Gold Coast - Aged Care
2021/22 - 2024/25
Activity Summary View

Contents

AC-EI - 1 - Commissioning early intervention initiatives to support healthy ageing

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-EI

Activity Number *

1

Activity Title *

Commissioning early intervention initiatives to support healthy ageing

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Identified need:
• Recommendations from Royal Commission into Aged Care
• Some older Australians are entering aged care earlier than they may otherwise need to due to a lack of support for healthy ageing or ability to manage their chronic conditions in the community
• Locally, the burden of chronic disease is associated with significant health needs. Key local health needs and services issues formally identified in the 2021 GCPHN Needs Assessment submitted to the Department of Health in December 2021 (see section 3.8 Chronic Disease, page 1) include:
o Limited systems to support care coordination for people with a chronic condition.
o Minimal focus on prevention, early identification, and self-management of chronic disease.
o Rate of potentially preventable hospitalisations in the Gold Coast Primary Health Network region is above the national rate, top conditions included:
o Urinary tract infections
o Iron deficiency anaemia
o Chronic obstructive pulmonary disease
o Cellulitis
o Vaccine preventable

• Rate of people in the Gold Coast Primary Health Network region with chronic obstructive pulmonary disease and asthma above the national rate.
Aim:
• Implementation of targeted interventions to prevent, identify and reduce chronic disease and health issues, avoid inappropriate hospital admissions, reduce premature entry into residential aged care and improve health outcomes for the elderly.
• Supporting collaborative approaches between multidisciplinary teams and primary care providers.
• Expanding existing healthy ageing programs where relevant.
• Educating primary health care providers on how to connect senior Australians with necessary psychosocial, health, social and welfare supports.
• Educating family members or carers on how to manage an older person's health.

Description of Activity *

Scoping:
• Data analysis to identify target groups in older people using Primary Sense™ and other relevant data sources
• Review of existing models of care
• Current management strategies in primary care for older persons

Service mapping:
• Identification of existing Health Ageing programs including chronic disease self management
• Community NGO support and services available
• Consumer resources and needs to improve self management for those with chronic diseases and their family/carers
• Identification of chronic disease prevention strategies/programs

Implementation:
• Trial the new model of care in a pilot group of general practices for a specific target group, to support early intervention activities, increased ability to self manage conditions, access to services at home
• Commission new, or expand, existing Healthy ageing programs and self management programs as determined appropriate
• Refine model of care after trial, and adapt for broader target groups
• Facilitate collaborative approach between multidisciplinary teams and primary care providers
• Development of resources, and provide education, for health professionals to support navigation and easier access to services available for older people
• Provide resources to support family members and carers to improve management of older person's health

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
Chronic Disease	170
Older People	241

Activity Demographics

Target Population Cohort

Older People, primary health care providers, community based NGOs and healthy ageing program providers

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

• GCPHN committees:
o Community Advisory Council (Consumers)
o Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, allied health provider)
o Aged and Palliative Care Leadership Group (consumers {including CALD community}, general practitioners, QLD Health and NGO representatives)

• Gold Coast Health – Aged Care Service providers, Health Pathways development team, Chronic Disease programs
• QLD Clinical Excellence Network: Older Persons Health
• Other PHNs
o QLD Aged Care Collaborative

• General practice teams
• GCPHN internal teams:
o Communications
o Events
o Data and reporting
o Digital Health
o Procurement
o Other project team/s interacting with RACFs

• Department of Health – Aged Care
o GC Aged Care Regional Stewardship team

• Community NGO aged care service providers
• Gold Coast City Council – Healthy ageing programs
• Consumer Peak Bodies

Collaboration

All of the above listed in stakeholder engagement consultation

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Activity Milestone Details/Duration

Activity Start Date

30/11/2021

Activity End Date

30/06/2024

Service Delivery Start Date

July 2022

Service Delivery End Date

N/A

Other Relevant Milestones

Project initiation - Development of project scope - January to February 2022

Project planning - Project plan and Gantt approved, aged care engagement strategy endorsed - February to March 2022

Project execution - Project commencement, procurement strategy, contract development, model of care endorsed, communications strategy - April to December 2022

Project monitoring and control - Service commencement, monthly/quarterly reporting, participation in evaluation activities - January 2023 to June 2024

List of key project delivery milestone/s or decision gate/s - model of care developed, procured provider, practice agreements/contracts developed, project activity commencement

Project handover to Business-as-usual teams - integrate into primary health care improvement team activities for elements within scope for GCPHN as part of AWP for 2024/25 - June 2024

Project closure - Develop and submit project closure report, service decommissioning plan including maintenance strategy to support long term sustainability of project activities - May to June 2024

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No

Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

AC-VARACF - 1 - Support RACFs to increase availability and use of telehealth care for aged care residents

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-VARACF

Activity Number *

1

Activity Title *

Support RACFs to increase availability and use of telehealth care for aged care residents

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Identified need:
• Timely access to primary health care professionals, whether through face-to-face consultation or telehealth, is recognised as an issue for many RACFs, that in some cases can lead to potentially preventable hospitalisations. RACFs require adequate telehealth facilities to support access to virtual consultations for their residents
• Recommendations from Royal Commission into Aged Care

Aim:
• Participating RACFs have access to appropriate telehealth facilities and equipment to enable their residents to virtually consult, when needed, with their primary health care professionals, specialists and other clinicians. The facilities and equipment provided should be compatible with most existing virtual consult technology used by providers in GCPHN region and complies with recognised telehealth standards.
• Participating RACF staff are appropriately trained to build their capability to enhance access to virtual consultations for their residents
• Participating RACF staff have access to use My Health Record and secure messaging, and are appropriately trained to increase capability to provide timely transfer of resident's health care information between RACF, primary and acute care settings.
• Systems implemented in RACFs compliments other state or national initiatives to improve technological interoperability between the aged care and health systems

Description of Activity *

The 'Support RACFs to increase availability and use of telehealth care for aged care residents' project will require extensive stakeholder engagement with a range of consultation and co-design activities to inform project scope including:
• Assessment of baseline use and skill set of RACF staff in digital health platforms, including telehealth systems and My Health Record registration status
• Identification of the barriers to uptake of telehealth systems and resources required to facilitate project outcomes
• Broad stakeholder engagement with:
o GCPHN's key advisory groups (i.e. Consumer Advisory Council, Primary Health Care Improvement Committee, Clinical Council and Primary Care Partnership Council)
o RACFs (approach will be to engage executive level support where possible)
o General practice (in particular those that provide services to RACFs residents)
o PHNs in QLD and nationally where appropriate to ensure synergies of scale in shared learning and project development activities
o Relevant peak bodies (including consumer advocacy groups)
o Gold Coast Health
o Australian Digital Health Agency
• In consultation with other PHNs, develop a procurement strategy for identified requirements to support project outcomes including:
o Equipment/resources
o Training packages
o Resources to support ongoing training for new staff
• Support RACFs to register and provide training on use for My Health Record and provide training on use
• Review/develop availability of training guides for RACF staff in consultation with the Australian Digital Health Agency and RACF staff
• Promotion of electronic medication management in RACFs (through use of electronic National Residents Medication Charts – eNRMC)

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
Older People	241

Activity Demographics

Target Population Cohort

Residents living in RACFs; staff working in RACFs

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

• GCPHN committees:
o Community Advisory Council (Consumers)
o Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, allied health provider)
o Aged and Palliative Care Leadership Group (consumers {including CALD community}, general practitioners, QLD Health and NGO representatives)

• Gold Coast Health – Aged Care Service providers, SPACE project team and Digital Health transformation team
• Wound Management Pilot in RACFs - Service provider for project
• Australian Digital Health Agency
• Other PHNs
o QLD Aged Care Collaborative
• RACF executives and staff
• GCPHN internal teams:
o Communications
o Events
o Data and reporting
o Digital Health
o Procurement
o Other project team/s interacting with RACFs
• Department of Health – Aged Care
o GC Aged Care Regional Stewardship team
• Consumer Peak Bodies

Collaboration

All of the above listed in stakeholder engagement consultation

Activity Milestone Details/Duration

Activity Start Date

30/11/2021

Activity End Date

30/06/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Project initiation - Development of project scope - January to February 2022

Project planning - Project plan & Gannt approved, and aged care engagement strategy endorsed - February to March 2022

Project execution - Project commencement, procurement strategy, contract development, implementation plan, communications strategy - April to October 2022

Project monitoring and control - Service commencement, monthly and quarterly reports, participation in any evaluation activities - October 2022 to June 2024

Project closure - Project completion report, policy and procedure manual for telehealth and MHR use in RACFs - January to June 2024

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

It is proposed that GCPHN will work collaboratively with QLD PHNs to design and commission identified requirements to support project implementation.

AC-CF - 1 - Care Finder Program

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

1

Activity Title *

Care Finder Program

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Identified need:
This new activity forms part of the Australian Government's response to recommendations made by the Royal Commission into Aged Care Quality and Safety. Accessing and navigating the My Aged Care platform is complex for senior Australians, in particular those without appropriate support, impaired cognition, language barriers or fearful of government organisations. The Care Finder Program will provide intensive support, complementing other services being implemented in the Connecting senior Australians to aged care services measure.

Aims and outcomes:

- PHNs are to commission care finder services to provide specialist and intensive assistance to a specified target population to understand and access aged care services and other relevant supports in the community.
- The program will improve outcomes for people in the care finder target population including:
  - improved coordination of support when seeking access to aged care
  - improved understanding of aged care services and how to access them
  - improved openness or willingness to engage with the aged care system
  - increased rates of access to aged care services and connections to other relevant services
- Increased care finder workforce capability to meet client needs
- Improve integration between the health and aged care systems at the local level within the context of the care finder program

Overarching aim of GCPHN activities is to:

- Gain a better understanding of the local needs in relation to care finder support by conducting a needs assessment

- Commission care finder services to provide specialist and intensive assistance in understanding and accessing aged care, based on local needs
- Support the transition of the current two providers of the Assistance with Care and Housing (ACH) program on the Gold Coast
  (with the exception of hoarding and squalor) to commence service delivery January 1, 2023

Description of Activity *

Operational
• Undertake additional needs assessment to inform local needs and target population composition and size
• Undertake extensive stakeholder engagement with community groups and primary care providers to assess local needs and potential sb-groups in the target population and regions of most need
• Recruitment of staff member to support implementation, monitoring and support quality improvement activities with commissioned services.
• Undertake negotiations and contract execution with existing Assistance with Care and Housing (ACH) provider to transition to Care Finder Program
• Support existing ACH providers and newly commissioned providers to complete relevant training and other requirements to commence service delivery January 1, 2023
• Develop a tender to commission other relevant providers to deliver the Care Finder Program to address identified needs and regions
o Envisaged additional number of organisations to be commissioned is approximately 2-5 to ensure appropriate skill sets and expertise is available in the workforce to meet the target population needs
o Depending on expertise of the organisations - some might be better placed to support specific sub-groups of the target population across the region
o Organisations with the infrastructure to support a central intake function will be considered
• Monitor and manage Care Finder Organisation/s contracted by GCPHN to ensure obligations are met, including completion of required training and reporting
• Work closely with other PHNs to identify where joint activities in the program will support efficiencies and collaboration and identification and monitoring of cross border referrals and impact on outcomes
• Support and manage service delivery with commissioned services
• Participate in and monitor data collection by commissioned service providers to support national evaluation
• Support and promote continuous quality improvement of the Care Finder Program
• Support improved integration of the Care Finder Program between health, aged care and other systems by inclusion in locally developed Aged Care clinical referral pathways and establishment of a community of practice

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
Chronic Disease	170
Underserviced population groups	387
Older People	241

Activity Demographics

Target Population Cohort

People who are eligible for aged care services and have one or more reasons for requiring intensive support to:

- interact with My Aged Care and access aged care services and/or

- access other relevant supports in the community

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

For the needs assessment stakeholders were identified and stratified. Key stakeholders were directly approached through meetings, video and telephone calls to inform target cohort, geographic areas of higher need, workforce and integration issues as part of the development of the needs assessment. These included:
• GCPHN committees:
o Community Advisory Council (Consumers)
o Primary Health Care Improvement Committee (members consist of general practitioners, practice managers, practice nurses, allied health provider)
o Aged and Palliative Care Leadership Group (consumers {including CALD community}, general practitioners, QLD Health and NGO representatives, Aboriginal and Torres Strait Islander organisation)
o Clinical Council
o Primary Care Partnership Council (primary health care organisations, Gold Coast Health)
o ACH providers
o First Nations and CALD service providers
o Housing and homelessness services
o Gold Coast Health
o City of Gold Coast
o Gold Coast Aged Care Regional Stewardship team (Michele McLauglin and team members)

In addition, a survey was distributed to stakeholders including other identified stakeholders such as:
• Community centres
• Community service providers
• Churches
• Peak bodies

Collaboration

All stakeholders in Collaboration section
Stakeholders who completed the survey who indicated and that they would like to provide further feedback were invited to the Gold Coast Primary Care Partnership Council meeting held specifically to discuss the care finder program and validate the results of the prioritisation process.
GCPHN participated in a NT/Qld PHN collaborative care finder working group to support information sharing to improve efficiency of the development of the care finder needs assessment, procurement plan, and contracts. These meetings also provided the opportunity for key stakeholders to engage efficiently with a group of PHNs, instead of individually.

Discussions with bordering PHNs (Brisbane South and North Coast) were conducted to identify where cross-border referrals may

occur and strategies to ensure client choice is respected irrespective of state, PHN or local government or other boundaries. These conversations will continue throughout implementation.

Codesign will be undertaken with successful care finder organisations (including transitioning ACH providers) to finalise service model and on-referring when appropriate.

Supporting the establishment and effective operation of a collaborative community of practice and effective engagement of potential referrers will be a key deliverable under the care finder implementation.

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

30/09/2025

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Review and update Needs assessment and submit by 31 August 2022
Submit updated Activity Work Plan and Supplementary Needs Assessment by August 31 2022
Develop contract for existing Assistance with Care and Housing (ACH) providers by September 2022
Transition existing Assistance with Care and Housing (ACH) providers to commence service delivery by January 1 2023
Develop tender to commission additional service provider/s by September 2022
Submit care finder Initial report by November 25, 2022 and submit an update if required by January 18 2023
Execute contract with additional service provider/s for service delivery to commence1 January 2023 with a ramp up by 30 April 2023 for those organisations who need time for establishment
Update AWP in April 2023

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: Yes
Open Tender: Yes
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Direct approach for existing Assistance with Care and Housing Providers (ACH) who will be transitioned to the Care Finder Programs (Footprints Community Limited and Star Community Services Ltd). Open tender to onboard further providers.

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

AC-AHARACF - 1 - Enhanced out of hours residential aged care

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-AHARACF

Activity Number *

1

Activity Title *

Enhanced out of hours residential aged care

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Identified need:
• RACF residents can experience deterioration in their health during the after-hours period, but immediate transfer to hospital is not always clinically necessary. Lack of awareness and utilisation of out of hours services provided by GPs and other health professionals, including Gold Coast Health services, leads residents to unnecessary hospital presentations. RACF staff confidence and experience is often lower in after hours period.
• Recommendations from Royal Commission into Aged Care

Aim:
• Participating RACFs:
o will be able to develop, maintain and implement individualised after-hours management plans, in line with residents' wishes
o will be aware of after-hours health care options and referral pathways and utilise these when appropriate
o will develop and embed procedures to ensure residents' digital medical records are kept up to date, particularly where an after-hours episode of care occurs to support appropriate clinical handover and continuity of care
o will work collaboratively with their resident's GPs, and other health care professionals, to develop/review and update after-hours action plans as required

Description of Activity *

Scoping:
• Service mapping of existing after-hours referral pathways and services
• Assess RACF staff level of knowledge of after-hours care options and current management plan development status
• Scope availability of appropriate after- hours management plan templates and organisational procedures, to embed and sustain this process
• Identify enablers and barriers to develop after-hours management plans and potential solutions
• Work with after-hours service providers to assess enablers and barriers to support after-hours management plans implementation
Activity implementation:
• Broad stakeholder engagement with RACFs, key providers and other stakeholders
• Support development of after-hours management plan template
• Promote completion of Advance Care Plans for all residents of RACFs
• Work with participating RACFs to develop a robust governance structure to support activity implementation to embed and support sustainability
• Work with participating RACFs to develop a quality improvement tool kit to implement this activity as a legacy of the project

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
After Hours	67
Older People	241

Activity Demographics

Target Population Cohort

Residents living in RACFs; staff working in RACFs, general practitioners, after hours service providers, Gold Coast Health, Queensland Ambulance Service

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

• GCPHN committees:
o Community Advisory Council (Consumers)
o Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, allied health provider)
o Aged and Palliative Care Leadership Group (consumers {including CALD community}, general practitioners, QLD Health and NGO representatives)

• Gold Coast Health – Aged Care Service providers, SPACE project team and Digital Health transformation team
• Australian Digital Health Agency
• Other PHNs
o QLD Aged Care Collaborative

• RACF executives and staff
• GCPHN internal teams:
o Communications
o Events
o Data and reporting
o Digital Health
o Procurement
o Other project team/s interacting with RACFs

• Department of Health – Aged Care
o GC Aged Care Regional Stewardship team

• Consumers and relevant Peak Bodies
• General practices/practitioners that service RACF residents
• Queensland Ambulance
• After Hours medical service providers

Collaboration

All of the above listed in stakeholder engagement consultation

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Activity Milestone Details/Duration

Activity Start Date

30/11/2021

Activity End Date

30/06/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Development and project scope - January to February 2022

Project plan & Gantt approved, and aged care engagement strategy endorsed - February to March 2022

Project commencement, procurement strategy, contract development, implementation plan, communications strategy - April to November 2022

Service commencement/resource launch, monthly and quarterly reports, participation in any evaluation activities - November 2022 to June 2024

Project completion report on Enhance out of hours residential aged care - January to June 2024

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A
