



Australian Government

Department of Health

phn

An Australian Government Initiative

Primary Health Networks – *Greater Choice for At Home Palliative Care*

WAPHA Country

Introduction

Overview

WAPHA's strategic priorities include:

- Health Equity and Access
- Person Centred Models of Care
- Integrated and Outcomes Focused Commissioning
- Strong Partnerships
- Primary Care Capability

The *Greater Choice for At Home Palliative Care* (GCfAHPC) provides funding to improve coordination and integration of end-of-life care across primary, secondary, tertiary and community health services to support at home palliative care through funding [Primary Health Networks \(PHNs\)](#).

In line with these objectives, the PHN GCfAHPC Funding stream will support PHNs to:

- improve access to safe, quality palliative care at home and support end-of-life care systems and services in primary health care and community care;
- enable the right care, at the right time and in the right place to reduce unnecessary hospitalisations;
- generate and use data to ensure continuous improvement of services across sectors; and
- utilise available technologies to provide flexible and responsive care, including care after usual business hours.

In the context of the PHN *GCfAHPC*, funding under this stream will support the recruitment of two Full-Time Equivalent positions within the PHN to deliver the activity in accordance with the GCfAHPC Expression of Interest (EOI) submission/proposal and any aspects agreed to during clarification sessions post EOI outcome.

PHNs are required to outline planned activities, milestones and outcomes to provide the Australian Government with visibility as to the activities expected to be undertaken by PHNs selected to implement the GCfAHPC pilot project.

GCfAHPC Activity Work Plan must:

- reflect the individual PHN GCfAHPC Expression of Interest (EOI) proposal and anything agreed to in the clarification sessions post EOI outcome;
- demonstrate to the Australian Government what the PHN is going to achieve and how the PHN plans to achieve this; and
- be developed in consultation with local communities, Clinical Councils, Community Advisory Committees, state/territory governments, Local Hospital Networks/Local Health Districts and other stakeholders, as appropriate.

This GCfAHPC Activity Work Plan covers the palliative care component of Core Funding provided to PHNs to be expended within the period from 1 January 2018 to 30 June 2020.

1. Planned activities funded under the Activity – Primary Health Networks *Greater Choice for At Home Palliative Care Funding*

Proposed Activities	Description
Activity Title	<i>Greater Choice for At Home Palliative Care (GCfAHPC) Project.</i>
Description of Activity	<p>With an initial focus on the Great Southern Region of Country WA, this activity aims to improve access to safe, quality palliative care at home and support end-of-life care systems and services in primary health and community care. Key elements are:</p> <ul style="list-style-type: none"> • Improving the care coordination and clinical pathways across primary, secondary, tertiary and community health services to support at home palliative care. • Regionally focused, place-based approach to service development that capitalises on the strengths of the WA Primary Health Alliance (WAPHA). <p>By undertaking a Compassionate Communities (CC) approach to this project we will enable communities to develop the capability and capacity to recognise the needs of people who are approaching their end of life. This approach will bring together the formal and informal supports of community and health providers, by networking services together through local government, not for profit organisations and public health.</p> <p>By undertaking a Public Health approach, with a focus on building social capital, our communities will be more strongly networked:</p> <ul style="list-style-type: none"> • Working with communities rather than for them • Identifying and implementing solutions where required • Building on existing skills and knowledge of consumers and clinicians • Creating meaningful partnerships. <p>The aim is to improve health and wellbeing at the end of life, noting that a public health approach to end of life care goes further, encouraging communities to develop their own approach to death, dying loss and caring.</p>

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Responsibilities and duties of the positions include but are not limited to:

- Working with key stakeholders and community to identify the consumers and carers who require end of life care.
- Working with the specialist and generalist palliative providers to maintain and strengthen the quality of services for the most fragile and vulnerable within the palliative scope to normalise the course of their lives.
- Working collaboratively as a team to support the development of a Compassionate Communities Charter in the City of Albany.
- Supporting the development of the community partnership and reference group to the Greater Choice for At Home Palliative Care.
- Mapping the resources that are available nationally to the Compassionate Communities Palliative measure.
- Working collaboratively and further engage with the Great Southern DHACs and others in respect of our community and health consumers.
- Collaborating with the community to have key bodies/ groups work to the principles of the City of Albany Compassionate Communities charter.
- Key engagement strategies will inform and support the Compassionate Communities Approach.
- Working with Specialist and Generalist Palliative service providers, building on a compassionate community approach encouraging wellness at end of life.

Implementation

Stage 1

The Compassionate Communities Officer (0.6 full time equivalent FTE) will work with the Project lead position (0.3 FTE) to facilitate the uptake of the deliverables of the Compassionate Communities Charter developed by the City of Albany.

The second position, the Compassionate Communities Capacity Builder (CCCB) (1FTE), will be responsible for engagement with community and health service providers to inform the Compassionate Communities charter.

To achieve this the Staff will engage and collaborate with:

- Regional Specialist and Generalist Palliative care services provided by WA Country Health Service (WACHS) / Hall and Prior - Clarence Estate and other primary health providers, including Integrated Chronic disease programs as well as community, private and government agencies.
- State-wide palliative organisations such as Cancer Network, Palliative Care WA, and other PHNs.

The approach is outlined below:

1. Compassionate Communities assessment

- Assess the community strengths, discomforts and fears.
- Access resources, including use of Apps and e-learning modules.

2. Focus and commit

- Facilitate discussions on the principles within the Compassionate Communities Charter.
- Support community partners to commit to a Compassionate Communities capacity building approach.

3. Build

- Develop local action plans focused on integration with the current resources focusing on palliative access and support resources.
- Link the 7 WA Country health regions to the Compassionate Communities concept.
- Disseminate and market current community tool box resources.
- Utilise available technologies to provide flexible and responsive care, including extended afterhours GP availability.
- Develop a work plan identifying awareness raising strategies which build capacity amongst broader community members and networks as agents of change.

4. Evaluate and sustain – fourth quarter to project completion

- Monitor and measure in accordance with the Deloitte evaluation framework for GCfAHPC.

Stage 2

1. Extend

- Share information as the project evolves, and where required on WAPHA exchange and other mediums
- Test whether the CC model framework is transferrable to other regions.
- Provide a further [0.7 FTE for a] Community Connector role to support the development and implementation of Compassionate Communities networked care models within the Great Southern Local Government Areas (LGAs) of Mt Barker, Denmark and Albany.

2. Governance

A Compassionate Communities Steering Committee will meet monthly and will have membership from the, WACHS, general practice (GP), Local Government Authority (LGA), Albany Community Hospice, Rural Clinic School (RCS), St John Ambulance (SJA), RACF, Community Palliative Services, Creative Albany, Carers WA and consumers. This group will provide reports to the Regional Clinical Committee(RCC) and report through the Country PHN Manager to the board and PHN Council within the PHN governance structure.

	<p>The District Health Advisory Council are actively involved with Country PHN working towards the inclusion of a standing Primary Health agenda item which will inform, update and engage with the DHAC on GCfAHPC activities.</p> <p>GCfAHPC staff will be line-managed by the PHN Regional Manager. Additionally, a Memorandum of Understanding (MOU) with the Local Government Authority will formalise the Partnership.</p> <p>3. Data Development Activities</p> <ul style="list-style-type: none"> • Promote Advanced Care Planning, using My Health Record. • Generate and access data to ensure continuous improvement of services across sectors. • GP After Hours Collaborative provide an event summary to the patient’s own GP to ensure continuity of care via electronic clinical record. <p>Further information on the GCfAHPC measure across the PHNs funded to implement activities can be viewed by visiting: http://www.health.gov.au/internet/main/publishing.nsf/Content/F05F44AFC3F8F5BBCA2581760005993D/\$File/PHNs-funded-to-implement-the-Greater-Choice-for-At-Home-Palliative-Care-GCfAHPC-measure.pdf.</p>
Rationale/Aim of the Activity	<p>Consultations on the pilot model design have informed the workplan including meetings with Regional Clinical Commissioning Committee (RCCC), WACHS, City of Albany, Rural Clinical School of WA, Albany Hospice, St John Ambulance (SJA) and Silver Chain Group.</p> <p>Community consultation, undertaken within the Great Southern as part of the WA Sustainable Health Review, recommended the Compassionate Communities approach.</p> <p>Meetings with SJA and supported at an executive level with the plan to review the NSW paramedic model for afterhours symptom management and pain control.</p> <p>To ensure integration with other programs in the scoping and design of the program, discussions were held with relevant organisations to support linkage with:</p> <ul style="list-style-type: none"> • The Primary Health afterhours collaborative • City of Albany Aged Care Charter • Health Navigator • Nurse Practitioner program in Katanning • eLearning Medication management for Untrained Health Workforce (in Aged Care settings) • Integrated Chronic Disease Coordination (ICDC) service providers in the Great Southern.
Strategic Alignment	<p>WAPHA’s strategic priorities include:</p> <ul style="list-style-type: none"> • Health Equity and Access

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- Person Centred Models of Care
- Integrated and Outcomes Focused Commissioning
- Strong Partnerships
- Primary Care Capability.

The following priorities from the Needs Assessment Report 2017 (pages 44-50) apply:

P1: Orient Primary Health care towards marginalised and disadvantaged people, particularly in communities where there are lower levels of primary care provision.

P2: Orient primary health care towards vulnerable people supporting primary health care providers to adopt appropriate approaches for targeted groups.

P3: Primary care providers work with Aboriginal people and groups to plan and design strategies that address localised priorities.

P4: Improve transitions between services by supporting effective care pathways, care coordination and service linkages.

P6: Support local communities to be connected to primary care in and out of hours. P7: Build the capacity for patient self-management particularly for patients with co-occurring and multiple morbidities through the support of appropriate primary care providers.

P8: Build community awareness of when and where to seek non-urgent health care.

P9: Reduce rates of PPHs by working with primary care providers to target specific areas where there are higher than average rates.

P10: Promote the effectiveness of digital health technologies to optimise patient care.

P11: Invest in services that have demonstrated health outcomes by commissioning to a validated Outcomes Framework in order to demonstrate services are efficient and effective.

The GCfAHPC will improve the efficiency and effectiveness of Medical services for patients particularly those at risk of poor health outcomes by:

- Working with the key stakeholders within the region, ensuring there is a clear referral and integrated clinical pathway that is evident in HealthPathways WA Continue to promote the afterhours Primary Health collaborative that went live in August 2018 to increase access to those vulnerable aged and palliative clients at risk of poor health outcomes without timely coordination.
- Integrate to the Connected Communities programs, the Age Friendly and the Aged Care Charter.
- Improve coordination of care to ensure patients receive the right care in the right place at the right time, by:
- Ensuring the right representation across the key stakeholders to influence within the steering committee.

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	<ul style="list-style-type: none"> • Facilitate the networking of key stakeholders including WACHS Regional palliative service, Rural Clinical School, GPs and City of Albany to improve clinical coordination of the palliative patient. • Early navigation of eligible patients with Chronic Conditions to the relevant programs. • Continue to develop the Primary Health Nurse Practitioner (NP) model as another level of access for comprehensive assessment and timely coordinated care.
Scalability	<p>As Country WA PHN we recognise the challenges of ‘place’ in rural palliative care access therefore have planned an integrated approach by supporting other regions across WA to develop resources in building on the CC framework as part of a transferrable design process.</p> <p>During the project, we will have planned communication updates through a range of mediums to other PHN’s. This approach will enable visible access to palliative resources that can be customised through the project to suit other regional, rural and remote communities.</p> <p>With the enormous diversity between the Great Southern and Kimberley region (and between all regions in Country WA) there is a commitment to test this approach in the later stages of the project.</p> <p>The GCfAHPC team will also interrogate successful outcomes for the implementation of CC Charter in other communities.</p>
Target Population	<p>Long-term or chronic conditions are responsible for most of the burden of disease in Australia. In 2011, cancer, cardiovascular disease, mental health conditions and musculoskeletal disorders were the leading causes of disease burden related to chronic conditions (PHIDU, 2016). Over half of all Australians from regional and remote areas have a chronic condition. The prevalence of chronic illness is higher in these areas (54%) than major cities (48%) (AIHW, 2016b).</p> <p>Target Groups are consumers and providers of:</p> <ul style="list-style-type: none"> • Palliative – WACHS Cancer Network/Palliative network /Hospice/ GP / RCS / Hall & Prior – Clarence Estate • Chronic Disease – ICDC / GP / Allied Health / Palliative / Aged Care /WACHS • Aged Care – Community and residential providers /GP / NP / Afterhours / WACHS • Cancer – Cancer Network WACHS • Palliative – WACHS Palliative Care WA Cancer Network / Hospice / Hall & Prior – Clarence Estate • Community Organisations - Death Café • Mental health – Palmerston headspace WACHS mental health • Clinical workforce including community clinicians and population health clinicians, nurses, doctors, clinical psychologists. • Community services • Non-clinical workforce including volunteers, artists, and musicians. • Including the providers and consumers for Aboriginal and Torres Strait Islander (ATSI) and Culturally and Linguistically Diverse (CALD) who will be affected by this activity Including DHAC networks and other carers support groups.

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Coverage	The Great Southern Region, which has an area of 39,007 square kilometres and a population of about 54,000.
Anticipated Outcomes	<p>To increase individual, family, service provider and community outcomes in relation to palliative care at end-of-life, it is anticipated there will be the following outcomes:</p> <ul style="list-style-type: none"> • Increased collaboration and coordination across and between existing primary, acute and palliative care providers. • Increased provision of quality information related to palliative care planning and choices to patients/carers. • Improved patient/carer access and uptake of community-based and at-home palliative care options and support services. • Greater knowledge amongst families and carers of what to expect and how to be better prepared for the death of a family member. • Greater community awareness of end of life care at home and the associated community resources to support it as a choice.
Measuring outcomes	<p>For the purpose of evaluation, the measures of these outcomes will include:</p> <ul style="list-style-type: none"> • Proportion of service providers who indicate being aware of the new referral pathways or linkages; and their views on these linkages. • Reported views of palliative care patients and carers on their experience with referral pathways. • Proportion of patients and carers who indicate increased awareness of palliative care options and choices. • Self-reported proportion of palliative care patients and carers who feel able, confident and comfortable to seek and accept help. • Reported views on changes noticed by service providers in the proportion of palliative care patients and carers who feel able and confident and comfortable to seek and accept help • Proportion of families and carers who indicate increased awareness of what to expect at the end of the patient's life. • Reported community views and acceptance of palliative care as a shared community responsibility.
Indigenous Specific	No, however it is designed to meet the needs of all Australians including Aboriginal and Torres Strait Islander people.
Collaboration/ Communication	<p>A range of regional organisations are represented on the project steering committee and have been involved in the planning since the initial expression of interest (EOI) was developed. The Steering Committee for GCfAHPC will work with media for a joint communication on the collaborative process and opportunities for community and other stakeholder involvement. Collaborative initiatives that were undertaken prior to the commencement of the project were:</p> <ul style="list-style-type: none"> • Rural Clinical School – WAPHA funded Diploma of Clinical Palliative Care (RACGP recognised) the GP graduate will present at the MAC/RCCC and other GP events on the GCfAHPC. Prof Kirsten Auret, is the palliative expert involved in the project design and provides expert support to the steering group. • City of Albany, Mayor, Executive and Council - Presentation to council and community on WAPHA role in supporting the GCfAHPC which aligns with the City of Albany Public Health Plan to support the development of Albany as an accessible, connected, safe and sustainable community. Other aligned City projects include Health Tracker; and MyGov digital service portal which will support and integrated with this project. • Hospice - A presentation to the board on the role of WAPHA in supporting the project. The Hospice board strategy aligns with CC; use PALCARE and VERA database for volunteers.

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	<ul style="list-style-type: none"> • WACHS Regional Coordinator of Palliative Care – Engagement and relationship to all key events and planning; consultant to the GCfAHPC initiatives in the Great Southern. • WACHS Regional Director and Executive – Regular presentations by WAPHA on their role in the project and commitment to supporting staff involvement. • Primary Health Collaborative After Hours GP/NP Palliative/Aged Care – Five GP practices involved; engagement and representation with the Steering committee. • Lower Great Southern Economic Alliance – Presentations delivered to the City of Albany and planned to the Shires of Denmark and Mt Barker) to gain commitment from across the region. • St John Ambulance – A presentation to the regional office – to collaborate on feedback data and have their representation on the Steering committee. • District Health Advisory Committee – Regular presentations to DHAC and to the Death café. • Carers WA – Steering Group membership. • Creative Albany – Represented on the Steering Committee.
Timeline	<p>Stage 1 Commences Feb/March 2018</p> <p>Following onboarding and orientation to WAPHA/City of Albany the Compassionate Communities Project Officer position(0.6FTE), will commence work to the deliverables within the <i>Development of the Raising Awareness And Capacity of Patients, Carers and Communities</i> activity stream, with a strong focus on developing a Compassionate Communities Charter within the City of Albany. They will be collocated at times with the Community Development team and work closely with the healthy aging team.</p> <p>The Compassionate Communities Capacity Builder (1FTE) will work within the <i>Development of a New Model of Care or Tool</i> activity stream as well as across the <i>Raising Awareness and Capacity of Patients, Carers and Communities</i> activity streams.</p> <p>A Project Lead (0.3FTE) will be responsible for project reporting and the <i>Data Collection, Sharing, and Analysis</i> Stream as well as providing support as required to the other roles.</p> <p>During this phase, staff will integrate and build relationships and engagement with:</p> <ul style="list-style-type: none"> • State-wide palliative organisations such as Cancer Network, Palliative Care WA and Hall and Prior – Clarence Estate). • Regional palliative care services provided by WACHS/Hall and Prior – Clarence Estate and Integrated Chronic disease programs within community, private and government sectors. • General community sector – referencing to the Community directory (engage and connect in the launch). • DHAC. <p>Proposed key project milestones:</p> <ol style="list-style-type: none"> 1. Compassionate Communities assessment – 4th quarter 2017-18:

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- Environmental scan of Albany and the region to undertake Assessment of the community strengths, discomforts and fears.
 - Resource to the National Pal Care projects the application of the Australian Tool Kit for advanced disease and the application of this to a local Community Tool Box resources, including use of Apps and e-learning modules.
2. First /Second quarter 2018-19:
 - Formal and public discussions on the concepts within the Compassionate Communities Charter to a local scope and design.
 - Identify and work with Community partners to uptake principles within the Compassionate Communities Charter.
 - Launch GP After Hours stages 1 and 2.
 - Promote early identification and coordination of patients with chronic disease through the Great Southern Chronic Conditions Collaborative.
 - Undertake awareness raising campaigns and Activities such as Dying to Know Day and Seniors Week.
 - Launch e-learning for unregulated health workers.
 3. 3rd / 4th Quarter 2018-19:
 - Begin working on and integrating to local action plans which are focused on palliative areas /toolkit/public agenda.
 - Link the broader regions to the CC concept.
 - Disseminate localised community tool box resources.
 - Utilise available technologies to provide flexible and responsive care, including care after hours.
 4. Recruit Community Connector to build network care models to capacity build Albany and Outer Regional communities.
 5. Commence community RACF, Residential and Hospice Community Arts project through the City of Albany.
 6. Continue working with the key stakeholders within the region, ensuring there is a clear referral and integrated clinical pathway that is evident on HealthPathways.
 7. Develop an aged care charter in collaboration with the City of Albany based on principles within the Kings Fund document.
 8. Promote My Health Record and Advance Care Directives within RACF.
 9. Evaluate and sustain – commence 4th quarter 2020 to project completion:
 - Monitor and measure (refer to Compassionate Communities Charter Website) against agreed outcomes.
 10. Implement additional community and workforce development in compassionate communities e.g. eLearning modules.
- Stage 2**
1. Extend – 2019-20
 - Delivery of a sequence of activities to other parts of the PHN region; and
 - Assess whether the CC model will function in other regional and remote areas.