"Building one world class health system for the Gold Coast.'

OLDER PEOPLE

Regional Plan

2018

Gold Coast Health
Building a healthier community

phn GOLD COAST
An Australian Government Initiative

Table of Contents

History

Primary Health Networks (PHNs) are responsible for working with general practitioners (GPs) and other primary health care providers in partnership with secondary care providers and hospitals to deliver an efficient and effective health system. Our aim is to facilitate improved outcomes for people in the community, particularly those at risk of poor health outcomes by increasing efficiency and effectiveness of medical services and improving coordination of care.

The Australian Government Department of Health has identified seven priority areas for PHN activities nationally, including:

- mental health
- Aboriginal and Torres Strait Islander health
- population health
- health workforce
- digital health
- aged care
- alcohol and other drugs

Gold Coast Primary Health Network (GCPHN) is responsible for the local distribution of federal funding to support existing and commission new services within the Gold Coast region across these priority areas.

To ensure shared commitment and maintain accountability of activities carried out by GCPHN a comprehensive regional planning exercise is being undertaken, in consultation with the sector. This regional plan documents a way forward to supportservices to improve the health outcomes of older people (focusing on after-hours and residential aged care facility (RACFs) services) within the Gold Coast region.

Greater Choices for At Home Palliative Care

OBJECTIVES

- Improve access to palliative care at home (RACFs) that is flexible and responsive (including after-hours community based care).
- Right care at right time; reduce unnecessary hospitalisations.

RIGHT CARE
RIGHT TIME
RIGHT PLACE

Foreword

Gold Coast Primary Health Network (GCPHN) is pleased to present this three-year plan for older people, with a focus on residential aged care facilities (RACFs) and after-hours services, which supports our vision to build one world class health system for the Gold Coast.

The Regional Plan identifies the vision, priorities and actions for GCPHN over the next three years and provides an important framework that will help to shape the future development of services for our region's older people residing in RACFs.

The Gold Coast has an ageing population, which means increasing future demand for both health and aged care services to meet the complex care needs of older people. This plan strives to ensure that older people access the services they may need to:

- remain engaged, connected and informed health consumers
- be physically healthy, mentally well and socially connected
- remain independent for as long as possible
- eventually, die in the place of their choosing with comfort and dignity.

Gold Coast Primary Health Network (GCPHN) acknowledge the valuable contribution of internal staff, our regional partners and stakeholders, service providers, consumers and carers in designing the plan to ensure it reflects the current and future needs of our region.

Guided by Commonwealth and state policies, data, research and through a rigorous stakeholder consultation process, the Regional Plan identifies our local health needs and service issues and establishes a way forward.

I am pleased to endorse the Regional Plan's four key priorities:

- Workforce capacity building
- Service integration
- Community awareness and education
- Service navigation and coordination

Our stakeholders agree these priorities present an opportunity to enhance the healthcare provided to older people in our region through improved accessibility, effectiveness, coordination and quality. In turn, we hope this plan will assist us to meet our triple aim of improving consumer, carer, family satisfaction with services, improving health outcomes for older people and increasing provider satisfaction with the support we provide as a Primary Health Network. It will lead to a more comprehensive primary care sector, higher quality aged care services and a reduction in potentially preventable hospitalisations.

This plan relies on a purposeful and productive relationship between sectors such as primary care, aged care, community services and Gold Coast Health (GCH). This plan has been endorsed by the joint Integrated Care Alliance and GCPHN and GCH Boards.

We encourage continued engagement to turn our vision into a reality, and drive positive changes for our region's older, now and into the future.

Matt Carrodus
CEO
Gold Coast Primary Health Network

How to read this plan

This plan has three key sections:

PART ONE describes the context and background for the plan at the national, state and local levels. It summarises key policies and frameworks, and demographic and population health statistics.

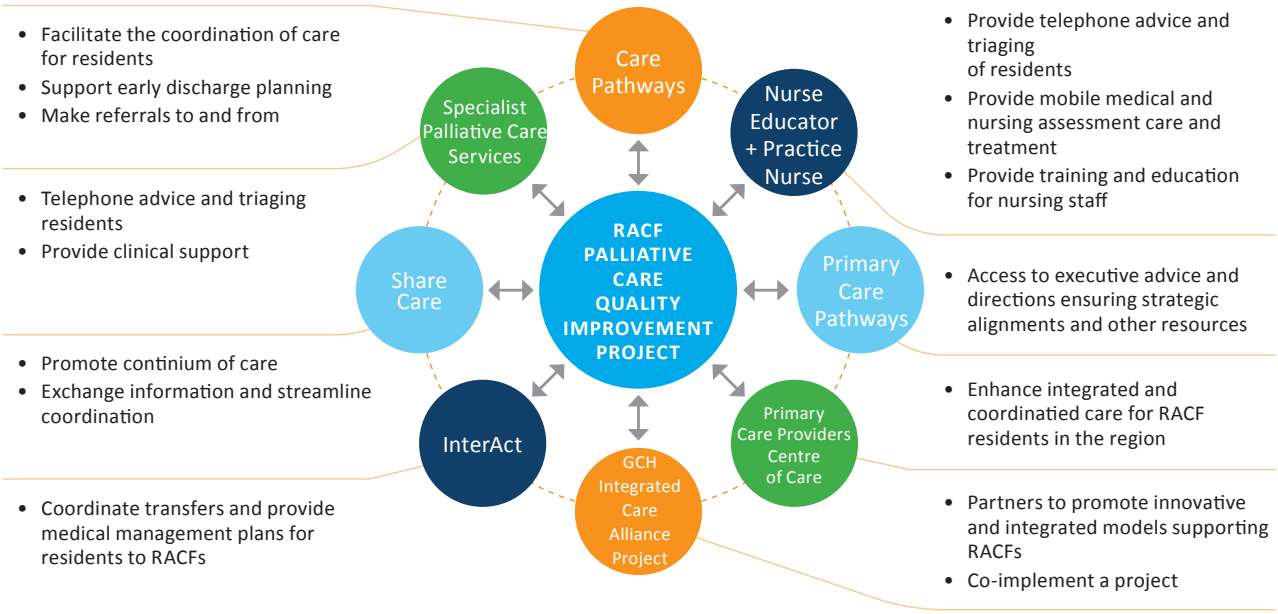
PART TWO outlines the health needs and services issues identified for older people in the Gold Coast region. It describes the scope of the plan and what GCPHN aims to achieve through the implementation of the three-year plan.

PART THREE presents the four key priorities forming the basis of this plan, relevant activities, and the indicators that will be used to measure success (summarised below).

Each priority is supported by short and long term actions that can be evaluated in an ongoing and meaningful way.

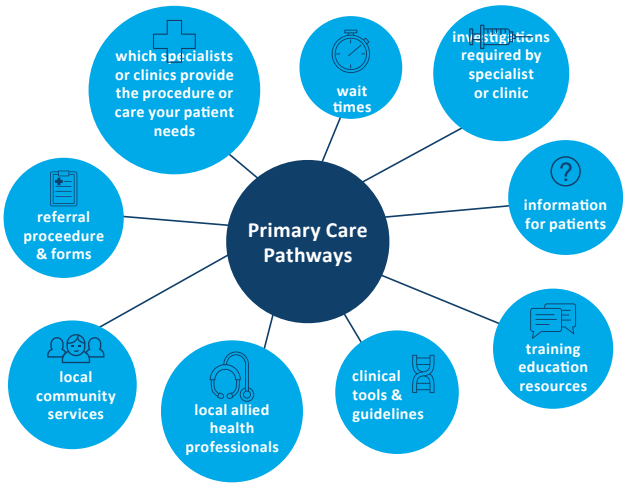
The four key priorities are:

1. Workforce capacity building
2. Service integration
3. Community awareness and education
4. Service navigation and coordination



Intentions for Investments

- **Palliative Care Volunteers Network:** supportive communities of volunteers/ befriending schemes, to provide support for the carer in daily tasks, a listening ear, or direct support to the person with an illness.
- **Community Awareness and Education Activities:** palliative care initiative to encourage people to talk more openly about dying, death and bereavement, and to make plans for the end of life, including Advance Care Plans.
- I**ntegrated Multidisciplinary Model of Care:** providing improved health care experiences and outcomes for residents of RACFs with complex clinical and care needs.
- **Palliative Shared Care** for the Gold Coast health system (across primary and acute care).
- **Palliative Care Health Pathways** for the Gold Coast health system (across primary, community and acute care).



Glossary

Common terms used in this regional plan are defined below:

Advance care planning promotes care that is in line with a person's values, beliefs and preferences. It plans for a person's future health care needs, for a time when they may no longer be able to make or effectively communicate those decisions themselves.

After-hours refers to the unsociable hours of between 6pm and 8am Monday to Friday, and between 12pm Saturday and 8am Monday, generally relating to the time a person's regular general practice or care provider is closed.

Care coordination is the deliberate organisation of a person's care activities between a range of participants involved in that person's care in order to achieve the most appropriate delivery of healthcare services.

Clinical handover refers to the exchange of professional responsibility and accountability of an individual and the associated transfer of necessary medical and personal information.

Clinical and non-clinical workforce clinical workforce relates to health professionals delivering clinical components of care, such as doctors, nurses and other professionally registered health practitioners, whereas non-clinical workforce refers to those delivering non-clinical support, such as personal care and disability workers, and aged care support staff.

Health literacy is the level of which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.

Health needs as referred to within this regional plan are issues identified through a systematic method of identifying and assessing the unmet health and service needs of people residing in the Gold Coast region.

Home Care Package is a government subsidised coordinated package of care and services to support individuals to receive care in their home.

Informal support systems are people who are a part of an individual's personal support network, which may include family members, friends or neighbours.

Person-centred care is a way of planning and delivering services which sees the person who uses or receives a service as an equal partner in their care journey to ensure it meets their individual needs.

Potentially preventable hospitalisations are defined as hospital transfers and admissions that could have been prevented with earlier access to quality primary care and preventative measures.

Primary care refers to services provided in the community who are typically the first point of call for individuals seeking health advice or treatment. For example, general practice, allied health providers and community services.

Residential aged care facilities (RACFs) provide a range of care options and accommodation for older people who are unable to continue living independently in their own homes. Within the Regional Plan,RACFs are referred to collectively as the facility, its services, processes and staff.

Service utilisation is data collected that reflects the usage trends of various health services and the demographic information of those individuals accessing them to detect patterns and assist in service improvements.

Social isolation is the absence of social contact which can lead to loneliness.

Policy context (part 1)

In 2018, Gold Coast Primary Health Network (GCPHN) undertook a comprehensive health needs assessment relating to older people with a focus on RACFs and after-hours services. This consisted of a structured approach involving:

- analysing data relating to demographics, population health needs and service use
- mapping the local service provider system
- consulting with key stakeholder groups
- presenting common consumer experiences through patient journey mapping
- identifying evidence-based and emerging models of practice.

For a more comprehensive overview than what's provided here, please refer to the GCPHN's *Older People (After-Hours and RACF) Health Needs Assessment Report.*

Policy setting

Improving the health and quality of care for older people is a national and state priority area. The policy environment summarised below has guided the development of this regional plan and future activities to be carried out by GCPHN.

National policy

The Australian Government's Department of Health has undertaken significant reforms to the publicly funded aged care system in recent years, shifting the focus towards a more consumer driven system with greater flexibility and control. The Australian Government's vision is that by 2022, Australia's aged care system will:

- be sustainable and affordable, long into the future.
- offer greater choice and flexibility for consumers.
- support people to stay at home, and part of their communities, for as long as possible
- encourage aged care businesses to invest and grow.
- provide diverse and rewarding career options.

67,475 Gold Coast residents are aged 55-64 years, or **11.4%** of the total population, an indication of future demand for aged care services.

The number of older people residing in the Gold Coast Local Government Areas is forecoast to double by 2030.

Key national reform activities implemented include:

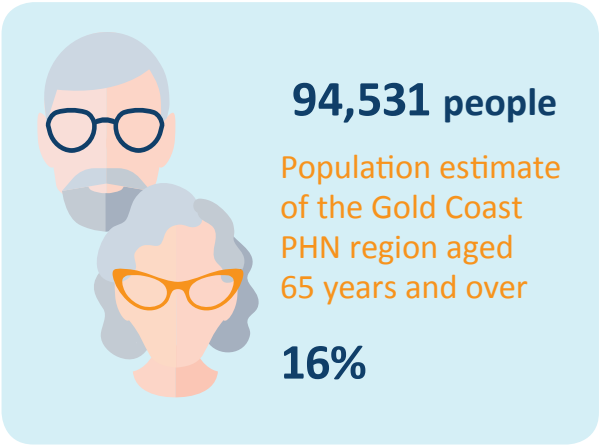
- Introduction of consumer-directed Home Care Packages to support older people to remain at home.
- Establishment of My Aged Care, a single point of entry for older people accessing commonwealth subsidised aged care services.
- Establishment of Regional Assessment Services to streamline access to basic supports for older people through the Commonwealth Home Support Program.
- Introduction of the National Fee Framework for Commonwealth Home Support Program

- Establishment of the Australian Aged Care Quality Agency.
- Development of *Single Aged Care Quality Framework* to set quality standards for all aged care services and support better care quality for consumers.
- Development of the *National Aged Care Diversity Framework* to guide providers in creating an inclusive, respectful, and person-centred aged care system.

In October 2018, the Australian Government announced a *Royal Commission into Aged Care Quality and Safety* to look at the quality of care provided in residential and home aged care to senior and young Australians.

State policy

Queensland supports its ageing population through its strategic direction statement *Queensland: an age-friendly community,* which aims to ensure older people stay active, are connected and socially included in the community, are independent and free from elder abuse, fraud and exploitation. Across the eight age-friendly domains below, the Queensland government will use the age-friendly approach to inform its policies and programs:



- outdoor spaces and buildings
- transport
- housing
- social participation
- respect and social inclusion
- civic participation and employment
- communication and information
- community support and health services

Facts and figures relating to the health of Gold Coast's older people

Data from the 2016 Census shows that there over 94,000 older people aged 65 years and over living in the Gold Coast region, or 16 per cent of the region's total population.

This figure has increased by over 15,000 people, a rate of almost 20 per cent, since 2012.

The Gold Coast has an older age profile when compared to national figures, and the population is estimated to continue to get older in the coming years.

The number of older adult residents in the Gold

Coast Local Government Area (LGA) is projected to double by 2030, when it will account for over 20 per cent of the region's population.

Areas within the Gold Coast region with higher rates of older adult residents include Gold Coast North (e.g. Runaway Bay, Labrador, Paradise Point, Biggera Waters) and Coolangatta, Broadbeach-Burleigh and Surfers Paradise.

Specific priority populations of older people in the region include:

- 0.8 per cent of people aged 50 years and over identify as Aboriginal and Torres Strait Islander.
- 1.9 per cent of older adults aged 65 years and over report limited proficiency in spoken English.
- 7.0 per cent of Gold Coast older adults moved to the region from interstate or overseas within the last five years.

Gold Coast older residents report higher levels of health and wellbeing and lower levels of disability than national rates. Health conditions that typically cause disability, impaired quality of life and hospitalisation for older people include dementia, falls, heart failure and diabetes.

Higher proportions of older people with a severe or profound disability reside in the areas of Southport and Robina, which reflect proximity to the Gold Coast's public hospitals.

Older people on the Gold Coast have a life expectancy of 82 years. The five leading causes of death for Gold Coast older adults are:

- Coronary heart disease
- Lung cancer
- Cerebrovascular disease
- Prostate cancer
- Dementia and Alzheimer's disease

The Gold Coast service system

The most commonly used types of publicly-funded aged care services include:

- Commonwealth Home Support Programme (CHSP)
- Home Care Packages (HCP)
- Residential aged care, including permanent and respite
- Transition Care

These services are delivered to older people on the Gold Coast by a range of stakeholders.
The focus of this plan includes:

- Residential Aged Care Facilities
- Public hospitals
- GPs and medical deputising services
- Not-for-profit organisations

Residential Aged Care Facilities (RACFs)

There are 52 residential aged care facilities (RACFs) in the Gold Coast region stretching from Ormeau to Coolangatta. They range in capacity from 12 beds to much larger 167 bed facilities providing differing levels of care. There are 45 home care services and 47 home support services available to approved aged care recipients in the region.

Over 4,600 people used permanent residential aged care services in the Gold Coast Primary Health Network (GCPHN) region in 2016-17. This includes almost 1,900 new admissions and over 1,800 exits. In addition, over 1,500 people used a home care package.

As at June 2017, there are 85 places allocated for permanent residential aged care in the Gold Coast for every 1,000 people aged over 70 years, which is higher than the Queensland rate of 73. Gold Coast North, Southport and Robina contain the highest number of allocated places for permanent residential aged care.

Public hospitals

Gold Coast Health provides a range of specific services for older people in the region, including:

- Aged Care Assessment Teams at Gold Coast University Hospital (GCUH) at Southport, Robina Hospital, Helensvale Community Health Centre and Palm Beach Community Health Centre.
- Specialist palliative care in an inpatient and community setting
- Older Persons Mental Health Unit at Robina Hospital: 16 inpatient beds and community outreach.
- Complex Needs Assessment Panel (CNAP) 65+ providing coordination of care and services to support older people with complex mental health needs.
- Geriatric evaluation and management in the home located at GCUH.
- Bereavement services at Robina Hospital and GCUH.

Reducing the number of potentially preventable hospitalisations (PPHs) is a priority for Gold Coast PHN. There were 4,302 PPHs to Gold Coast public hospitals for people aged 75 years and over in 2016-17. The five leading causes of PPH bed days in this age group are:

- diabetes complications
- congestive cardiac failure
- chronic obstructive pulmonary disease (COPD)
- urinary tract infections (UTI)
- pneumonia and influenza

Public hospital emergency department (ED) and admission data for 2017-18 supplied by Gold Coast Health shows that:

- 5,551 or 3.1 per cent of patients presenting to a public ED were transferred from an RACF.
- The number of patients presenting to ED from RACFs has been increasing steadily over the last five years, up 62 per cent from 3,441 presentations in 2013-14.
- 7,430 or 4.5 per cent patients admitted to a public hospital as an inpatient in 2017-18 were transferred from an RACF.

GPs and medical deputising services

The capacity of the primary health care system to manage the ongoing health needs of older people, particularly those living in RACFs, is critical in preventing unnecessary transfers to hospital facilities. The Gold Coast region has higher rates of in-hours and after-hours GP attendances for older adults aged 65+ than the rest of the country. The number of GP attendances into RACFs, both in-hours and after-hours, has increased steadily over the last 5 years. On average, the number of GP attendances claimed relating to RACFs is 28.5 GP attendances per RACF resident per year.

Medications to treat anxiety and Alzheimer's for Gold Coast older adults are prescribed at much higher rates than Queensland and Australia.

Not-for-profit organisations

There are a range of not-for-profit providers who deliver after hours and in-home care, including:

- home modification and maintenance cleaning
- personal care
- shopping
- social outings
- transportation to respite care
- palliative care and dementia care

The cost of an individual's in-home care can often be supported through publicly-subsidised Commonwealth Home Support Program (CHSP) and Home Care Package (HCP) services depending on eligibility. Co-contributions are an expectation for individuals accessing CHSP and HCP except in cases of hardship.

On the Gold Coast the CHSP and HCP are delivered by the following providers:

Number of aged care services in Gold Coast PHN region by program and provider type as at June 2018.

Provider Type	Home Care Packages (HCP)	Commonwealth Home Support Programme (CHSP)
Private	17	3
Not-for-Profit	24	43
Government	0	2

Health needs and service issues (part 2)

The Gold Coast population is increasingly becoming older, with future demand for aged care services likely to increase significantly.

High numbers of older adults reside in Gold Coast North (Runaway Bay, Labrador, Paradise Point, Biggera Waters), Coolangatta, Broadbeach-Burleigh and Surfers Paradise.

High numbers of preventable hospital admissions for older adults are recorded for chronic obstructive pulmonary disease, urinary tract infections, angina and heart failure.

The prevalence of dementia in the Gold Coast region is projected to almost double by 2030 and the rate of hospitalisations for dementia has increased rapidly in recent years. In permanent residential aged care, over half of residents have a diagnosis of dementia.

The Gold Coast has high rates of medicine dispensing for anxiety disorders and Alzheimer's compared to national rates, and pockets of high dispensing for antidepressants and antipsychotics such as Southport.

Low uptake, awareness and confidence in relation to advance care planning, including documentation, legal requirements and how to approach conversations, for both service providers and community members.

Over 80 per cent of residents in residential aged care facilities (RACFs) have medium-to-high care needs in the domains of daily living activities, cognition/behaviour and complex health care.

Low numbers of people identifying as Aboriginal and Torres Strait Islander or who have a preferred language other than English utilise RACF services, despite many RACFs self-reporting they deliver appropriate services for these priority groups. Data availability for other diverse population groups such as older adults identifying as lesbian, gay, bisexual, transgender, intersex and other (LGBTI+) is limited.

National and local consultation highlights the ongoing need for timely, appropriate and accessible community information to support people in accessing, navigating and negotiating the aged care system and the subsequent impact on all levels of the community and service sector support systems.

The unmet needs and complexity of issues for people who are homeless or at risk of homelessness has been identified as a significant service gap in consultations.

The issue of 'reluctant consumers' of conventional services and support, particularly in relation to entering RACFs, is a hidden need which potentially impacts all levels of the community and service sectors.

Interstate migration to the Gold Coast for people in their older adult years potentially impacts the availability and strength of formal and informal support systems.

The increased complexity of care and support needs of RACF residents requires an appropriately skilled workforce.

Home Care Package (HCP) waitlists are substantial (HCP 3 and 4 in particular), delaying the delivery of care to older people to support them to remain at home, which can lead to acute hospitalisations and premature placement in an RACF.

Improved understanding of business processes for GPs and other providers could support more frequent and effective delivery of integrated services into RACFs.

Introduction to Regional Plan

RATIONALE

Compared to most other regions in Australia, the Gold Coast has a higher proportion of older people aged 65 years and over, which is projected to continue to increase. This provides an indication of the increasing future demand for aged care services.

We know that the care needs of older people are generally higher than the rest of the population.

Providing timely, appropriate and accessible health and aged care services and supporting older people and their families to navigate the service system will improve the health of the region's older people, support them to remain at home for as long as possible, and prevent unnecessary hospitalisations.

The Gold Coast has several local issues that are unique to the region, such as a comparatively high prevalence of dementia, low uptake of advance care planning, significant numbers of older people who move to the region away from their natural supports, and small pockets of older adults with diverse needs including Aboriginal and Torres Strait Islander people and those who identify as culturally and linguistically diverse (CALD) or lesbian, gay, bisexual, transgender, intersex and other sexuality, sex or gender diverse (LGBTI+).

The capacity of the primary health care system to manage the ongoing health needs of older people, particularly those living in RACFs, is critical in preventing unnecessary transfers to hospital facilities.

The nature of older people's health needs means that the region has a large number of service providers who provide care to older people at different times. This includes aged care services, general practice and other primary health care providers, public and private hospitals, local government and other community-based organisations. With this complexity comes the need for a coordinated and consistent approach, and the need for leadership and direction in an evolving sector.

The *Regional Plan* and its priorities are supported by the *Older People (After-Hours and RACF) Health Needs Assessment,* which outlines the findings of data analysis, service mapping, patient journey mapping, targeted consultation and co-design workshops. The report is available on the Gold Coast PHN website www.healthygc.com.au

Methodology

The *Older People Regional Plan* (focus on after hours RACF) was developed collaboratively with services supporting Older People within the region and is supported by findings from the *Older People (After-Hours and RACF) Health Needs Assessment.*

The four priorities identified in this regional plan have been developed in response to the local health needs, service issues and opportunities identified through a structured needs assessment and co-design process undertaken by Gold Coast PHN using the methodology below:

Data analysis	Service mapping	Patient journey mapping	Consultation	Co-design workshops
Relevant data indicators enable analysis of the drivers of service demand and levels of existing service utilisations.	Service mapping identifies and profiles existing services, broken down by service type, location, target population and provider type.	Patient journey mapping is an engagement tool to understand service issues and enablers from the perspective of health consumers.	Multifaceted consultation was undertaken to capture the opinions and priorities of diverse stakeholders, including: • Gold Coast Health • service providers • general • practitioners • consumer/carer representatives	Potential service responses were designed collaboratively with the wider sector and community in a participatory workshop format.

The outcomes from the co-design workshops were summarised and presented back to Gold Coast PHN's existing advisory mechanisms for prioritisation. The advisory groups involved in the prioritisation of regional plan activities include:

- Older Persons Leadership Group
- Clinical Council
- Community Advisory Council
- Primary Care Partnership Council

Scope of the Regional Plan

The scope of the *Regional Plan* includes services that support the broad health and social needs of older people within the Gold Coast region.

A specific focus of the plan is the services provided to older people residing in RACFs, particularly during the after-hours period.

In the context of this plan, older people are defined as non-Indigenous persons aged 65 years and over or Aboriginal and Torres Strait Islander persons aged 50 years and over. This reflects the age of eligibility to enter the publicly funded aged care system.

Recognising the need for a collaborative approach, the plan involves primary health care providers, RACFs and in-home aged care providers, public and private hospitals, local government and other community-based organisations.

While there are many established services and programs operating within the region that include or target older people, a service's relevance to this plan is based on its capacity to support an older person to be healthy, well and independent within their home (including residents of RACFs) and prevent unnecessary emergency presentations and hospital admissions.

What do we hope to achieve?

The *Older People Regional Plan* aims to contribute to Gold Coast PHN's overarching vision to build one world class health system for the Gold Coast.

Across all its program areas and priorities, Gold Coast PHN's strategic goals include:

- Improve coordination of care to ensure people receive the right care at the right place at the right time, by the right person
- Increase efficiency and effectiveness of health services for people particularly those at risk of poor outcomes
- Engage and advocate for general practice and other stakeholders to facilitate improvements in our local health system
- Be a high performing, efficient and accountable organisation

In the context of services for older people, with a focus on RACFs and after-hours services, this three-year plan is working towards the following strategic goals:

CREATING TRULY PERSON-CENTRED CARE

Putting our older people in the centre of all that we do in order to meet their diverse and complex needs and support them and their family/carers through the service system and to maintain health and wellbeing.

FOCUSING ON AN INTEGRATED AND COORDINATED APPROACH

Helping guide navigation, communication and consistent processes between services to support older people, particularly those with complex needs.

ENSURING EFFECTIVE, EFFICIENT AND BEST PRACTICE HEALTH CARE

Building relationships across the service system to ensure better outcomes for older people and their carers and families, and more efficient delivery of care for service commissioners.

ENSURING THE WORKFORCE HAS ONGOING EDUCATION AND SUPPORT.

Guiding the workforce through ever-evolving sector reforms and providing opportunities for ongoing education to ensure a high level of capability and confidence within the workforce providing services for older people and their carers and families.

Integrated Residential Healthcare

The resident and their relatives are in the centre of the model. They are served by the three levels of care, which are shown as segments involving services across the system layers.

Level 1 is residential care. Quality residential care includes accommodation that is safe and promotes wellbeing, personal care including food and support services, and in some instances nursing and allied health care. It is mainly provided by staff of the RACF facility, with extra input if required from other service providers.

Level 2 is primary medical care. Primary medical care includes prevention (e.g. vaccination for influenza and pneumonia, falls risk reduction), management of chronic diseases and geriatric syndromes, rehabilitation, palliative care and end of life care. It is mainly provided by the GP and practice staff working closely with the resident/relative, staff of the RACF and pharmacist, with extra input if required from other service providers.

Level 3 is specialist medical care. Specialist medical care includes acute, geriatric, rehabilitation and palliative care that may be provided externally, e.g. at hospital, or as shared care with GPs and staff at the facility. Finally in the model the wider industry and government sectors and community wrap around the care levels.

An Integrated Approach to Patient Care

The three essential elements in an integrated service system for delivering medical care to the resident are:

All three elements are necessary to ensure that the resident receives care that is timely and appropriate, whether in hours or after hours.

An integrated approach can be implemented by:

1. Identifying the health care nedds of the residents in care.
2. Identifying service providers required to develop partnership arrangements.
3. Identifying clinical resources needed to deliver care.
4. Selecting organisational tools to ensure all groups work in partnership to deliver health care.

Implementation and governance

The *Regional Plan* reflects the diversity of providers delivering care to older people on the Gold Coast with both primary care and community providers and within RACFs. It focuses on how these providers interact with each other currently and how better integration and coordination can be achieved.

The overarching implementation of the *Older Persons Regional Plan* will be led by Gold Coast PHN, with oversight and governance to be provided by Gold Coast PHN's existing advisory mechanisms including:

- Older Persons Leadership Group
- Clinical Council
- Community Advisory Council
- Primary Care Partnership Council

The four priorities and accompanying activities will guide actions across the sector and these will be monitored and reviewed in an ongoing manner as a commitment to meeting demand and the changing environment for our older people.

Each priority has identified measures of success. Gold Coast PHN will use these measures to progressively evaluate the delivery and impact of the Regional Plan.

GCPHN will continue to work with key partners and stakeholders in the Gold Coast health care sector to establish a more collaborative approach to future investment and planning for Palliative Care in RACFs. The next step for the Regional Plan is to further engage with key stakeholders such as Gold Coast Health (GCH) to establish an agreed, formalised governance structure that will enable the plans to reflect wider partner collaborative planning, joint investment and performance monitoring against the Regional Plans.

Gold Coast PHN and GCH recognise the importance of primary healthcare providers and hospitals working together to ensure services are best tailored to meet the needs of local communities. This commitment is reaffirmed and strengthened through the Primary Health Care Improvement Committee, Integrated Care Alliance as each of these collaborative partners has a significant and shared interest in the health of the Gold Coast region.

We have reaffirmed that Gold Coast PHN and GCH will prioritise and plan for services to best meet local health care needs as a collaborative. Our organisations have a shared commitment to strengthening existing joint partnerships and governance structures, driving continual innovation to address systemic gaps and strengthen the interface between acute and primary care. We are jointly committed to integrated models of care which support delivery in the appropriate settings and strengthen the effectiveness, efficiency, and health outcomes for all those who live in the Gold Coast region.

We recognise that working together puts us in the best position to improve patient care, outcomes and pathways, by moving care, where appropriate, into the primary care setting. There is no 'one size fits all' approach – instead, jointly, Gold Coast PHN and GCH will promote flexible approaches to meet the communities' specific needs. Driven by consumer needs, collectively we aim to:

- Ensure a coordinated approach to service planning and delivery across the Gold Coast, prioritising service gaps and challenges.
- Develop agreed common, seamless and complementary pathways.
- Work collaboratively to deliver more care in the primary care setting.
- Develop new ways of working together in partnership to improve patient care, access, outcomes and pathways.
- Create opportunities for our people to share resources, ideas, knowledge and experience to improve care through partnerships at the frontline.

OUR VISION FOR GOLD COAST'S OLDER PEOPLE SERVICES:

"Older people on the Gold Coast receive care that is person-centred, high-quality, compassionate, dignified and timely, and is provided at their place of choice by a dedicated, passionate, highly skilled and confident workforce"

Strategic priorities (part 3)

The following four priorities have been developed in response to the local health needs, service issues and opportunities identified through a structured needs assessment and co-design process undertaken by Gold Coast PHN.

The four key priorities are:

1. Workforce capacity building
2. Service integration
3. Community awareness and education
4. Service navigation and coordination

The colour code will direct you to the section within this plan.

The priorities will guide the planning and delivery of services for older people within the Gold Coast region over the next three years.

Some activities reflect ongoing bodies of work, and may be undertaken within existing resources, programs and activities at a local, state or national level.

Other activities will require additional investment and resourcing through Gold Coast PHN, its local partner organisations including Gold Coast Health, and the Commonwealth Government.

Activities have been prioritised and agreed by Gold Coast PHN advisory mechanisms based on alignment with the identified local health needs and service issues.

1 Workforce Capacity Building

Older people have access to an appropriately skilled and confident workforce to support their diverse social and health care needs

Older people on the Gold Coast told us they value:

Competence

Diversity

Availability

Holistic care

Understanding

Responsiveness

ACTIONS TO ACHIEVE

1 Design, implement and evaluate a workforce development program for RACF staff, covering key topics such as:

   a. wound care

   b. managing difficult and challenging consumer behaviours, inclusive of elder and staff abuse

   c. end-of-life symptom management

   d. mental health of older people

   e. chronic disease management

2 Support the development and implementation of a region-wide Aged Care Collaborative Group to bring service providers together to enhance peer and shared learning opportunities

3 Support the role of GPs in delivering care to older people in their homes (including residents of RACFs) through a business optimisation support model, which may include:

   a. Advice relating to Medical Benefits Schedule (MBS) item numbers, including services and supports for private patients

   b. Information to support case-conferencing using technology

   c. Advice relating to available Practice Incentives Program (PIP) payments

   d. Increase awareness of locally available services and supports

4 Promote the uptake and recognition of Commonwealth-funded workforce education and training initiatives relevant to the health needs of older people, such as:

a. Advanced Care Planning Australia online learning space for health professionals, care workers and community members

a. The Advance Project, an accredited online training activity and evidence-based toolkit for GPs and general practice nurses to support advance care planning and palliative care.

a. Dementia Training Australia, online and face-to-face education and training on the care of people living with dementia

a. palliAGED apps for GPs and nurses working in residential aged care, community care and general practice and providing end-of-life care

5 Support the promotion and awareness of locally facilitated educational events to enhance cross-sector capacity building

6 Support mechanisms to increase cultural/spiritual awareness in mainstream services, including:

a. Support cultural/spiritual awareness training in mainstream services, including through the Commonwealth-funded Partners in Culturally Appropriate Care (PICAC) initiative

b. Promote integration of cultural organisations with mainstream services

c. Support the implementation of the National Aged Care Diversity Framework

d. Promote uptake of the Translating and Interpreting Service (TIS National)

e. Translate and disseminate key resources in common languages identified in statistical demographic data for the Gold Coast region

f. Involve people from different cultural/spiritual backgrounds in the development and design of commissioned services

7 Raise awareness of availability of Gold Coast Health Specialist Palliative Care Service to provide telephone support to GPs and RACF nursing staff.

8 Design and implement a capacity-building program to enhance the communication skills and confidence of health professionals to have end-of-life conversations and support early uptake of advance care planning and end-of-life planning.

Possible measures of success

- Increased uptake of education and training opportunities
- Increased attendance at sector development and networking events
- Increased attendance at PHN-led education events and workshops
- Increased uptake of consumer advance care planning
- Reduction of preventable hospital emergency department presentations and hospitalisations in the after-hours period
- Increase in GP attendance where older people reside, particularly into RACFs
- More culturally and spiritually aware services delivered by aged care providers
- Increased uptake of aged care services by priority populations
- Increased quality of RACF services as measured against the Single Aged Care Quality Framework

2 Service Integration

Older people have access to a connected and integrated service system that delivers effective and efficient health care

Older people on the Gold Coast told us they value:

- **Holistic care**
- **Accessibility**
- **Continuity of care**
- **Well-designed aged care services**
- **Quality**

ACTIONS TO ACHIEVE
1 Support the implementation of the Integrated Care Alliance's region-wide pilot program with 10 RACF 'Centres of Excellence' across the region, to model and disseminate examples of effective practice relating to integrated care involving nurses, allied health and GPs. Activities to include: a. provide appropriate clinical support to GPs and RACF staff to manage a person's care in their home and out of hospital a. provide opportunities for education and knowledge transfer into RACFs a. provide after-hours clinical support for RACF staff
2 Promote uptake and implementation of My Health Record
3 Promote uptake and implementation of advance care planning across the Gold Coast region, including working with RACFs to undertake advance care planning as part of routine intake processes.
4 Work with local universities/training organisations to develop a program to enhance the appeal for students to undertake placements within RACFs

5 Explore opportunities to locally the availability of government-funded programs or services to RACFs including:

a. Dementia Behaviour Management Advisory Service (DBMAS) and Severe Behaviour Response Teams (SBRT)

b. palliAGED, an online portal for aged care providers to find evidence and practice resources

c. Dementia Training Australia's Environmental Design Handbook and Build Environment Assessment Tool for Dementia (BEAT-D), to support RACFs to design new or refurbish existing facilities to be more enabling environments for people living with dementia.

d. Non-government organisations e.g. Lung Foundation Australia, Stroke Foundation, Cancer Council and Alzheimer's Australia

e. Peak Bodies e.g. Council on The Ageing Queensland, Palliative Care Queensland and Carers Queensland

6 To explore options of commissioning mental health services to support residents of RACFs who have a diagnosed mental illness.

7 Support the integration of RACFs with organisations who regularly engage with priority populations to deliver more responsive aged care services to diverse needs, including through the Commonwealth-funded Partners in Culturally Appropriate Care (PICAC) initiative

8 Develop and implement programs to support effective clinical handover and reduce communication errors between health and aged care

9 Support local aged care service providers to respond to national reforms relating to quality, assessment and navigation of the My Aged Care system, through sector communication and information sharing.

Possible measures of success

- Fewer potentially preventable emergency department presentations and hospital admissions for older people.
- Increased number of student placements in RACFs.
- Increased number of RACF residents receiving PHN funded mental health services.
- Improved effectiveness of clinical handovers reported by primary health care providers and RACF staff.
- Increased uptake of advance care planning from RACFs.

2 Community Awareness and Education

Older people are supported to obtain a high level of health literacy and awareness of available services and supports.

Older people on the Gold Coast told us they value:

Being informed

Family and carer engagement

Early planning and decision-making

ACTIONS TO ACHIEVE

1 Develop and implement a comprehensive and multilayered community communication strategy delivered through a variety of channels to increase impact, focused on key topics such as:

a. Advance care planning

b. Health literacy, and awareness of existing education and resources

c. Available services and supports, including respite

d. Health promotion (e.g. nutrition, physical activity and balance, oral health, smoking, medication adherence, obesity)

e. Social, spiritual and cultural connectedness

f. Falls prevention

g. Hygiene and infection control

2 Review HealthyGC website to include:

a. Online service and support directory to coordinate and existing programs or services able to provide information and support to older people, their family and carers:

i. National Dementia Helpline

ii. Older Persons Advocacy Network (OPAN)

iii. Community Visitor Scheme

iv. National Carer Counselling Program

v. Advocacy organisations (e.g. Lung Foundation Australia, Stroke Foundation, Cancer Council, Dementia Australia)

vi. Peak bodies (e.g. Council on the Ageing Queensland, Palliative Care Queensland, Carers Queensland)

b. Ensure existing consumer facing resources are contemporary and developed with clear and simple language.

3 Leverage existing community organisations' newsletters, social media networks and local events to disseminate key health-related information and raise awareness with older people who are not currently accessing health or aged care services.

4 Develop a comprehensive and localised guide for older people who are preparing to enter the aged care system, including information on:

a. Navigating the MyAgedCare system
b. Being assessed by an Aged Care Assessment Team
c. Managing a person's approved services
d. What to expect when transitioning into residential aged care
e. Where to seek financial advice
f. Benefits of advance care planning

Possible measures of success

- Increased uptake of existing programs and initiatives.
- Increased uptake of advance care planning.
- Increased health literacy reported by Gold Coast older people and their carers and families.
- Increased number of visits and length of time on older people section of HealthyGC website.
- Increased number of older people and their carers and families reporting being better connected to the information and support they need.

2 Service Navigation and Coordination

Older people have access to appropriate information and support to identify and navigate services

Older people on the Gold Coast told us they value:

Ease of navigation

Support to remain at home

Holistic care

ACTIONS TO ACHIEVE
1 Support the implementation of the Integrated Care Alliance's recommendation to resource the inclusion of navigator roles to support individuals to navigate and access health and social services.
2 Continue to evaluate and optimise the delivery of the Interact program with Gold Coast Health to ensure the effective delivery of an emergency department telephone triage line for RACF staff and general practice staff.
3 Investigate opportunities and feasibility of programs that support the inclusion of social worker roles into RACFs to: a. Undertake resident medical, psychosocial, risk, capacity and functional assessments b. Provide counselling support for residents and their carers and families c. Linking and coordinating in-reaching access with community, health, social and spiritual services d. Case management and service coordination e. Advance care planning support
4 Support RACFs within the region to embed procedures that enable and support after-hours visiting clinicians in relation to: a. Timely access to facilities b. Availability of clinical support (e.g. registered nurse) c. Exchange of health information d. Medication management
5 Enhance HealthyGC website to include service directory/navigation support for local services.

Possible measures of success

- Fewer potentially preventable emergency department presentations and hospital admissions for older people.
- Reduction in barriers reported by visiting clinicians to attend to their patients in aged care facilities.
- More older people and their carers and families reporting feeling confident and capable to find and access the services they need.

Reference List

Australian Bureau of Statistics (ABS), 2016 Census of Population and Housing. Available at: http://www.abs.gov.au/ausstats/abs@.nsf/mf/2024.0

Australian Government Department of Health, 2018 National Aged Care Diversity Framework. Available at: https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework

Australian Institute of Health and Welfare (AIHW), 2012-2016 Mortality Over Regions and Time (MORT) books. Available at: https://www.aihw.gov.au/reports/life-expectancy-death/mort-books/contents/mort-books

Australian Commission on Safety and Quality in Health Care (ACSQHC), 2015 The First Australian Atlas of Healthcare Variation. Available at: https://www.safetyandquality.gov.au/atlas/atlas-2015/

ACSQHC, 2017 The Second Australian Atlas of Healthcare Variation. Available at: https://www.safetyandquality.gov.au/atlas/atlas-2017/

AIHW MyHealthyCommunities portal. Available at: https://www.myhealthycommunities.gov.au/

AIHW, GEN Aged Care data portal. Available at: https://www.gen-agedcaredata.gov.au/

Department of Health, 2018 Home Care Packages Data Report 1 January to 31 March 2018

Department of Human Services, 2018 Medicare Australia Statistics. Available at: http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp

Gold Coast City Council, 2018 Social Planning and Research Reports. Available at: http://www.goldcoast.qld.gov.au/thegoldcoast/gold-coast-seniors-statistics-888.html

Gold Coast Health, 2018 Queensland Hospital Admitted Patient Data Collection (QHAPDC) (supplied by Gold Coast Health)

Queensland Government, 2016 Queensland: an age-friendly community. Available at: https://www.communities.qld.gov.au/resources/dcdss/seniors/age-friendly-community/qafc-action-plan.pdf

Queensland Health, 2016 Queensland Survey Analytics System (QSAS) regional detailed data (supplied by Gold Coast Health)

Alzheimer's Australia Qld, 2011 Projections of dementia prevalence and incidence in Queensland 2011-2050. Available at: https://www.dementia.org.au/sites/default/files/20120228_REP_QLD_Projections_of_dementia_prevalence_and_incidence_in_QLD_20112050_20111124_MS.pdf

Gold Coast Primary Health Network

Primary Care Gold Coast (ABN 47152953092), trading as the Gold Coast Primary Health Network.

Level 1, 14 Edgewater Court, Robina 4226 | PO Box 3576 Robina Town Centre QLD 4230

P: 07 5635 2455 | F: 07 5635 2466 | E: info@gcphn.com.au | www.healthygc.com.au

"Building one world class health system for the Gold Coast."

Gold Coast Primary Health Network gratefully acknowledges the financial and other support from the Australian Government Department of Health.

phn GOLD COAST

An Australian Government Initiative