



Aged Care Program

Activity Work Plan

2021/22 – 2024/25

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1. Support Residential Aged Care Facilities Increase Availability and Use of Telehealth Care

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Aged Care

AIM OF ACTIVITY

This Activity aims to assist Residential Aged Care Facilities (RACFs) to have appropriate telehealth facilities and equipment available to enable their residents to virtually consult with their primary health care professionals, specialists and other clinicians.

DESCRIPTION OF ACTIVITY

The Darling Downs and West Moreton PHN will invite RACFs in the region to participate in a digital capacity and capability assessment. This assessment will help determine where the facility's technology and workforce gaps might exist and offer solutions as to what resources and training would be required to enable the RACFs to provide their residents with telehealth services to access their primary health care professionals.

This activity will be achieved by:

- Undertaking a digital capacity and capability assessment of RACF's in our region
- Providing participating RACF's with an individual and customised audit report relevant to their facility to increase their understanding of what is necessary to improve the facility's digital capacity and capability to enable telehealth access for their aged care residents
- Providing the approved funding for the supply of the agreed tools and/or training for each RACF facility which will support the provision of telehealth services for aged care residents at each of the participating facilities
- Implementation of an evaluation process will complete this activity.

NEEDS ASSESSMENT PRIORITY

Darling Downs and West Moreton Live Health Needs Assessment 2022/24.

NEEDS ASSESSMENT PRIORITY

Health for Older Australians

2. After Hours Access in Residential Aged Care Facilities

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Aged Care

AIM OF ACTIVITY

The aim of the After Hours Access in Residential Aged Care Facilities activity will be:

- To increase the number of RACFs with formal after hours plans;
- To increase knowledge and understanding of participating RACF staff regarding after-hours health care options and processes for residents;
- Support the development of clinical governance systems across the RACF sector for after-hours care of residents;
- To improve digital health record documentation following an episode of after-hours care.

DESCRIPTION OF ACTIVITY

This activity will provide guidance to assist participating RACFs to develop and implement after-hours action plans which will support their residents to access the most appropriate medical services out-of-hours. This will include educating participating RACF staff in out-of-hours health care options and processes for residents, encouraging participating RACFs to implement procedures for keeping residents' digital medical records up to date and support engagement between RACFs and their residents' GPs (and other relevant health professionals), as part of after hours action plan development.

These activities will be achieved by:

- Undertaking extensive Stakeholder consultation
- Creating a detailed engagement and communications plan
- Scoping the existing after-hours services currently in place at RACFs, then reviewing the key issues and themes
- Disseminating a diagnostic report for each RACF as to their current after hours service provision
- Developing an after-hours framework for RACFs
- Developing a suite of resources which will include after hours plan templates and guidelines
- Providing individual support for participating RACFs to develop and implement plans and resource tools
- Undertaking a post implementation evaluation process.

NEEDS ASSESSMENT PRIORITY

Darling Downs and West Moreton Live Health Needs Assessment 2022/24.

NEEDS ASSESSMENT PRIORITY

Health for Older Australians

3. Commissioning Early Intervention Initiatives

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Aged Care

AIM OF ACTIVITY

The aim of this activity is to support senior Australians to live at home for as long as possible through commissioning early intervention activities and models of care for chronic disease management that support healthy ageing and reduces pressure on local health services.

This activity also supports the empowering of GPs and other primary health care workers through training, tools and resources which contribute to improved health and care outcomes for older people.

DESCRIPTION OF ACTIVITY

The commissioned services engaged will provide early intervention initiatives that promote healthy ageing and the ongoing management of chronic conditions and will:

- be informed by the PHN's Health Needs Assessment, 2021
- be designed to meet the specific needs of senior Australians in the Darling Downs and West Moreton region
- stimulate the market through investment in Health Services to attract new providers
- be implemented monitored and evaluated to ensure that the services are effective and efficient and meet the needs of the community
- encourage collaborative approaches between multidisciplinary teams and primary care providers where possible
- expand on existing healthy ageing programs where relevant

This activity will also include workforce education on how to connect senior Australians with necessary psychosocial, health, social and welfare supports and the availability of the above commissioned services initiatives. In addition, the activity will be aligned to the PHN Plan for Older People's Care 2021-2024 and West Moreton Hospital and Health Service and PHN Feel Well Live Well Strategy, and the Darling Downs Hospital and Health Service and PHN Feel Well Live Well Strategy.

NEEDS ASSESSMENT PRIORITY

Darling Downs and West Moreton Live Health Needs Assessment 2022/24.

NEEDS ASSESSMENT PRIORITY

Health for Older Australians

4. Care Finder Program

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Aged Care

AIM OF ACTIVITY

The aim of this activity is to establish and maintain a network of care finders to provide specialist and intensive assistance to help people within the care finder target population to understand and access aged care and connect with other relevant supports in the community.

These activities will:

a) improve outcomes for people in the care finder target population, including:

- coordination of support when seeking to access aged care;
- understanding of aged care services and how to access them;
- improved openness to engage with the aged care system;
- increase care finder Workforce capability to meet client needs;
- increase rates of access to aged care services and connections with other relevant supports;
- increase rates of staying connected to the services they need post service commencement;

b) improve integration between the health, aged care and other systems at the local level within the context of the care finder Program.

DESCRIPTION OF ACTIVITY

A description of the activities to be undertaken by our PHN will include:

- supporting a transition of the Assistance with Care and Housing (ACH) program (with the exception of hoarding and squalor services) to the care finder program. The PHN will contract Care and Housing providers Footprints Community and Star Community Services to provide care finder services to those who are homeless or at risk of homelessness in line with their previous service delivery area under ACH by January, 2023
- The transition of the ACH providers occurred. Footprints Community Services will focus on people who are homeless/at risk of homelessness and all the target populations. STAR Community Services will focus on care leavers, Forgotten Australians, people who are homeless/at risk of homelessness and all target populations
- The outcome of the tender process was that one organisation was successful to provide the care finder program across the whole region. This service provider will deliver the care finder program to the whole target population
- completion of a Supplementary Needs Assessment to identify the local needs in relation to care finder support. The Needs Assessment will identify any groups or locations that may require specific focus for the care finder tender. Data will be drawn from the PHN HNA, COVID-19 vaccine rates, TALK ABOUT campaigns, Kitchen Table discussions, detailed Stakeholder consultations along with other data sources
- commissioning of care finder services based on the above identified local needs in relation to care finder support
- developing, implementing and maintaining processes to meet data collection and reporting requirements
- supporting the integration of the care finder network into the local aged care system
- supporting continuous improvement of the care finder program
- identifying and addressing opportunities to enhance integration between the health, aged care and other systems at the local level. The PHN will increase awareness of care finders services among General

Practitioners, primary health care more broadly by developing and embedding local referral pathways within the Health Pathways sites and ensure contracted providers directly undertake adequate promotion of their services to community referrers and intermediaries

- in addition, the PHN will promote and raise awareness of the care finder network with potential referrers, intermediaries and the target population.

In addition, the PHN will:

- collaborate with other PHNs through the established 'PHN care finders working group' to allow shared experiences, lessons learned and potential innovations
- continue to add to our existing knowledge of the need in relation to care finder support through ongoing analysis of available data sources to understand the demographics, profile, and geographical distribution of those that may form the local care finder target population
- a Community of Practice has been established to provide a space for funded care finders and other representatives to share their experiences and learnings of the care finder program. The community or practice will support continuous improvement through collaboration and responding to the evaluation of the program and adapting to the needs and trends within the target population

NEEDS ASSESSMENT PRIORITY

Darling Downs and West Moreton Live Health Needs Assessment 2022/24.

| NEEDS ASSESSMENT PRIORITY |
|--|
| Increasing access and coordination of care |
| Improving the health of older Australians |

COLLABORATION

Collaboration with the following organisations will be undertaken:

- Advocacy providers;
- Assistance with Care and Housing Providers;
- Aboriginal and Torres Strait Islander health services;
- Culturally and Linguistically Diverse providers;
- Forgotten Australians providers;
- Hospital and Health Service – Aged Care Assessment Team, Nurse Navigators, Community Health, Indigenous Health, Acute Geriatric Evaluation Service;
- Regional Assessment Service;
- Consumer Groups;
- West Moreton Older Person's Care Collaborative;
- PHN Clinical Council;
- GP / Health Service Provider Advisory Groups;

