them. But both councils now offer a box of frozen Lite n' Easy meals once a week. In Golden Plains and Moorabool shires, the council-run Meals on Wheels was also shelved this year and replaced with a once-a fortnight frozen food delivery from provider Silverchain.

FOI 4815 - Document 19

Councils are moving away from providing aged care services because the federal government is changing its funding model from block funding, in which councils get money to provide services based on how many elderly people need support, to a consumer-directed model.

Regards

s47F

On 12 Sep 2022, at 12:20 pm, s47F(d) <@Health.gov.au> wrote:

Please find attached a response to your correspondence of 6 September 2022.

s 22
s
s47F
<@health.gov.au>
<image001.png>

Home Support Operations Branch | Home and Residential Division | Ageing and Aged Care Group
Australian Government Department of Health and Aged Care
Location: Sirius Building, Level 4 South
GPO Box 9848, Canberra ACT 2601, Australia

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<MC22-016814 s47F.pdf>

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s 22

From: s47E(d)
Sent: Tuesday, 31 January 2023 1:45 PM
To: HERALD, Russell
Cc: s47E(d); s 22
Subject: FW: FW: Meals on wheels review [SEC=OFFICIAL]

Hi Russel

Following up from email below from Minister Butler's Office.

We have sent them all the information that was provided in the QTB on the councils withdrawing from CHSP.

However, we were looking at the briefing that you have provided on 27 Jan – Meals on Wheels Australia – Follow up from meeting (MB23-000180) and we want to check if any of the information related to the lite N' Easy Partnership is relevant to the services in WA.

Could you please get back to us ASAP

Thank you

s 22

Sent from [Workspace ONE Boxer](#)

----- Forwarded message -----

From: s 22 <[redacted]@Health.gov.au>
Date: 31 January 2023 at 11:53:05 am AEDT
Subject: FW: Meals on wheels review [SEC=OFFICIAL]
To: s 22 <[redacted]@Health.gov.au>

Hey s 22

The Minister is standing up in WA tomorrow and we've had an issue raised regarding Meals on Wheels WA (see below).

It relates to the councils withdrawing from the CHSP and I recall your office having lines on this particular issue – could you please send them through?

Thanks!

Kind regards,

s 22

Caucus Liaison Officer

Office of the Hon Mark Butler MP
 Minister for Health and Aged Care

M: s 22 T: s 22
 E: s 22 <[redacted]@health.gov.au>

Suite MG.50 | PO Box 6022
Parliament House, Canberra ACT 2600

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From: s 22 @Health.gov.au>
Sent: Tuesday, 31 January 2023 11:46 AM
To: s 22 @Health.gov.au>
Cc: s 22 @Health.gov.au>
Subject: RE: Meals on wheels review [SEC=OFFICIAL]

Thanks s 22 s 22 what lines can we use about local councils pulling out of services?

I know Wells office has been dealing with it but I don't have their lines handy.

Will put this in hot issues.

From: s 22 @Health.gov.au>
Sent: Monday, 30 January 2023 1:51 PM
To: s 22 @Health.gov.au>
Cc: s 22 @Health.gov.au>
Subject: FW: Meals on wheels review [SEC=OFFICIAL]

Hey s 22

As discussed, at the end of the email is the initial incoming from Zaneta's office, with the Department's advice provided in the dot points directly below.

- There is currently no (or next to no) presence of Meals on Wheels outlets in Western Australia. As a solution, Meals on Wheels Australia provides agreement for service providers to operate under the Meals on Wheels banner, subject to meeting relevant conditions.
- In Western Australia a large number of Meals on Wheels branded providers are either Local Councils or WA Health managed Multi-Purpose Service providers. The provision of meals is not their primary function.
- The primary issue facing the Meals on Wheels model in WA is the effect of Local Councils electing to withdraw from the CHSP, in advance of proposed reforms to in-home aged care.
- This is primarily a transition risk for older people. If the transfer of services to alternative providers runs properly this would mean that older people still have access to delivered meals. When a Local Council does withdraw from the provision of meals, the department selects a new provider to take over those services based, in part, on whether a potential provider has the existing infrastructure to deliver meals in that area.
- For Meals on Wheels the issue is primarily about the scope of their brand and delivery model. As the Meals on Wheels network does not directly deliver meals in the locations where local councils are withdrawing, the department has not been able to select a Meals on Wheels outlet (or even a provider who currently operates under the brand). As Local Councils continue to make decisions to exit from service delivery under CHSP, there is the potential for a contraction of this delivery model in these areas.
- The proposed partnership between some of the Meals on Wheels network and Lite n' Easy presents a potential path to navigate this issue and to support the retention of the Meals on Wheels model in Victoria in the short term (and potentially Western Australia).
- Over time, the local infrastructure to support the Meals on Wheels model, including volunteers and other menu options, would be brought online. Advice on the viability of this approach is expected by the end of February 2023.

Meals on Wheels Western Australia

- The department does not fund MoWWA and has no direct relationship with the entity. As such, the department is not aware of its current organisational or fiscal capacity, nor is it able to provide grant funding under CHSP.
- Intelligence suggests that MoWWA, in consultation with Meals on Wheels Australia have recently been attempting to expand the Meals on Wheels brand and influence in Western Australia.
- However, with more than 70% of meals providers in Western Australia operated by State government or Local Council, there has been limited success.
- Intelligence also suggests MoWWA's strategy has been to offer subsidised or free memberships and licencing of the Meals on Wheels brand as a means to increase its base. However, it is not clear that this is resulting in any increase in influence.
- This is potentially the source of MoWWA's financial issues, as membership revenue is the traditional revenue source for state associations, particularly where they do not have direct service delivery responsibilities. It is also potentially the source of concerns around the use of the Meals on Wheels brand without the delivery of social supports.
- The department would prefer not to fund MoWWA, with current investment strategies focussing on providers with direct service delivery responsibilities. Instead, the department would recommend that MoWWA review its existing revenue streams, such as memberships.

Other potential avenues of funding

- There aren't any grant opportunities in the Aged Care space that would be in-scope. The Department does have funding rounds for peak bodies, but there isn't a process in train at the moment that would be applicable (and personally, I doubt they would be competitive).
- Technically, however, there are possible ways to fund them:
- The Minister could direct us to fund MOW Western Australia from unallocated CHSP funding. That is, redirect the available funding from CHSP to provide a new targeted standalone grant to this org outside of CHSP. However, this is administratively complex and would take significant time given it is outside the standard grant rules (and possibly require the Minister for Finance to agree). We wouldn't recommend such an exercise, particularly as it is atypical to the MOW system across other states.
- The Minister could also direct us to amend the current CHSP ad-hoc grant opportunity, which are closed to new entrants, to provide for new entrants in the CHSP Sector Support and Development space (the only viable service for this under CHSP). However, this would also require the Minister to amend current policy setting that require SSD providers to focus on helping CHSP providers prepare for upcoming reform processes. Again, we would not recommend this given the need to support the CHSP sector more broadly.
- So, unless the Minister is wanting to explore either of the two options above, I would say the line to provide is "Unfortunately there are no grant opportunities at this time"

Kind regards,

s 22

Caucus Liaison Officer

Office of the Hon Mark Butler MP

Minister for Health and Aged Care

M: s 22 | T: s 22

E: s 22 | s 22@health.gov.au

Suite MG.50 | PO Box 6022

Parliament House, Canberra ACT 2600

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From: s47F (Z. Mascarenhas, MP) s47F
Sent: Tuesday, 17 January 2023 7:14 PM
To: s 22 @Health.gov.au>
Subject: FW: Meals on wheels review

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s 22

We've received this enquiry from the Meals on Wheels WA, regarding any Federal Grants or funding that may be available. They are looking to do a full review which they require funding for.

Do you know of any Government grants or funding that they would be able to access to be able to continue the service?

Kind regards,

s47F

Electorate Officer

Office of Zaneta Mascarenhas | Federal Member for Swan

59 Albany Highway, Victoria Park WA 6100

s47F

I pay our respects to the traditional owners of Whadjuk country, custodians across the lands and waters on which I work.

From: s47F
Sent: Tuesday, 17 January 2023 3:00 PM
To: s 47F (Z. Mascarenhas, MP) s47F @aph.gov.au>
Subject: Meals on wheels review

Hi s47F

Many thanks for your time on the phone today.

I am a business consultant retained by Meals on Wheels WA to review their current strategy. At the completion of this, Meals on Wheels WA has no Government funding, and has exhausted its means for further work.

Having completed an analysis of the current situation, a full review is now required to examine different models of operation, with the aim of retaining and increasing the maximum social contact with the elderly. It will also examine if food can be produced under the MoW banner, can be incorporated back into community groups, or if collaboration with providers or commercial groups, whilst imposing standards for food quality and social contact, is the best outcome.

The current situation has seen a decline in aged care meal delivery standards, with some providers calling themselves a 'Meals on Wheels' service, while in reality sub-contracting to Lite and Easy frozen meals, delivered in bulk with no social contact. Many providers are stretched to breaking point, and some have closed their waiting lists. By way of comparison, Harvey Senior Citizens provide a true Meals on Wheels service and have saved three lives this year, just by knowing their clients and alerting authorities to unanswered doorbells. Another outstanding example is

Coolgardie, detailed here. <https://www.coolgardie.wa.gov.au/news/shire-of-coolgardie-wins-national-meals-on-wheels-australia-award/10397> The social contact with elderly isolated people with a regular meal delivery is priceless, and the potential for community social impact, and even small social enterprises, is great.

I would greatly appreciate a meeting with Zeneta Mascarenhas to discuss how Meals on Wheels can contribute to better outcomes for its aged clients, access to influential government champions, and Federal funding and grants for a full strategic review.

With thanks,

With thanks,

s47F

[REDACTED]

[SEC=OFFICIAL]

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s 22

From: s 22
Sent: Tuesday, 13 June 2023 4:21 PM
To: HERALD, Russell; s 22
Cc: s 22
Subject: FOR ADVICE PLEASE - RESPONSE: Complaint - urgent [SEC=OFFICIAL]
Attachments: FW: FOR URGENT ACTION | FW: Complaint - urgent [SEC=OFFICIAL]

Hi Rusty

Would appreciate your advice on this one. A client wrote to the MyAgedCareSupport@Health.gov.au email requesting more information and someone to call her about her Dad's aged care needs.

In the attached email, you will see that the My Aged Care team has already supported the client and suggested we respond to her email. The contact centre has already provided s 47F with information about her Dad's assessment, the contact details of the RAS and other options to access additional meals.

18/5/23 – SPR requested (home support assessment) to review care needs (s 47F says they need Transport, Social Support individual, personal care & Homecare Package. The reason for this request is Daughters who are concerned about s 47F s 47F

26/05/2023 11:37:28 AM

I have completed the following actions today:

s 47E(d)

- Discussed Lite n Easy meal availability and the existing meals provider for s 47F

1/6/23 - s 47F made an inbound call to check on the progress of her father's assessment and was provided the phone number for the RAS

The contact centre is unable to assist s 47F and further at this stage. I would be grateful if HRD can now take carriage of this and we will close that our end.

We responded this morning from the inbox (see below) and s 47F has come back demanding a phone call.

We have suggested the following to her already:

- Stay in contact with My Aged Care
- Call the RAS organisation for an update on the assessment
- Call the Dad's CHSP meals provider for more meals
- Other meals options ie Lite N Easy (consistent with the contact centre advice already provided)
- s 47F
- OPAN, Services Australia and Carers Gateway

The Dad's RAS is in the system and is listed as urgent (she's already been told this) and the contact centre has also advised about how to request additional services. s 47F has the phone number of the RAS to contact directly.

I'm not sure what else we can add. It's now about the wait for the RAS – s 47F has the phone number to call them.

Would appreciate your advice on what to do now.

Thanks

s 22

s 47F

From: s47E(d) <@health.gov.au>
Sent: Tuesday, June 13, 2023 11:27 AM
To: s 47F
Cc: s47E(d) <@health.gov.au>
Subject: RESPONSE: Complaint - urgent [SEC=OFFICIAL]

You don't often get email from chspprogram@health.gov.au. [Learn why this is important](#)

Caution: This email was received from an external sender. You should check you were expecting to receive this email. When in doubt, contact the IT Department

Good morning s 47F

Thank you for your email query regarding aged care services for your father. Your email has been forwarded to the CHSP Program Management team.

s 47F

You will need to remain in contact with the My Aged Care contact centre as they can assist with your query and provide updates on your father's assessment. You can also contact the aged care assessment organisation directly to get an update on your father's assessment. The contact centre can assist you with these contact details. My Aged Care can be contacted by telephone on 1800 200 422 between 8:00am and 8:00pm on weekdays and between 10:00am and 2:00pm on Saturdays.

If you would like some additional support when accessing aged care services, you can contact the Older Persons Advocacy Network (OPAN). OPAN provides free advocacy services to support clients to access and interact with Commonwealth-funded aged care services. OPAN can be contacted on 1800 700 600 between 8:00am and 8:00pm Monday to Friday and between 10:00am to 4:00pm on Saturdays.

In addition, Services Australia offers face-to-face support so senior Australians can access information about aged care, health, and social services in one location. More information about this service is available by contacting Services Australia on 1800 227 475 on Monday to Friday from 8:00am to 5:00pm.

You may also wish to contact the Carer Gateway, which is a national online and phone service that provides practical information and resources to support carers, including carer payments and emergency respite services. The Carer Gateway can be contacted by phone on 1800 422 737 Monday to Friday 8:00 am to 5:00 pm or by visiting their website at: www.carergateway.gov.au.

As your father is receiving CHSP Meals through the City of Sydney, you may like to contact them directly to see if they capacity to increase his meals delivery service whilst you are away. They can be contacted on 02 9265 9060. You may also wish to look at other meals options such as Lite N Easy or other meals delivery services whilst you are away.

s 47F

Kind regards

CHSP Program Management Team

Commonwealth Home Support Programme

s47E(d)

CHSP@health.gov.au

Home Support Operations Branch
Home and Residential Division | Ageing and Aged Care Group
Australian Government Department of Health and Aged Care

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

s47F

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NDE
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s 22

From: HERALD, Russell
Sent: Monday, 26 June 2023 8:34 PM
To: HARTLAND, Nicholas
Subject: RE: Re: B/C [SEC=UNOFFICIAL]

Yup — s 47 mentioned that they were removed from all lists.

From: HARTLAND, Nicholas <Nick.HARTLAND@health.gov.au>
Sent: Monday, 26 June 2023 8:28 PM
To: HERALD, Russell <Russell.Herald@health.gov.au>
Subject: RE: Re: B/C [SEC=UNOFFICIAL]

s 47F is saying all MoW cancelled and they are going lite n easy through the package

s 22

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s22

From: HERALD, Russell
Sent: Monday, 10 July 2023 11:09 AM
To: s 22
Subject: FW: Introduction letter to Chair MoWA [SEC=OFFICIAL]
Attachments: HS_MoWNSW Social Impact Report 2023_FINAL_230626.pdf

Can you reach out to s47F to set up some time – maybe next week?

From: s 47F
Sent: Friday, 7 July 2023 4:18 PM
To: HERALD, Russell <Russell.Herald@health.gov.au>
Subject: Introduction letter to Chair MoWA

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Dear Russell,

Having only recently assumed the position of Chair of Meals on Wheels Australia (MoWA), I thought I should contact you to commence a relationship in this new role. I'd be keen to understand your perspective on a number of issues:

- The nature of the relationship between MoWA and DoHAC. I'm led to believe there have been some tensions in the past and I'm keen to avoid those in the future.
- The future role of Meals on Wheels services both within CHSP and in the transition to Support at Home in 2015. I'm keen to make sure that MoW services are fully informed of the Government's plans and are well supported to transition to the new system.
- In that regard, I'd welcome DoHAC's take on the Future Fit program and how you would like MoWA to support it. I believe the relationship went off the rails for some reason and it would help me to understand the background and how we can try to move forward in the best interests of Meals on Wheels services.
- I have also been hearing rumours in my first weeks in the role that DoHAC might be in discussions with Lite n' Easy about a national distribution contract. Such a move would potentially be consistent with Departmental concerns about a lack of choice for older people. But MoWA would want to understand, if it is true, the logic behind such a move and an assurance that it wouldn't disadvantage Meals on Wheels services.

I know you have been visiting local food forums in NSW and specific services recently and that has been well received by our members. You've probably formed a view about the issues that are top of mind for Meals on Wheels services. I'll also be seeking input from local and statewide perspectives. MoWA is establishing an Advisory Council to improve input to our national policy discussions.

As you can see from the attached study, MoW is a highly valued and essential part of the Australian community and has strong community support, as recently acknowledged by the Hon Mark Butler. We would like to think that the Department has in mind the contribution of the thousands of volunteers and our commitment to 'more than just a meal' when giving consideration to proposed changes to the way the Government supports us.

Please let me know when you might be available for a catch up.

Kind regards,

s47F

s 47F

Meals on Wheels™ Australia

m s 47F

e:

w: mealsonwheels.org.au



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s22

From: s 47F
Sent: Monday, 17 July 2023 3:30 PM
To: HERALD, Russell
Subject: Re: Introduction letter to Chair MoWA [SEC=OFFICIAL]

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Russell

Thanks for meeting with me today. As I said to you, I'm keen to establish a positive working relationship with the Department, including participating constructively on the future funding of meals on wheels services.

You mentioned the work the Department is doing through Future Fit to examine an alternative model for funding which is being piloted in 30 services. Could you please let MoWA know what this model is so we can engage positively with those organisations (if they ask us for help) and the reform agenda? I will endeavour to ensure our engagement is positive. Do you have a contact in the consultancy company supporting Future Fit whom I should speak to?

You scotched the rumour mill when it comes to a national contract with Lite n' Easy. As I understand what you told me, the Department is working with existing meals providers to assist in marshalling their collective buying power for contracts with companies such as Lite n' Easy. You are explicitly not trying to set up competition with existing meals providers.

I'll contact you about a time for another catch up in 4-6 weeks time.

Feel free to contact me if you want to engage with MoWA at any time.

s 47F

Meals on Wheels™ Australia

m: s 47F

e: s 47F

w: mealsonwheels.org.au

From: HERALD, Russell <Russell.Herald@health.gov.au>
Date: Monday, 10 July 2023 at 1:07 pm
To: s 47F
Subject: RE: Introduction letter to Chair MoWA [SEC=OFFICIAL]

Thanks s 47F

My EA will reach out to set up some time.

I think the underpinning message to all of this is that personality conflicts and personal agendas are causing a lot of unnecessary noise with no benefit to older Australians.

Misinformation is rampant.

Russell

Russell Herald

Assistant Secretary

Home Support Operations Branch
 Home and Residential Division | Ageing and Aged Care Group
 Department of Health and Aged Care

(W) s 22 (M) s 22

Executive Assistant: s 22

s 22 [@health.gov.au](mailto:s 22@health.gov.au) (W) s 22

From: s47F
 Sent: Friday, 7 July 2023 4:18 PM
 To: HERALD, Russell <Russell.Herald@health.gov.au>
 Subject: Introduction letter to Chair MoWA

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Dear Russell,

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- The nature of the relationship between MoWA and DoHAC. I'm led to believe there have been some tensions in the past and I'm keen to avoid those in the future.
- The future role of Meals on Wheels services both within CHSP and in the transition to Support at Home in 2015. I'm keen to make sure that MoW services are fully informed of the Government's plans and are well supported to transition to the new system.
- In that regard, I'd welcome DoHAC's take on the Future Fit program and how you would like MoWA to support it. I believe the relationship went off the rails for some reason and it would help me to understand the background and how we can try to move forward in the best interests of Meals on Wheels services.
- I have also been hearing rumours in my first weeks in the role that DoHAC might be in discussions with Lite n' Easy about a national distribution contract. Such a move would potentially be consistent with Departmental concerns about a lack of choice for older people. But MoWA would want to understand, if it is true, the logic behind such a move and an assurance that it wouldn't disadvantage Meals on Wheels services.

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As you can see from the attached study, MoW is a highly valued and essential part of the Australian community and has strong community support, as recently acknowledged by the Hon Mark Butler. We would like to think that the Department has in mind the contribution of the thousands of volunteers and our commitment to 'more than just a meal' when giving consideration to proposed changes to the way the Government supports us.

Please let me know when you might be available for a catch up.

Kind regards,

s 47F

Meals on Wheels™ Australia

m: s 47F

e: s 47F

w: mealsonwheels.org.au

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s22

From: s 47F
Sent: Friday, 28 July 2023 7:09 AM
To: HERALD, Russell
Subject: FW: s 47G
Attachments: s 47G .pdf

FYI – sent yesterday afternoon.

s 47F

From: s 47F
Sent: Thursday, July 27, 2023 3:10 PM
To: minister.butler@health.gov.au
Cc: s22 @Health.gov.au
Subject: s 47G

Dear Minister

I am writing with an update on the successful launch and rollout of Whitehorse Meals on Wheels, under the Future Fit initiative.

As you may know, we hosted a launch event for the new service on Saturday, 1 July with nearly 200 local residents joining us over the course of three hours.

For the launch event, we were honoured to have a Welcome to Country from s 47F. All three levels of Government were represented, with Future Fit and the Whitehorse service all received strong support from these elected members which you can review in the attached document.

There is also a video with highlights of the launch you can view here: <https://www.mowfuturefit.com.au/whitehorse>

s 47G we're pleased to have engaged three meal suppliers to support the good work of our local volunteers: Lite n' Easy, Live Life Foods and Textured Concept Foods. s 47G

s 47G

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Kind regards,

s 47F

[REDACTED]

[REDACTED]

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s 22

From: CONNOLLY, Thea
Sent: Wednesday, 23 August 2023 1:04 PM
To: s 22; s 22
Subject: FW: Meals on Wheels Whitehorse [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

Hi s 22 can you please draft me a response to the email below from MoWV, thanks Thea

From: s 11C @mealsonwheelsvictoria.org.au>
Sent: Wednesday, 23 August 2023 12:28 PM
To: CONNOLLY, Thea <Thea.Connolly@health.gov.au>
Cc: s47F
Subject: Meals on Wheels Whitehorse

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Dear Thea,

I have received several pieces of correspondence from a lady trying to organise Meals on Wheels Whitehorse for her elderly father. The most recent correspondence states:

"Hello s 11C

I have received an email this morning from s11C at MOW Whitehorse, that MOW is unable to assist. They are in transition with Lite N Easy so are not taking on new clients

s22

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s 22

From: s 22
Sent: Thursday, 24 August 2023 11:59 AM
To: CONNOLLY, Thea; s 22
Cc: s 22
Subject: RE: Meals on Wheels Whitehorse [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Thea and s 22

Just an update – not ignoring you 😊

Getting information re the VicMOW for you – in particular re the service not taking on any new clients. Have been trying since yesterday but spoken now to someone who will have info for us by tomorrow morning

s 22

From: CONNOLLY, Thea <Thea.Connolly@health.gov.au>
Sent: Wednesday, 23 August 2023 5:11 PM
To: s 22 <s 22@health.gov.au>; s 22 <s 22@health.gov.au>
Subject: FW: Meals on Wheels Whitehorse [SEC=OFFICIAL]

From: CONNOLLY, Thea
Sent: Wednesday, 23 August 2023 5:10 PM
To: s 11C <s 11C@mealsonwheelsvictoria.org.au>
Cc: s47F <s47F@mealsonwheelsvictoria.org.au>
Subject: RE: Meals on Wheels Whitehorse [SEC=OFFICIAL]

Hi s 11C, I've requested advice from the team on this and will advise one received. Regards Thea

From: s 11C <s 11C@mealsonwheelsvictoria.org.au>
Sent: Wednesday, 23 August 2023 4:37 PM
To: CONNOLLY, Thea <Thea.Connolly@health.gov.au>
Cc: s47F <s47F@mealsonwheelsvictoria.org.au>; s47F <s47F@mealsonwheelsvictoria.org.au>
Subject: Re: Meals on Wheels Whitehorse

Hi Thea,

I have had further correspondence from the lady trying to access meals from Whitehorse- see below. Can you please advise urgently what the Department and Future Fit plan to do given Whitehorse MOW are unable to take any new clients.

s 11C

"Hello s 11C

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s22

From: CONNOLLY, Thea
Sent: Tuesday, 29 August 2023 1:30 PM
To: s 22; s 22
Cc: RICHARDSON, Mark
Subject: FW: Meals on Wheels Whitehorse [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

For further advice please team

From: s 11C <s 11C@live.com.au>
Sent: Tuesday, 29 August 2023 1:16 PM
To: CONNOLLY, Thea <Thea.Connolly@health.gov.au>
Cc: s 11C <s 11C@mealsonwheelsvictoria.org.au>; s 47F s 47F
Subject: RE: Meals on Wheels Whitehorse [SEC=OFFICIAL]

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Hi Thea

My question is broader than the context of your email. MOWV was told by the Department and MMA we couldn't participate in Future Fit as we were not part of the "active network" - however no one to date has provided any explanation of what the definition of the 'active network' is. If you could please clarify this for us it would be most appreciated.

s 11C

On Aug 29, 2023 1:05 PM, "CONNOLLY, Thea" <Thea.Connolly@health.gov.au> wrote:

Hi s 11C

In the context of my response, the reference to active was shorthand for those organisations engaging in future fit. We are of course aware that there is a broader network of meals providers who are active in delivering services to older people in Australia.

regards

Thea

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s 22

From: CONNOLLY, Thea
Sent: Wednesday, 6 September 2023 5:35 PM
To: HERALD, Russell; s 22
Subject: FW: Meals on Wheels Whitehorse [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

For visibility, thanks s 22 for assistance. Thea

From: CONNOLLY, Thea
Sent: Wednesday, 6 September 2023 5:32 PM
To: s 11C <s 11C> @mealsonwheelsvictoria.org.au>

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s 22

From: HERALD, Russell
Sent: Wednesday, 27 September 2023 11:47 AM
To: CONNOLLY, Thea
Subject: FW: Department of Health and Aged Care and Meals on Wheels Victoria [SEC=OFFICIAL:Sensitive]
Attachments: Re: Use of MOW Logo by MOW Newcastle and MMA [SEC=OFFICIAL]
Follow Up Flag: Follow up
Flag Status: Flagged

Thea,

Im just trying to get confirmation, but I think s47F, whom s 11C cc'd in, is the President of MOWVIC and her employer s47F

The ad-hoc application was provided by a s47F as president, but no last name listed to confirm

Rusty

From: CONNOLLY, Thea <Thea.Connolly@health.gov.au>

Sent: Wednesday, 27 September 2023 9:31 AM

s 22

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s22

From: Manager Meals on Wheels s 47F @aumow.org.au>
Sent: Friday, 10 November 2023 11:00 AM
To: s 47F (Sen J. Rice)
Cc: s 47F); HERALD, Russell
Subject: Submission for Senator Rice
Attachments: 23.11.10 Senator Rice - Submission from AUMOW.pdf; 2023 - Issue 2 Wintalyka - s 47F .pdf; 2023 - Issue 3 Wintalyka - s 47F .pdf; MOW-NSW 22-23 Annual Report – Treasurers Report.pdf

Good Morning s 47F

Thank you for your email and polite reminder 😊

Please find attached, for Senator Rice's attention, our thoughts on recent events involving the Meals on Wheels peak bodies.

You are right in suggesting this is a complicated issue – hence our brief became a 6-page document – apologies for that!

The attachments are:

- Submission from Armidale Uralla Meals on Wheels Incorporated (AUMOW)
- 2 articles from the MOW-NSW quarterly printed magazine Wintalyka (*don't worry – no-one knows how to say it correctly*)
- Extract from the MOW-NSW Annual report (*a public document*) where the treasurer uses a quarter of her report to attack one of her board members.

It's all very interesting reading. 😊

Cc: Assistant Secretary, Home & Residential Division – Department of Health & Aged Care, Russell Herald (who is always grateful to receive communications from me)

s 47F – President Armidale Uralla Meals on Wheels Inc.

Thank you again for the opportunity to communicate with Senator Rice and please do not hesitate to reach out if you have further questions of us.

Kind Regards

s 47F

Manager

Armidale/Uralla Meals on Wheels Inc.

A: Armidale Showgrounds, 5 Dumaresq Street

P: PO Box 1608, Armidale

T: s 47F

E: s 47F @aumow.org.au

Normal hours = Mon-Fri 8am – 3pm

Nourishing our Community

Armidale Uralla Meals on Wheels Inc. acknowledges the traditional custodians of the lands on which we work and meet every day.

We also celebrate the richness and diversity of our society; we seek to acknowledge the individuality of each person we work with and aim to provide our service with dignity and respect.

From: § 47F (Sen J. Rice) § 47F @aph.gov.au>
Sent: Thursday, November 9, 2023 3:20 PM
To: Manager Meals on Wheels § 47F @aumow.org.au>
Cc: § 47F
Subject: RE: for Senator Rice re Senate Estimates 26/10/23

Hi § 47F

I hope you have had a good week.

I wanted to say thank you again for speaking on the phone with me last week and offering to provide a brief for Senator Rice on this complicated issue!

Please let me know if you have any questions for us in the meantime.

Many thanks,
 § 47F

§ 47F | Senior Policy and Parliamentary Advisor

Office of Senator Janet Rice

Australian Greens Senator for Victoria

Shops 2-3, 26 Lygon Street, Brunswick East, 3057. Ph: § 47F

Pronouns – She/Her

Email - § 47F

Facebook - facebook.com/Janet.Rice.Greens

Twitter - @Janet_Rice

Instagram - @janetricegreens

<http://greens.org.au/vic/person/janet-rice>

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From: Manager Meals on Wheels § 47F
Sent: Thursday, November 2, 2023 11:02 AM
To: § 47F (Sen J. Rice) § 47F
Cc: § 47F
Subject: for Senator Rice re Senate Estimates 26/10/23

Good Morning § 47F

We observed, with interest, the Senate Estimates Hearing on 26th October regarding Aged Care, and in particular the discussion around the Future Fit project and issues involving the state and federal peak bodies for Meals on Wheels.

We are aware that private briefings by Departmental staff are to be held with Committee members.

We wondered if Senator Rice would be open to receiving some input from us, outlining how these matters affect a frontline service in NSW?

If acceptable, is there a preferred timeframe for us to provide a brief submission for consideration.

Please advise and thank you for your time.

Cc: § 47F – President, Armidale Uralla Meals on Wheels Inc.

Kind Regards

s 47F

Manager

Armidale/Uralla Meals on Wheels Inc.

A: Armidale Showgrounds, 5 Dumaresq Street

P: PO Box 1608, Armidale

T: s 47F

E: s 47F

Normal hours = Mon-Fri 8am – 3pm

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We also celebrate the richness and diversity of our society; we seek to acknowledge the individuality of each person we work with and aim to provide our service with dignity and respect.

From: s 47F (Sen J. Rice) s 47F
Sent: Thursday, April 27, 2023 10:29 AM
To: Manager Meals on Wheels s 47F
Cc: Rice, Janet (Senator) <Senator.Rice@aph.gov.au>
Subject: RE: Correspondence for Senator Rice

Dear s 47F

Please find attached a response from Senator Rice. Please accept our sincere apologies for the delayed reply.

Kind regards,

s 47F

s 47F | Community Engagement Manager

Office of Senator Janet Rice

Australian Greens Senator for Victoria

Shops 2-3, 26 Lygon Street, Brunswick East, 3057. Ph: s 47F

Pronouns – She/Her

Email - s 47F

Facebook - facebook.com/Janet.Rice.Greens

Twitter - [@Janet_Rice](https://twitter.com/Janet_Rice)

Instagram - [@janetricegreens](https://www.instagram.com/janetricegreens)

<http://greens.org.au/vic/person/janet-rice>

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From: Manager Meals on Wheels s 47F
Sent: Wednesday, 8 March 2023 3:06 PM
To: Rice, Janet (Senator) <Senator.Rice@aph.gov.au>
Subject: Correspondence for Senator Rice

Good afternoon,

Please refer to the attached correspondence, with thanks.

Kind Regards

s 47F

Manager

Armidale/Uralla Meals on Wheels Inc.

**For and on behalf of Armidale/Uralla, Gunnedah, Inverell, Moree & Tamworth Meals on Wheels Services*

Armidale/Uralla Meals on Wheels Inc.

P: PO Box 1608, Armidale

T: s 47F

E: s 47F

Normal hours = Mon-Fri 8am – 3pm



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s22

From: HERALD, Russell
Sent: Friday, 10 November 2023 11:44 AM
To: CONNOLLY, Thea
Cc: s22
Subject: FW: Submission for Senator Rice [SEC=OFFICIAL]
Attachments: 23.11.10 Senator Rice - Submission from AUMOW.pdf; 2023 - Issue 2 Wintalyka - s 47F .pdf; 2023 - Issue 3 Wintalyka - s 47F .pdf; MOW-NSW 22-23 Annual Report – Treasurers Report.pdf

Thea – FYI an unexpected note to Senator Rice from a NSW service not in Future Fit, but supporting it.

s22

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From: HERALD, Russell <Russell.Herald@health.gov.au>

Sent: Tuesday, 14 November 2023 11:17 PM

To: CONNOLLY, Thea <Thea.Connolly@health.gov.au>

Cc: LYE, Michael <Michael.LYE@health.gov.au>; s22 <[REDACTED]@health.gov.au>

Subject: Rice Briefing [SEC=OFFICIAL]

FOI 4815 - Document 37

Thea,

Rough cut of something that could be used with Senator Rice. Not sure if this format is useful but will keep working on bits and pieces tomorrow (am giving up for tonight). Happy to continue workshopping product based on thoughts from you and ML.

The idea being that this could potentially turn into something that we could give the Senator if appropriate. The information will also marry to the QoNs, though the language in those would be different.

Russell Herald
Assistant Secretary

Home Support Operations Branch
Home and Residential Division | Ageing and Aged Care Group
Department of Health and Aged Care
(W) s 22 (M) s 22

Executive Assistant: s 22
s 22 <[\[REDACTED\]@health.gov.au](mailto:[REDACTED]@health.gov.au)> (W) s 22

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Department request 1:

Opportunities for business transformation to support increased administrative efficiencies (e.g. shared services between outlets).

MOWA response

Meals on Wheels Australia (MOWA) commissioned a first-pass stocktake of the current operating environment from a process *and* technology perspective.

Opportunities to reduce process duplication

MOWA process overview	Meal services (order forms)	Volunteer engagement and management	Membership engagement and management	Funding/ acquittal*	Price setting and customer payment arrangements
Queensland	<p>Online client referral form: https://www.qmow.org/make-a-referral</p> <p>Online find a meal service: https://www.qmow.org/services</p> <ul style="list-style-type: none"> Paper-based meal order forms used by most members 	<p>Online volunteer registration: https://www.qmow.org/volunteers</p> <ul style="list-style-type: none"> Website information passed on to member organisations but not held Templates supplied to member organisations 	<p>Online 'contact us': https://www.qmow.org/contact</p> <ul style="list-style-type: none"> Paper based membership form Membership annual return form & code of conduct 	<ul style="list-style-type: none"> Annual collection of service profile and annual return for each member to state office Each member organisation has their own funding arrangement, own management committees and own acquittal processes 	<ul style="list-style-type: none"> Managed by individual member organisations
New South Wales	<p>Online find a meal service: https://nswmealsonwheels.org.au/Find-a-meal</p>	<p>Online (fully automated volunteer online platform): https://nswmealsonwheels.org.au/Guest-involved/Volunteer/Register-Step-1</p>	<p>Online: https://nswmealsonwheels.org.au/Members-area/Non-member-home/Memberships</p>	<ul style="list-style-type: none"> Each member organisation has their own funding arrangement, own management committees and own acquittal processes 	<ul style="list-style-type: none"> Managed by individual member organisations
Tasmania (except northern)	<p>Paper-based client referral form: http://mowtas.org.au/wp-content/uploads/2019/06/Client-referral-Information-CLIENT-VERSION.pdf</p> <ul style="list-style-type: none"> Paper-based client care plan Paper-based meal order form MyMEAL hotline 1800 696 325 	<p>Online registration and induction: Onlineinduction.com</p> <ul style="list-style-type: none"> Also have paper-based volunteer registration, agreement and induction checklist 	<p>Membership application process TBC</p> <ul style="list-style-type: none"> Online members resource centre Members handbook Paper-based application for corporate & individual membership 	<ul style="list-style-type: none"> Funding from federal Department of Health based only on meal outputs and Tasmanian Department of Health based on assessments/ re-assessments, client care coordination and meal outputs 	<ul style="list-style-type: none"> Price setting managed by state office Customer payments managed by local branch
South Australia	<p>Online: www.mealsonwheelssa.org.au/forms/arrange-meals</p> <ul style="list-style-type: none"> Meal order form also paper-based 	<p>Online: https://www.mealsonwheelssa.org.au/forms/volunteer-form</p> <ul style="list-style-type: none"> Paper-based pack sent once enquiry is made Once approved volunteers are sent a role specific induction checklist & volunteer handbook 	<ul style="list-style-type: none"> Applicants approved by state board 	<ul style="list-style-type: none"> Single agreement with federal Department of Health for all of SA, with only one CHSP service being delivered 	<ul style="list-style-type: none"> Price setting managed by state office Customer payments are typically through direct debit

Opportunities to reduce system duplication

MOWA systems overview	Volunteer management	LMS/ Onboarding	Client and meal management	Member management*	App
Queensland	CMS: Pivotal Agency Online referrals to generic email, plus google mapping to search for member services <ul style="list-style-type: none"> QMOW currently investigating Campfire for volunteer management 	LMS: Allara online learning 5 key modules supplemented by webinars (Zoom, Teamviewer etc) <ul style="list-style-type: none"> QMOW currently investigating Campfire for onboarding 	CMS: Pivotal Agency Online referrals to generic email <ul style="list-style-type: none"> QMOW currently investigating Hubspot Member organisations use Polixen, Gizmo, Meals on disk, Excel, paper forms 	CRM: Hubspot	N/A
New South Wales	CMS: Kentico (.NET) database CRM: Salesforce (in progress)	<ul style="list-style-type: none"> NSWMOW currently evaluating LMS options, including Kentico 	CMS: Kentico (.NET) database <ul style="list-style-type: none"> Member organisations use Polixen, Excel 	CMS: Kentico (.NET) database	<ul style="list-style-type: none"> CareApp (limited use by members) New app development in progress
Tasmania (except northern)	CRM: Onlineinduction.com Some data still in Excel	LMS: Onlineinduction.com Some data still in Excel	CRM: Polixen	CRM: Polixen	N/A
South Australia	Microsoft Access	N/A	Microsoft Access	Microsoft Access	N/A

With the support of the department, MOWA (through Miles Morgan Australia (MMA)) will run an expression of interest (or funding application, depending on the preferred approach) process to determine which process and systems supports will make the biggest difference to the efficiency and effectiveness of outlets. This is a necessary step to build trust in the transformation agenda. It will also inform our future investment profile.

As outlined in the funding proposal, the EOI process will form the baseline of national dashboard reporting (de-aggregated, deidentified), creating a detailed picture of costs and viability – and will also enable more frequent updates on financial status.

From a national administration perspective, MOWA believes moving to a more centralised contracting arrangement would be the most effective step we could take to improve the strength of the network with greater transparency, advocacy and tailored support. However, this would require a wholesale change to how meal funding is calculated, a considerable transition period and mechanisms to prevent perverse funding outcomes. This may result in a reduction in the network footprint in the short term.

From a process perspective, we have identified the need for a MOWA management capability (delivered through a virtual team) that looks to harmonise internal procedures and practice guidance.

Having reviewed a small sample of cash flow summaries, accounting costs is one key area where efficiencies can be gained. Noting MOWA cannot (legally) direct outlets to use a specific third-party accounting provider, there are mechanisms we can develop to build efficiencies into this key operational area.

From a technology perspective, there appears to be a universal need for a cost-effective finance system. This is essential to underpin cost tracking and reporting at the individual client level, which is a likely requirement from mid-2023. We also understand the need for outlets to have access to an incident management system in the near future, and we would want to see an early investment in this capability for the network. There is further opportunity to explore technology solutions for more streamlined activity reporting via DEX.

We support the development of open-source finance software so that all outlets and other meal providers can benefit from any technology investment. This approach will also substantially reduce administrative costs – for our network, and for other service providers – overtime.

To better account for the social support we provide, we are also in need of a wellbeing app, which is currently in development but will need a funding injection to move from private to public beta phase. This is proprietary software.

The EOI process will help to validate these opinions and identify areas of greatest need.

Department request 2:

Interim cashflow needs for providers to remain solvent, based on a consumer contribution per meal in the order of \$7.50 to \$8 per meal (as a benchmarking range).

For clarity, this is not intended to support business expansion/the delivery of additional meals, but rather considering the viability of current service offerings only. Additional meals provision is considered separately in the context of usual CHSP growth rounds.

MOWA response

We have reviewed the cash flow summaries of single site outlet (NSW) and a regional network (TAS). It is clear in both instances that without the supplementary COVID funding, both the single site and the regional network would not be financially viable. Without the COVID funding supplement:

- The single site, in FY20, would have had a negative cashflow of \$128,863 (average client co-contribution of \$8.64)
 - The annual revenue in FY20 for this site without COVID funding was \$800,487
 - In the first 11 months of FY21, the negative cashflow without COVID funding would have been \$88,771 (based on revenue of \$789,292)
- For the regional network, in FY20, would have had a negative cashflow of \$101,691 (average client co-contribution of \$7.90)
 - The annual revenue in FY20 for this site without COVID funding was \$2,861,318

- In the first 11 months of FY21, the negative cashflow without COVID funding would have been \$391,595 (based on revenue of \$2,905,869 and increase predominantly due to increased clients).

The EOI process outlined in the funding proposal will provide a detailed level of information about provider viability. It will capture the current government funding per meal and the current service costs – allowing for a clearer indication of interim cashflow needs in 2021-22. This will be critical in enabling MOWA to provide quality data and advice to the Department to assist in the transition to payment in arrears from July 2022.

As per the detailed calculation provided in the funding proposal, we estimate this to be in the order of \$29.26 million (GST inclusive). However, the EOI will verify this ask.

While we welcome the opportunity to capture client co-contribution through the EOI – we are reluctant to use any benchmark numbers without first having a better understanding of ingredient costs. In addition to site and location variances, co-contributions can also vary by age. We believe further work will be required before using co-contributions as a way of informing funding levels for meal services (also seems misaligned with current policy). Once we have established an evidence base through the EOI process, we will work to ensure all outlets are recovering the costs of meal ingredients from clients.

Interesting to note that, at some outlets, reducing the cost of a meal by \$1 during COVID-19 resulted in a significant and sustained increase in demand for services. Some outlets have seen demand decline as meal prices return to pre-pandemic levels, demonstrating that older Australians will access essential services at the right price point.

MOWA has drafted a position statement on client co-contribution for meal services to inform future planning and this will be provided to the Department shortly, following Board endorsement.

Department request 3:

An understanding of the financial costs of outlets re: the split between actual provision and delivery of meals and the additional social support costs. This will support consideration of improved administrative arrangements in funding MoW services.

MOWA response

Outlets provide an integrated meal and social support service. Therefore, the additional social support costs relate to time spent with clients and the associated voluntary and paid workforce acquisition, screening, training and support costs. Based on the same single site outlet mentioned above, the average time spent with clients is 9 minutes. This is based on a calculation derived from geocoded client locations, travel and roster times. Through our funding proposal, we are seeking funds to build dashboard and aggregate operational data so that we have a more accurate picture of the social support being provided across multiple outlets (within a few months we should have this information for approximately 30% of the network).

A wellbeing app is currently under development which will allow outlets to capture detailed social support information (with the client's consent for outlets able to utilise the software).

Through the transformation funding set out in our recent proposal, MOWA is seeking an injection of funds to move from private to public beta phase. This is proprietary software.

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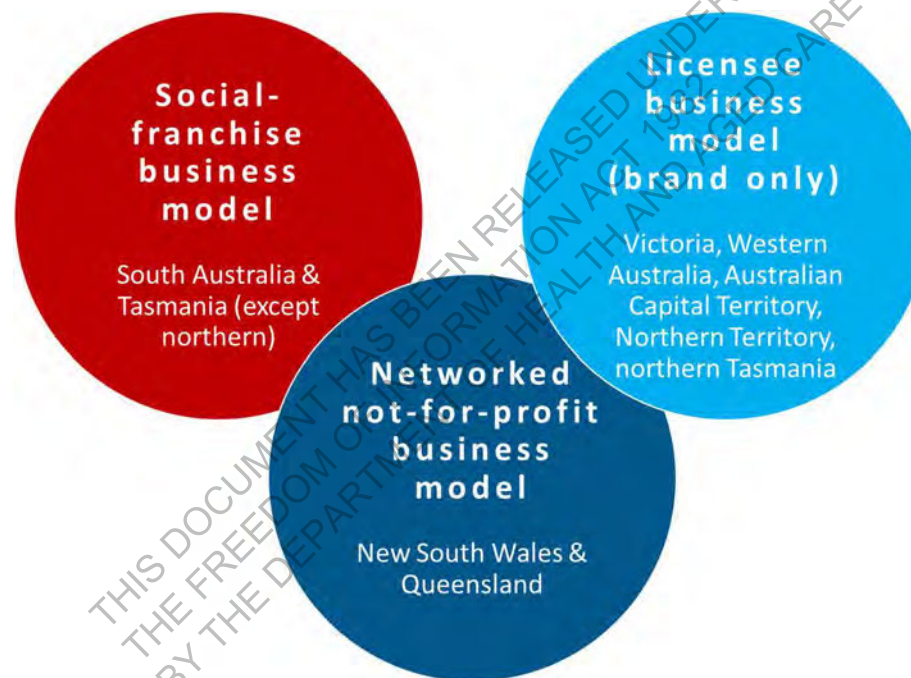
Department request 4:

Clarification of the business model across the outlets, noting feedback we have around:

- MoW providers using options such as lite-n-easy;
- MoW providers dropping meals at the door and not delivering social support; and
- MoW providers not delivering variety in meals – that is basically the same meal every day of week

MOWA response

The national Meals on Wheels network currently operates under three distinct business models.



MOWA acknowledges that operational inefficiencies do exist, exacerbated through historically differentiated business models across states and territories, which has led to cost differentials between outlets.

We would note that the largest reputation risk to Meals on Wheels exists with the licensee model. As a result of HACC transition negotiations between the Commonwealth and the Western Australia and Victorian governments, it was agreed that Meals on Wheels would be delivered through local governments

in these jurisdictions. MOWA has little influence or control over local government operations – a situation we are actively seeking to change as we embark on engagement with the States and Territories to look at the social support component.

The use of our brand in Western Australia has been significantly diminished by the poor quality of food delivered in our name by local councils. The only outlet (that we know of) sub-contracting lite-n-easy is a local government entity located in Victoria, for manufacture and supply of meals only – volunteers continue to deliver these meals.

As part of the funding proposal, we would be proposing to assume the contracts for any local government using the Meals on Wheels brand seeking to exit the CHSP market. These services would be subsumed into a new social-franchise model for southern Australia. The funding proposal was also designed to support the 'hubbing' of networked-NFP operations in Queensland and NSW.

Some independent Meals on Wheels outlets in rural areas are reliant on local public hospitals to prepare meals and can be captured by limited meal variety on offer. This presents contract management challenges with limited cost-effective alternatives available in those thin markets. MOWA's recent proposal to government seeks to explore improvements and efficiencies including alternate supply arrangements, co-operative contracting arrangements, and/or service level agreements with state departments of health.

Client choice

MOWA is aware that our clients have a choice as to the nature of the service they receive. Even the local council delivering food produced by lite-n-easy were still engaged by clients, when they could have gone directly to the food company. Outlets do buy pre-packaged meals due to challenges in food supply, onerous food safety regulations or poor local infrastructure – which in some ways drives home the point – we are more than a meal.

People choose Meals on Wheels for a multitude of reasons. Some clients choose not to receive social support (and some clients choose only to participate in congregate meals). Some clients choose to receive the same meal, others seek variety.

We have reviewed both the delivery notes and menu choices for a representative sample of clients for the same single site outlet mentioned above and can report:

- The majority of clients selected different meals each week (60%)
- Of the 40% selecting the same menu each week only 1 person selected the same meal every day
- None of the selected sample had dietary or textured meal requirements
- Menus at this outlet change every month.

We have provided an example of client selections below for reference.

	4 May	11 May	18 May	25 May
Client 1	1x Gourmet Barramundi & lemon butter	1x Gourmet Beef Casserole	1x Gourmet BBQ Sausage	1x Gourmet Beef Stroganoff
	1x Gourmet Beef Casserole	1x Gourmet Beef Pot Roast	1x Gourmet Beef Goulash	1x Gourmet Brown Rice Patties
	1x Gourmet Beef Pot Roast	1x Gourmet Mushroom Casserole	1x Gourmet Chicken Breast in Mango	1x Gourmet Crumbed Whiting and Wedges
	1x Gourmet Chicken Mushroom	1x Gourmet Pork Sausage	1x Gourmet Falafel Balls	1x Gourmet Macaroni with Apple Sauce
	1x Gourmet Lamb Bourguignon	1x Gourmet Sweet & Sour Chicken	1x Gourmet Lamb Casserole	1x Gourmet Pumpkin Curry
	1x Gourmet Roast Chicken	1x Gourmet Turkey Chicken Stir Fry	1x Gourmet Pork Steak Diane	1x Gourmet Turkey Chicken Stir Fry
Client 2	1x Flagstaff Mongolian Lamb	1x Flagstaff Chicken Schnitzel with Gravy	1x Flagstaff Fish Cakes	1x Flagstaff Mongolian Lamb
	1x Gourmet Crumbed Whiting and Wedges	1x Flagstaff Mongolian Lamb	1x Flagstaff Mongolian Lamb	1x Gourmet Falafel Balls
	1x Gourmet Mushroom Casserole	1x Gourmet Chicken Mushroom	1x Gourmet Beef Pot Roast	1x Gourmet Honey Soy Chicken
	1x Gourmet Turkey Chicken Stir Fry	1x Gourmet Honey Soy Chicken	1x Gourmet Roast Lamb	1x Gourmet Roast Chicken Breast
	2x Gourmet Curry Prawns	2x Gourmet Curry Prawns	2x Gourmet Curry Prawns	2x Gourmet Curry Prawns
Client 3	1x Dessert Flagstaff Banana Cake	1x Dessert Flagstaff Banana Cake	1x Dessert Flagstaff Banana Cake	1x Dessert Flagstaff Banana Cake
	1x Dessert Gourmet Bread & Butter Pudding	1x Dessert Gourmet Bread & Butter Pudding	1x Dessert Gourmet Bread & Butter Pudding	1x Dessert Gourmet Bread & Butter Pudding
	1x Dessert Gourmet Lemon Cheesecake	1x Dessert Gourmet Lemon Cheesecake	1x Dessert Gourmet Lemon Cheesecake	1x Dessert Gourmet Lemon Cheesecake
	1x Dessert Gourmet Rice Pudding	1x Dessert Gourmet Rice Pudding	1x Dessert Gourmet Rice Pudding	1x Dessert Gourmet Rice Pudding
	1x Gourmet Beef Casserole	1x Gourmet Beef Casserole	1x Gourmet Beef Casserole	1x Gourmet Beef Casserole
	1x Gourmet Crumbed Whiting and Wedges	1x Gourmet Crumbed Whiting and Wedges	1x Gourmet Crumbed Whiting and Wedges	1x Gourmet Crumbed Whiting and Wedges
	1x Gourmet Mushroom Casserole	1x Gourmet Mushroom Casserole	1x Gourmet Mushroom Casserole	1x Gourmet Mushroom Casserole
	1x Gourmet Roast Chicken Breast	1x Gourmet Roast Chicken Breast	1x Gourmet Roast Chicken Breast	1x Gourmet Roast Chicken Breast
	1x Gourmet Sweet & Sour Chicken	1x Gourmet Sweet & Sour Chicken	1x Gourmet Sweet & Sour Chicken	1x Gourmet Sweet & Sour Chicken
Client 4	7x Mini Chicken Wings in BBQ Source	7x Mini Chicken Wings in BBQ Source	7x Mini Chicken Wings in BBQ Source	7x Mini Chicken Wings in BBQ Source
Client 5	1x Flagstaff Beef Pie Mash & Gravy	1x Flagstaff Chicken and Asparagus Mornay	1x Flagstaff Chicken and Asparagus Mornay	1x Flagstaff Chicken and Vegetable Pie
	1x Flagstaff Chicken Schnitzel with Gravy	1x Flagstaff Ham and Cheese Omelette	1x Flagstaff Veal Parmigiana	1x Flagstaff Chicken Scallopini
	1x Flagstaff Ham Steak & Pineapple	1x Flagstaff Vienna Schnitzel with Gravy	1x Gourmet BBQ Sausage	1x Flagstaff Cottage Pie
	1x Gourmet BBQ Sausage	1x Gourmet Beef Pot Roast	1x Gourmet Lamb Casserole	1x Flagstaff Honey Mustard Beef
	1x Gourmet Beef Goulash	1x Gourmet Pork Steak Diane	1x Gourmet Roast Chicken Breast	1x Gourmet BBQ Sausage
	1x Gourmet Roast Beef with Gravy	1x Gourmet Roast Lamb	1x Gourmet Roast Lamb	1x Gourmet Roast Lamb
	1x Soup Flagstaff Chicken & Vegetable Broth	1x Soup Flagstaff Beef & Vegetable	1x Soup Gourmet Corn & Bacon Chowder	1x Soup Gourmet Pea and Ham
	1x Soup Gourmet Chicken & Corn	1x Soup Flagstaff Chicken & Vegetable Broth	1x Soup Gourmet Creamy Chicken & Vegetable	1x Soup Gourmet Potato & Leek
	1x Soup Gourmet Corn & Bacon Chowder	1x Soup Gourmet Chicken & Corn	1x Soup Gourmet Minestrone	1x Soup Gourmet Pumpkin

There was no dedicated field in the database to identify meal-drop only clients. Creating a flag (for ease of report) capturing this information can be considered should transformation funding be available.

Below is a sample of the delivery instructions capture against client profiles at the same single site outlet mentioned above:

- Delivery instruction: Unit is upstairs on the left. If [redacted] is not home the door will be unlocked, go in and put meals in freezer.
- Delivery instruction: Doorbell is broken, knock loudly, please allow a few minutes for [redacted] to get to the door. If not home, please leave meals in esky by front door.
- Delivery instruction: Please open meal pack and count meals in front of [redacted].
- Delivery instruction: Dog "Rastas" is friendly. If no room in the kitchen freezer, there is a chest freezer under house, access this on left hand side of house. DUCK HEAD IF GOING UNDER HOUSE. Sometimes [redacted] goes out for coffee on Tuesdays now & locks Rastas downstairs so you need to close the gate & don't let Rastas out.

As you can see, not your typical delivery instructions. The level of trust our clients have in Meals on Wheels is unsurpassed.

Meals on Wheels acknowledges the need to better account for our core business – and with the transformation funding, we will be seeking to better capture this type of information (meal variety and meal drop only clients).

However, we would appreciate the department providing detailed information about the feedback received regarding Meals on Wheels. It is very difficult to respond if we are not aware of specific cases and we would appreciate the opportunity to thoroughly investigate the issues raised and to remedy any issues identified. From our enquiries, MOWA is confident that the issues raised are not systemic. If it is that the department is reluctant to share details with MOWA, we would strongly recommend providing this feedback to the outlets in question – so that information can be provided to refute the claims, or improvements can be made in service quality.

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	CHSP Output	CHSP price range (excluding client contribution)	CHSP Reasonable client contribution	Health Consult (full cost)	NDIS (full cost)	HCP (full cost)	DVA (full cost)	Comment
Meals	Quantity	\$7.50-13	\$4-12	\$18 per service	N/A	N/A	N/A	Consistent once a client contribution to food costs is factored in. Prices are not comparable between HCP meals providers. A certain percentage is usually paid directly from a person's HCP. For example, Lite n' Easy split the payment,- 70% is paid by the HCP provider and 30% client contribution.

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