

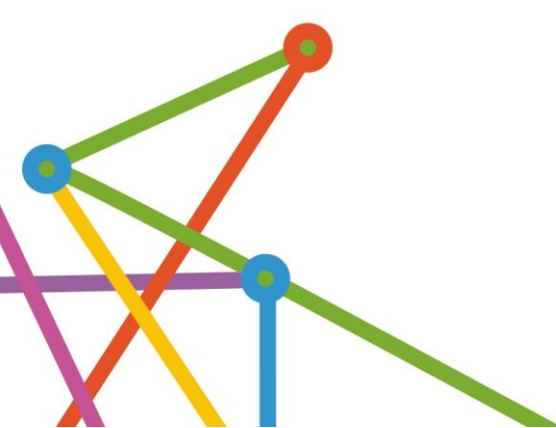


PHN Activity Work Plan

**Summary View
2020/2021 - 2021/2022**

**Greater Choice for At Home Palliative Care
Country WA PHN**

**Presented to the Australian Government Department
of Health**



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PC 1000 - Greater Choice for At Home Palliative Care

Activity Title

Greater Choice for At Home Palliative Care Project

Activity Number

1000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Palliative Care

Aim of Activity

With an initial focus on the Great Southern Region of Country WA, this activity will improve access to safe, quality palliative care at home and support end-of-life care choices for patients, systems and services in primary health and community care.

The overarching aim of the project is to improve choice, 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, hardship and caring, by/through:

- increasing patient/carer awareness of palliative care options.
- increasing consistency in the pathways of palliative care patients.
- greater community awareness of and integration into local assets and resources that can support end of life care at home.
- improving patient/care access and uptake of community based and at home palliative care options and support services.
- family and carers having greater knowledge of what to expect and are better prepared for the death of a family member.
- changes in individual attitudes towards help seeking and help acceptance.
- greater community acceptance that end-of-life care is a shared community responsibility.

Description of Activity

Key elements:

- Improving the care coordination and clinical pathways across primary, secondary, tertiary and community health services to support palliative care in place. Regionally focused, place-based approach to service development that capitalises on community

and service assets to support people at end of life.

- A Compassionate Communities approach which enables communities to develop the capability and capacity to recognise the needs of people who are approaching their end of life, including bringing together and mobilising the formal and informal community and health provider supports, by networking community and services together through local government, not for profit organisations and public and state health services (hospital, and generalist and specialist palliative care services); and encouraging wellness at end-of-life.
- A public health approach with a focus on building social capital and strengthening community connection: working with communities rather than for them; identifying and implementing solutions where required; building on existing skills and knowledge of consumers and clinicians; and creating collaborative and purposeful partnerships.

The Greater Choice for At Home Palliative Care project lead will:

- work with key stakeholders and community to identify the consumers and carers who require end of life care.
- work 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.
- work collaboratively as a team to support the implementation of the Compassionate Albany Charter.
- maintain the community partnership and reference group to the Greater Choice for At Home Palliative Care.
- continue to map the resources that are available to the Greater Choice for At Home Palliative Care measure.
- work collaboratively and further engage with the Great Southern community and health consumers.
- collaborate with the community to have key bodies/ groups work to the principles of the Compassionate Albany Charter.

The Approach

The Compassionate Communities Connector will work with the project lead position to facilitate the integration of a palliative care public health approach into Local Government through alignment to the City of Albany Public Health Plan and collaborative development, and implementation of the Compassionate Albany Charter.

A later focus of these roles will be expansion of project activity within the Great Southern and transitioning the activity for sustainability beyond project end date.

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

The project will focus on health and community assets and 5 key areas:

1. Understanding – conversations, about living and dying well and supporting each other
2. Connecting – people to community assets and services
3. Mapping – community assets and digital resources

4. Mobilising – local networks of care
5. Co-design – placed based model of care

Continuing a Memorandum of Understanding with the Local Government Authority the project team will co-design a place-based approach by engaging and collaborating with:

- Regional specialist and generalist palliative care services provided by WA Country Health Service and Hall and Prior - Clarence Estate.
- Aged Care services and other primary health providers, including general practitioners, 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 Primary Health Networks.

The Greater Choice for At Home Palliative Care project team will develop a needs assessment highlighting gaps, target cohort and priority activities and create an action plan based on the co-design process.

Governance

A Compassionate Communities Steering Committee will meet bi-monthly and have membership from:

- WA Country Health Service
- general practice
- Local Government Authority
- Albany Community Hospice
- Rural Clinic School
- St John Ambulance
- Residential Aged Care Facilities
- Community Palliative Service
- Creative Albany
- Carers WA
- Consumers

This governance group will provide reports to the PHN Regional Clinical Committee (RCC) and report through the Country PHN Manager and Chief Executive Officer within the PHN governance structure.

The District Health Advisory Council (DHAC) is actively involved with Country WA PHN working towards the inclusion of a standing primary health agenda item which will inform, update and engage with the DHAC on GCfAHPC activities.

GCfAHPC staff will be line-managed by the PHN Regional Manager.

Data development activities:

- Promote Advanced Care Planning, using My Health Record
- Number of engagements
- Number of media articles

- Reach of events and engagements
- Compassionate Communities web analytics
- Surveys
- HealthPathways Palliative analytics

WAPHA Needs Assessment Priorities

Priorities	Page reference
CGP1.2 Support primary care providers to improve the management of patients with chronic conditions and reduce unnecessary hospitalisations through effective care pathways.	105
CGP1.3 Improve the management of chronic conditions for ageing populations, reduce unnecessary hospitalisations, an increase in palliative care services and increase awareness of programs.	105
PNGP1.11 Improve the management of chronic conditions for ageing populations, including a reduction in unnecessary hospitalisations, an increase in palliative care services and advance care planning.	92
CGP1.11 Ensure all populations have access to accessible and equitable health care.	110

Coverage

The Country WA PHN area of Albany

Activity Duration

Activity Start Date 1 March 2018

Activity End Date 30 October 2021

Activity Planned Expenditure

Funding Stream	FY 19 20	FY 20 21	FY 21 22	FY 22 23	Total
GCfAHPC	\$379,775.66	\$459,643.09	\$105,653.43	\$0.00	\$945,072.18
Total	\$379,775.66	\$459,643.09	\$105,653.43	\$0.00	\$945,072.18