Gold Coast - Aged Care
2024/25 - 2027/28
Activity Summary View

AC-OSP - 1 - Aged Care On-site Pharmacist Measure – Residential Aged Care Home Support Grant Program

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-OSP

Activity Number *

1

Activity Title *

Aged Care On-site Pharmacist Measure – Residential Aged Care Home Support Grant 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 *

This activity aims to:
- increase uptake of credentialed, aged care on-site pharmacists by RACHs within the GCPHN region, and
- improve access to aged care on-site pharmacists in RACHs in the GCPHN region.

Description of Activity *

The Gold Coast PHN will:
• Utilise internal resources to engage with facility and clinical managers from Residential Aged Care Homes (RACHs) to gain a deeper understanding of the challenges in engaging an Aged Care On-site Pharmacist (ACOP) and identifying RACHs who wish to engage an ACOP. The information collected from this consultation will help shape a deeper understanding of potential barriers to

RACHs engaging an ACOP to inform program implementation and messaging to involved stakeholders.
• Engage with Community Pharmacists to identify:
o pharmacists who already participate in the ACOP measure or existing QUM or RMMR programs,
o capacity and eligibility of non-participating pharmacists to become an ACOP
o which pharmacists are credentialed
o potential barriers to participation.
• Engage with general practice owners and practice managers around the ACOP measure to inform communication and support requirements and to improve links between all involved stakeholders.
• Utilise information collected during consultations to inform a comprehensive stakeholder engagement and communication plan focused on raising awareness of the advantages of the ACOP measure and incentives available to pharmacists, primary care and RACHs.
• Identify resources available to support involved stakeholders to understand the ACOP measure, implement the program, become credentialed and claim relevant supports including those created by Capital PHN.
• Provide direct support to assist RACH staff to engage an ACOP when required including sharing information about eligible pharmacists who wish to be an ACOP.
• Develop a communication plan for general practice, pharmacists and RACHs outlining scope of GCPHN in supporting the matching of RACHs to credentialed pharmacists.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Slow adoption of digital health solutions by RACHs and poor integration with other clinical systems limits access to clinical information between service providers, including paramedics.	166
Systems and processes do not support consistent, effective clinical handover on discharge from the acute sector to primary and community services to support ongoing care.	57
Reduced bulk billing and reducing GP per capita rates leading to poorer access for some vulnerable people.	57
Insufficient resources for some general practices and RACHs to implement frequent reform and new initiatives.	57
Challenges for general practices, primary care and RACHs in adopting digital health.	57

Activity Demographics

Target Population Cohort

Residents of aged care facilities, RACH's, Pharmacists and General Practitioners

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

1. RACHs
2. Pharmacists
3. General Practitioners
4. General Practice
5. Existing GCPHN governance groups
6. QLD State Government

Collaboration

1. RACHs – Facility managers and other client-facing RACH workforce
2. Pharmacists
3. General Practitioners
4. General Practice
5. Existing GCPHN governance groups
6. QLD State Government

Activity Milestone Details/Duration

Activity Start Date

31/12/2024

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2025

Service Delivery End Date

30/06/2027

Other Relevant Milestones

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

Is this activity being co-designed?

No

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-EI - 2 - Operational - Commissioning early intervention initiatives to support healthy ageing

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-EI

Activity Number *

2

Activity Title *

Operational - Commissioning early intervention initiatives to support healthy ageing

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

To support GCPHN's operational costs associated with the Commissioning early intervention initiatives to support healthy ageing (AC-EI-1).

Description of Activity *

GCPHN to:
• Support the promotion of the commissioned service providers, monitor contract deliverables and reporting requirements with providers.
• Support collaboration with relevant GCH departments, specialist, and primary care providers to ensure appropriate access and referrals are received.
• Provide relevant updates and good news stories to the department as requested.
• Attend national PHN and local working groups to support integration of the services into existing primary and secondary care services.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.	166
High levels of isolation and loneliness among older people.	166
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Prevalence of select chronic disease risk factors (low vegetable intake, high BMI, alcohol) is high and/or significantly increasing for adults in Gold Coast region.	71
Ongoing improvements are required in culturally safe service provision across the system to ensure equitable, effective access for First Nations people.	86
Limited culturally informed holistic approaches to wellbeing and ill health prevention.	86
Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.	41

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 *

Yes

Indigenous Specific Comments

One service provider delivers to Indigenous specific cohort.

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 Palliative and Aged Care Committee (consumers [including CALD community], general practitioners, Gold Coast Health, NGOs and RACH representatives)
• Gold Coast Health – Aged Care Services , Health Pathways development team, Chronic Disease programs, Mungulli Indigenous Health Clinic
• Healthy ageing service providers: Frailty Care in the Community, Bond University Allied Health Clinic
• QLD Clinical Excellence Network: Older Persons Health
• Other PHNs
QLD Aged Care Collaborative
• General practice teams
• GCPHN internal teams
• Department of Health and Aged Care
o Department of Health and Ageing Local Network (South East QLD)
• 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.

Activity Milestone Details/Duration

Activity Start Date

30/11/2021

Activity End Date

29/06/2025

Service Delivery Start Date

July 2022

Service Delivery End Date

June 2025

Other Relevant Milestones

Project monitoring and control - services continue contract management, monthly/quarterly reporting, participation in evaluation activities, continuous quality improvement - July 2024 to June 2025.

List of key project delivery milestone/s or decision gate/s - services monitored base on pre-existing evaluation tools, referral pathway resources, Quality Improvement action plans completed (for 4 graduate practices).

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: 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-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 *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Aims and outcomes:
• Commission care finder services that provide specialist and intensive assistance to help people in the target population to understand and access aged care services and connect with other relevant supports in the community.

• The program will improve outcomes for people in the care finder target population including:
o improved coordination of support when seeking access to aged care
o improved understanding of aged care services and how to access them
o improved openness or willingness to engage with the aged care system
o 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.

This 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, particularly 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.

Overarching aim of GCPHN activities is to:
• Support the commissioned care finder providers to provide specialist and intensive assistance in understanding and accessing aged care and other relevant supports in the community by promoting the service to local stakeholders.
• Continue to gain a better understanding of the local needs in relation to care finder support by engagement with commissioned service providers and relevant stakeholders.
• Monitor implementation of the program and identification of opportunities for quality improvement.
• Support the development, and maintenance of a community of practice with commissioned service providers to ensure local needs are met and emerging needs identified.

Description of Activity *

• Monitor, support and manage the Care Finder service providers contracted by GCPHN to ensure contractual obligations are met, including completion of required training and reporting.
• Ensure Care Finder providers service delivery is available for the whole of the Gold Coast region as indicated in contracts.
• Monitor target groups being serviced to ensure priority groups are being serviced.
• Ensure providers complete extensive outreach activities to support identification of target population groups and monitor emerging needs of the region.
• 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.
• 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

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Large and growing Pasifika community with higher reported health needs and challenges accessing healthcare.	102
Gaps in cultural capability across service providers and clinicians, particularly relating to sensitive issues such as mental health, AOD and FDV.	102
Migrants are often unfamiliar with the Australian health system and have lower health literacy.	102
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.	166
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Limited effective support in navigating complex community, aged care system and NDIS.	166
Limited culturally appropriate services for culturally and linguistically diverse older people.	166

Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Limited availability of suitable service options to support older population.	221
Growing numbers of people with socioeconomic disadvantage and associated higher need, especially in the northern Gold Coast.	71
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

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 Palliative and Aged Care Committee (consumers [including CALD community], General Practitioners, Queensland 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)

Other stakeholders:
o Assistance with Care and Housing (ACH) providers
o First Nations and CALD service providers
o Housing and homelessness services
o Gold Coast Health
o City of Gold Coast

Department of Health and Ageing Local Network (South East QLD)
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.

GCPHN continues to participate in a NT/QLD PHN collaborative care finder working group to support information sharing to improve efficiency of the program delivery by sharing learnings, resources, and strategies for quality improvement. These meetings also provided the opportunity for key stakeholders to engage efficiently with a group of PHNs, instead of individually.

Ongoing discussions with bordering PHNs (Brisbane South and North Coast) will be 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.

Ongoing collaboration with the commissioned care finder organisations for the Gold Coast to refine service model and on-referring when appropriate.

Maintain and support a collaborative community of practice and effective engagement with potential referrers under the care finder implementation.

Maintain and support a collaborative community of practice and effective engagement with potential referrers under the care finder implementation.

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2029

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2029

Other Relevant Milestones

Quarterly providers meeting October, January, April, and July each year.

Quarterly Community of practice meetings – dates to be determined.

Activity Commissioning

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

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

Is this activity being co-designed?

No

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 Support for Residential Aged Care

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-AHARACF

Activity Number *

1

Activity Title *

Enhanced out of hours support for residential aged care

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Aim:
• Participating Residential Aged Care Home (RACHs):
o will be able to develop, maintain and implement after-hours processes and 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.

Identified need:
• RACH 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. RACH staff confidence and experience is often lower in the after-hours period.
• Recommendations from Royal Commission into Aged Care Quality and Safety.

Description of Activity *

Aim:
• Participating Residential Aged Care Home (RACHs):
o will be able to develop, maintain and implement after-hours processes and 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.

Identified need:
• RACH 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. RACH staff confidence and experience is often lower in the after-hours period.
• Recommendations from Royal Commission into Aged Care Quality and Safety.
Description of Activity *
In partnership with Gold Coast Health (GCH) Residential Aged Care Support Service:
• Complete consultation with practicing health professionals in the residential aged care sector to understand barriers to RACH engagement with GCPHN and commissioned providers.
• Reassess RACHs in the region, identifying those that have higher rates of ED transfer in the after-hours space, and engage with these facilities to encourage participation in activity.
• Identify enablers and barriers to develop and implement after-hours management plans and consider potential solutions.
• Assess participating RACH staff baseline level of knowledge of after-hours care options and current management plan development status.
• Engagement with participating RACHs, after hours service providers, and other key stakeholders to support project activities and enhance after hours processes.
• Scope availability of appropriate after-hours management plan resources, templates and organisational procedures, to embed and sustain this process.
• Provide education and training opportunities through one-on-one mentoring and/or group workshops to increase RACH capability in navigating after-hours care options and management.
• Support the development of best practice after-hours management plan/processes template as a legacy of this project.
• Promote completion of Advance Care Plans for all residents of RACHs, and ensure they are uploaded and accessible via The Viewer and My Health Record.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Growing demand from RACHs for non-emergency situations due to issues around staffing constraints and policy requirements, even when Advance Care Plans in place.	166
Slow adoption of digital health solutions by RACHs and poor integration with other clinical systems limits access to clinical information between service providers, including paramedics.	166
Constrained Queensland Ambulance Services system capacity requires investment in alternate	20

models of care, including scaling sole, co-responder and digital options.	
Limited Queensland Ambulance Service fleet capacity to manage operations including surge periods including major events.	20
Systems and processes do not support consistent, effective clinical handover on discharge from the acute sector to primary and community services to support ongoing care.	57
Insufficient resources for some general practices and RACHs to implement frequent reform and new initiatives.	57
Challenges for general practices, primary care and RACHs in adopting digital health.	57
Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.	41

Activity Demographics

Target Population Cohort

Residents living in RACHs; staff working in RACHs, 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 Palliative and Aged Care Committee(consumers [including CALD community], General Practitioners, Gold Coast Health, NGOs and RACH representatives)
• Gold Coast Health – Aged Care Services, Specialist Palliative Care Service team and Digital Health transformation team, GCUH & Robina Emergency Department teams
• Australian Digital Health Agency
• Other PHNs
o QLD Aged Care Collaborative
• RACH 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 RACHs
Department of Health and Aged Care
o Department of Health and Ageing Local Network (South East QLD)
• Consumers and relevant Peak Bodies
• General practices/practitioners that service RACH residents
• Queensland Ambulance
• After Hours medical service providers
• Aged Care Quality and Safety Commission - Behaviour Support and Restrictive Practices Unit
• Queensland Police Service - Domestic, Family Violence and Vulnerable Persons Unit

Collaboration

All of the above listed in stakeholder engagement consultation.

Activity Milestone Details/Duration

Activity Start Date

30/11/2021

Activity End Date

29/06/2025

Service Delivery Start Date

1/07/2023

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Monthly and quarterly reports, development of best practice after hours care plan template and resources, participation in any evaluation activities for RACH pre/post participation – July 2023 to June 2025.

Project completion report on Enhanced out of hours residential aged care - April to June 2025.

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
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

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

AC-AHARACF - 2 - Operational - Enhanced out of hours residential aged care

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-AHARACF

Activity Number *

2

Activity Title *

Operational - Enhanced out of hours residential aged care

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

To support GCPHN's operational costs associated with the Enhanced after hours support for residential aged care (AC-AHARACF-1).

Description of Activity *

GCPHN to:
• Support the commissioned service providers, monitor contract deliverables and reporting requirements.
• Support collaboration with relevant GCH departments, specialists, and primary care providers.
• Provide relevant updates and good news stories to the department as requested.
• Attend National PHN and local working groups to support project evaluation and improvements.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Growing demand from RACHs for non-emergency situations due to issues around staffing constraints and policy requirements, even when Advance Care Plans in place.	166
Slow adoption of digital health solutions by RACHs and poor integration with other clinical systems limits access to clinical information between service providers, including paramedics.	166
Constrained Queensland Ambulance Services system capacity requires investment in alternate models of care, including scaling sole, co-responder and digital options.	20
Limited Queensland Ambulance Service fleet capacity to manage operations including surge periods including major events.	20
Systems and processes do not support consistent, effective clinical handover on discharge from the acute sector to primary and community services to support ongoing care.	57
Insufficient resources for some general practices and RACHs to implement frequent reform and new initiatives.	57
Challenges for general practices, primary care and RACHs in adopting digital health.	57
Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.	41

Activity Demographics

Target Population Cohort

Residents living in RACHs; staff working in RACHs, 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 Palliative and Aged Care Committee (consumers [including CALD community], General Practitioners, Gold Coast Health, NGO, and RACH representatives)
• Gold Coast Health – Aged Care Service providers, Specialist Palliative Care Service team and Digital Health transformation team, GCUH & Robina Emergency Department teams
• Australian Digital Health Agency
• Other PHNs
o QLD PHN RACH working group
• RACH 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 RACHs
• Department of Health and Aged Care
o Department of Health and Ageing Local Network (South East QLD)team
• Consumers and relevant Peak Bodies
• General practices/practitioners that service RACH residents
• Queensland Ambulance
• After Hours medical service providers
• Aged Care Quality and Safety Commission - Behaviour Support and Restrictive Practices Unit
• Queensland Police Service - Domestic, Family Violence and Vulnerable Persons Unit.

Collaboration

All of the above listed in stakeholder engagement consultation.

Activity Milestone Details/Duration

Activity Start Date

30/11/2021

Activity End Date

29/06/2025

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Monthly and quarterly reports, development of best practice after hours care plan template and resources, participation in any evaluation activities for RACH pre/post participation – July 2023 to June 2025.

Project completion report on Enhanced out of hours residential aged care - April to June 2025

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: 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-CF - 2 - Care Finder Assistance with Care and Housing Transition

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

2

Activity Title *

Care Finder Assistance with Care and Housing Transition

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Aims and outcomes:
• Commission Care Finder services that provide specialist and intensive assistance to help people in the target population to understand and access aged care services and connect with other relevant supports in the community.

• The program will improve outcomes for people in the Care Finder target population including:
o improved coordination of support when seeking access to aged care
o improved understanding of aged care services and how to access them
o improved openness or willingness to engage with the aged care system
o 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

This 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, particularly 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.

Overarching aim of GCPHN activities is to:
• Support the commissioned care finder providers to provide specialist and intensive assistance in understanding and accessing aged care and other relevant supports in the community by promoting the service to local stakeholders
• Continue to gain a better understanding of the local needs in relation to care finder support by engagement with commissioned service providers and relevant stakeholders.
• Monitor implementation of the program and identification of opportunities for quality improvement.
• Support the development, and maintenance of a community of practice with commissioned service providers to ensure local needs are met and emerging needs identified.

Description of Activity *

• Monitor, support and manage the Care Finder service providers contracted by GCPHN to ensure contractual obligations are met, including completion of required training and reporting.
• Ensure Care Finder providers service delivery is available for the whole of the Gold Coast region as indicated in contracts.
• Monitor target groups being serviced to ensure priority groups are being serviced.
• Ensure providers complete extensive outreach activities to support identification of target population groups and monitor emerging needs of the region.
• 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.
• 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

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Large and growing Pasifika community with higher reported health needs and challenges accessing healthcare.	102
Gaps in cultural capability across service providers and clinicians, particularly relating to sensitive issues such as mental health, AOD and FDV.	102
Migrants are often unfamiliar with the Australian health system and have lower health literacy.	102
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.	166
Limited effective support in navigating complex community, aged care system and NDIS.	166
Limited culturally appropriate services for culturally and linguistically diverse older people.	166
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20

Limited availability of suitable service options to support older population.	221
Growing numbers of people with socioeconomic disadvantage and associated higher need, especially in the northern Gold Coast.	71
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

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 Palliative and Aged Care Committee (consumers [including CALD community], General Practitioners, Queensland 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)

Other stakeholders:
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 Department of Health and Ageing Local Network (South East QLD)

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.

GCPHN continues to participate in a NT/QLD PHN collaborative care finder working group to support information sharing to improve efficiency of the program delivery by sharing learnings, resources, and strategies for quality improvement. These meetings also provided the opportunity for key stakeholders to engage efficiently with a group of PHNs, instead of individually.

Ongoing discussions with bordering PHNs (Brisbane South and North Coast) will be 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.

Ongoing collaboration with the commissioned care finder organisations for the Gold Coast to refine service model and on-referring when appropriate.

Maintain and support a collaborative community of practice and effective engagement with potential referrers under the care finder implementation.

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2029

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2029

Other Relevant Milestones

Quarterly providers meeting October, January, April and July each year
Quarterly Community of practice meetings – dates to be determined.

Activity Commissioning

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

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

Is this activity being co-designed?

No

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-CF - 3 - Operational - Care Finder Program

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

3

Activity Title *

Operational - Care Finder Program

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

To support GCPHN's operational costs associated with the Care Finder Program (AC-CF-1) and Care Finder ACH Transition (AC-CF-2).

This includes supporting the commissioned care finder providers to provide specialist and intensive assistance in understanding and accessing aged care and other relevant supports in the community by promoting the service to local stakeholders.

Description of Activity *

Monitor, support, and manage the three Care Finder service providers contracted by GCPHN to ensure contractual obligations are met, including completion of required training and reporting.

Ensure Care Finder providers service delivery is available for the whole of the Gold Coast region as indicated in contracts.

Monitor target groups being serviced to ensure priority groups are being serviced.

Ensure providers complete extensive outreach activities to support identification of target population groups and monitor emerging needs of the region.

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.

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

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Large and growing Pasifika community with higher reported health needs and challenges accessing healthcare.	102
Gaps in cultural capability across service providers and clinicians, particularly relating to sensitive issues such as mental health, AOD and FDV.	102
Migrants are often unfamiliar with the Australian health system and have lower health literacy.	102
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.	166
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Limited effective support in navigating complex community, aged care system and NDIS.	166
Limited culturally appropriate services for culturally and linguistically diverse older people.	166
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Limited availability of suitable service options to support older population.	221
Growing numbers of people with socioeconomic disadvantage and associated higher need, especially in the northern Gold Coast.	71
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

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 Palliative and Aged Care Committee (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)

External stakeholders
ACH providers
o First Nations and CALD service providers
o Housing and homelessness services
o Gold Coast Health
o City of Gold Coast
o Department of Health and Ageing Local Network (South East QLD)

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

GCPHN continues to participate in a NT/Qld PHN collaborative care finder working group to support information sharing to improve efficiency of the program delivery by sharing learnings, resources, and strategies for quality improvement. These meetings also provided the opportunity for key stakeholders to engage efficiently with a group of PHNs, instead of individually.

Ongoing discussions with bordering PHNs (Brisbane South and North Coast) will be 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.

Ongoing collaboration with the commissioned care finder organisations for the Gold Coast to refine service model and on-referring when appropriate.

Maintain and support a collaborative community of practice and effective engagement with potential referrers under the care finder implementation.

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2029

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2029

Other Relevant Milestones

Quarterly providers meeting October, January, April and July each year
Quarterly Community of practice meetings – dates to be determined.

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

Is this activity being co-designed?

No

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