Perth North PHN Activity Work Plan

Aged Care Program

Summary View
2021/2022 – 2023/24

Presented to the Australian Government Department of Health and Aged Care

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Contents

AC-VARACF 1000 – Support Residential Aged Care Facilities to increase availability and use of telehealth care for aged care residents

Activity Title

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

Activity Number

1000

Existing, Modified or New Activity

Existing Activity

PHN Program Key Priority Area

Aged Care

Aim of Activity

To support participating Residential Aged Care Facilities (RACFs) to offer virtual consultation facilities and have the technology to enable residents to access telehealth care with primary health care professionals.

This will include:

- Assisting participating RACFs to offer telehealth facilities and have equipment to enable residents to virtually consult with primary health care professionals. It will be compatible with virtual consultation technology utilised by service providers in the region and will be guided by recognised eHealth standards.
- Providing training to participating RACF staff so they have the capabilities to assist residents in accessing virtual consultation services.
- Promoting the use of enablers of digital health, such as My Health Record.
- Consulting with key stakeholders to improve technological interoperability between the aged care and health care systems.

Description of Activity

Implementing telehealth capability in RACFs will include the following activities:

- Communication to all RACFs of the opportunity to participate in the telehealth initiative.

- Disseminating a survey to participating RACFs to measure telehealth capabilities, use of My Health Record, access to GPs and ehealth training needs.
- Employment and/or upskilling of staff to administer this activity.
- Consultation to ensure the activity complements, but does not duplicate, efforts underway by state and territory governments to improve technological interoperability between the aged care and health systems.
- Assessment of participating RACFs to ensure compatibility with virtual consultation technology used in the region, guided by recognised eHealth standards.
- Assist participating RACFs with telehealth facilities and equipment to enable residents to virtually consult with primary health care professionals.
- Provide hardware and software training to participating RACF staff to support them to have the capabilities to assist residents to access virtual consultation.
- Provision of a digital quality improvement package.
- Promotion of My Health Record.

The PHN will continue to collaborate with key stakeholders throughout the activity and encourage other RACFs to participate in the implementation of telehealth. Ongoing training and support will be provided to participating RACFs and any identified issues will be managed in a timely manner.

Perth North PHN Needs Assessment

Priorities	**Page reference**
People living at home or in RACFs need support to manage conditions to prevent escalating acuity.	41

Target Population

The activities will focus on residential aged care facilities, multipurpose sites, residents and general practitioners.

Consultation

The PHN will invite RACFs to be involved.
Approximately 105 RACFs operate in the PHN region.

Collaboration

Key stakeholders involved in proposed activities will include:

- WA Country Health Service
- Royal Australian College of General Practitioners
- Residential Aged Care Facilities
- Aged Care Peak body representatives
- Consumer organisation representation

The stakeholder group may expand as the activity is implemented and additional stakeholders are identified.

Coverage

Perth North PHN region

Activity Start Date	Activity End Date
1 April 2022	30 June 2024

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
Virtual access in RACFs	$814,727.28	$203,681.82	$0.00	$0.00

AC-AHARACF 2000 – Enhanced After Hours support for Residential Aged Care Facilities

Activity Title

Enhanced After Hours support for RACFs

Activity Number

2000

Existing, Modified or New Activity

Existing Activity

PHN Program Key Priority Area

Aged Care

Aim of Activity

Residential Aged Care Facility (RACF) residents can experience rapid health deterioration during the after-hours period, and immediate transfer to hospital is not always clinically necessary.

This activity will identify available local out-of-hours services among participating RACFs. The intended outcome of this activity is to help reduce unnecessary hospital presentations among RACF residents by:

- Providing guidance to assist participating RACFs to develop and implement after-hours action plans which will support residents to access the most appropriate medical services out-of-hours.
- 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, particularly following an episode where out-of-hours care was required.
- Support engagement between RACFs and their residents' GPs (and other relevant health professionals), as part of out-of-hours action plan development.

Description of Activity

This activity will align with activity AC-VARACF 1000 - Support RACFs to increase availability and use of telehealth care for aged care residents. Stakeholder engagement and data collection will be undertaken simultaneously with activity AC-

VARACF 1000. In addition, activities will comply with the Aged Care Quality and Safety Commissions' Aged Care Quality standards. The activities include:

- Invitation to all RACFs to submit an expression of interest to participate in the initiative to enhance best practice after hours support in aged care.
- Disseminating a survey to participating RACFs to measure existing after hours protocols, including action plans and out of hours support.
- Facilitating the development and implementation of out-of-hours action plans to support residents access to the most appropriate medical services' out-of-hours.
- Providing education to participating RACF staff in relation to 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, (use of My Health Record) particularly following an episode where out-of-hours care was required.
- Supporting engagement between RACFs and residents' GPs and other identified health professionals, as part of out-of-hours action plan development.
- Promoting this initiative to non-participating RACFs and encouraging their engagement in the development of out-of-hours action plans.
- Providing ongoing support to participating RACFs in the development of out-of-hours action plans.

Perth North PHN Needs Assessment

Priorities	**Page reference**
Reduce non-urgent emergency department attendances and improve access to alternative services.	12

Target Population

The activities will focus on residential aged care facilities, multipurpose sites, residents and general practitioners.

Consultation

The PHN will invite RACFs to participate.
Approximately 105 facilities operate in the PHN region.

Collaboration

Key stakeholders include:

- WA Department of Health Aged Care Directorate
- Residential Care Line Outreach Service
- Royal Australian College of General Practitioners
- Residential Aged Care Facilities
- Aged Care Peak body representatives
- Consumer organisation representation

Coverage

Perth North PHN region

Activity Start Date	Activity End Date
1 April 2022	30 June 2024

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
After hours access in RACFs	$0.00	$0.00	$0.00	$0.00

AC-EI 3000 Commissioning early intervention initiatives to support healthy ageing and ongoing management of chronic conditions.

Activity Title

Commissioning early intervention initiatives to support healthy ageing and ongoing management of chronic conditions.

Activity Number

3000

Existing, Modified or New Activity

Existing Activity

PHN Program Key Priority Area

Aged Care

Aim of Activity

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 reduce pressure on local health services.

This activity also supports the empowering of general practitioners (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

Some older Australians are entering aged care earlier than they may otherwise need to due to a lack of support for healthy ageing or an inability to manage their chronic conditions in the community. This activity will support senior Australians to live at home for as long as possible through the commissioning of early intervention initiatives.

The PHN will sponsor and/or commission targeted interventions as required to:

- prevent, identify and reduce chronic disease and health issues.
- avoid inappropriate hospital admissions.
- support healthy ageing in place.
- improve health outcomes for the elderly.

Pilot projects will be considered that support an incremental roll out of the measure in areas of highest need. The PHN will consider factors that may highlight priority locations for piloting commissioned services through needs assessment. Factors to be considered may include areas with higher rates of people over 65 years living at home and over 50 years for Aboriginal and Torres Strait Islander people, disadvantaged cohorts, number of available services, regional Potentially Preventable Hospitalisation (PPHs) rates for target groups, and system integration and capacity including workforce skill and availability.

Strong consideration will also be given to expanding and augmenting existing healthy ageing and early intervention programs where relevant within the PHN region. The commissioned services will support collaborative approaches between multidisciplinary teams and primary care providers as an integral part of service delivery.

A feature of the commissioned service will be to increase awareness of local primary health providers regarding needs of local older Australians and the local services available. Education to primary health care providers on how to connect senior Australians with necessary psychosocial, health, social and welfare supports will be delivered. Educating family members or carers on how to manage an older person's health will be an essential component of the commissioned service.
The formative planning process will identify new or existing services that will provide the greatest benefit from available funding prior to commissioning activity. This will then commence through the most appropriate mechanism, whether that be through open tender processes or sole-source arrangement with existing providers.

Perth North PHN Needs Assessment

Priorities	**Page reference**
Improve the management of chronic conditions for ageing populations and promote healthy ageing at home.	41
Promote early intervention and monitoring activities to support older adults to live at home and reduce early entry into residential care.	41

Target Population

Senior Australians living in the community who require support with healthy aging or support to manage their chronic conditions in the community.

Consultation

A range of stakeholders may be consulted throughout the planning and design phases including:

- WA Department of Health
- Health Services
- Health Service Providers
- General practitioners
- Aged Care Peak bodies and local government where appropriate
- Existing aged care service providers including Home Care providers for Commonwealth Home Support Programme and Home Care Package etc. This will be conducted as an essential component of the planning process to identify priority services.
- Consumers

Collaboration

The PHN will continue to build on established relations with the WA Department of Health, Health Service Providers and Local Government Authorities to ensure that the services funded through this activity complement existing support services available through the state and local government, and to facilitate the establishment of appropriate information sharing to support reporting on the effectiveness and impact of this activity.

Coverage

Perth North PHN region

Activity Start Date	Activity End Date
6 January 2021	30 June 2024

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
Early intervention	$353,818.18	$536,727.28	$484,447.64	$0.00

AC 4000 – Care finder program

Activity Title

Care finder program

Activity Number

4000

Existing, Modified or New Activity

New

PHN Program Key Priority Area

Aged Care

Aim of Activity

To improve health outcomes for people in the care finder target population including:

- Improved coordination of support when seeking to access aged care.
- Improved understanding of aged care services and how to access them.
- Improved openness to engage with the aged care system.
- Increased care finder workforce capability to meet client needs.
- Increased rates of access to aged care services and connections with other relevant supports.
- Increased rates of staying connected to the services needed post service commencement.

Description of Activity

The care finder target population includes people who require intensive support for; access to My Aged Care (either through the website, contact centre or face-to-face in Services Australia service centres), access to aged care services, and/or access other relevant supports in the community.

The Primary Health Network (PHN) will commission care finder services 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.
- Specifically target people within the care finder target population.
- Deliver the functions set out in the 'Care finder policy guidance for PHNs' developed by the Department of Health and Aged Care.

- Respond to local needs in relation to care finder support.
- Engage appropriately qualified, skilled, and trained workforce to deliver services to the care finder target population.

WA Primary Health Alliance (WAPHA) engaged with existing Assistance and Care and Housing (ACH) Program providers (Australian Red Cross, People Who Care) to support provider transition to the care finder program, this included offering ACH providers contracts as care finder program providers.

ACH providers will commence care finder service delivery on 1 January 2023, with a focus on the specialist area of older people who at risk of or are experiencing homelessness.

ACH provider organisations transitioning to care finder program providers will be commissioned by the PHN from 2022-23 to 2024-25.

Care finder Needs Assessment

On behalf of Perth North PHN, Perth South PHN and Country WA PHN, WAPHA convened a Working Group to inform the design and implementation of the care finder Needs Assessment including a Request for Tender (RFT) to secure the services of a consultant to undertake the required scope of work.

KPMG was the successful respondent and engaged by WAPHA to undertake and report on:

- Collation and analysis of population data as well as an analysis of the local service landscape in relation to care finder support.
- Analysis of current aged care navigator service provision in the PHN region.
- Stakeholder consultations to identify local needs in relation to care finder support.
- A sector analysis to understand the local service landscape in relation to care finder support.; and
- Recommendations for commissioning of service models to meet the identified need of the care finder target population group in the PHN.

Procurement Approach

The findings from the care finder Needs Assessment were effective in providing the evidence base for the PHN's initial commissioning approach to care finder services alongside the transition of existing ACH providers. The KPMG report informed WAPHA's approach to undertaking an open tender request for services in September 2022 supported by tender briefing sessions.

It is anticipated that optimal access and reach of services is most likely to be offered by an approach to the market that seeks a mix of general, whole-of-target-population and specialised, cohort-specific care finder services. This will ensure access to appropriately skilled and knowledgeable services, including for those from

a culturally diverse background and those who have previously experienced trauma or discrimination.

There are currently four providers of aged care service navigator services in Perth North PHN (COTA WA, Dementia Australia, Chung Wah Community and Aged Care, Metropolitan Migrant Resource Centre), three of which are providers of specialist services including two providers of EnCOMPASS CALD specialist services.

Responses to an open tender will determine the number of care finder organisations to be contracted however the engagement of multiple organisations in Perth North PHN is likely to ensure access to an appropriately skilled workforce for general population and sub population target groups. A calculation of funding available indicates that potentially, up to 10 FTE care finder workforce resources could be commissioned in Perth North PHN.

The PHN is open to considering submissions which span multiple PHN regions.

Service Design

While care finder services will predominantly be provided face to face, the care finder Needs Assessment emphasised the value of offering different forms of support to enhance this approach, such as including:

- Face-to-face consultations, delivered in the person's home or other community settings as required. (Noting providers will need to ensure that risk management practices are in place for managing in-home consultations).
- Telephone and video conference-based support. While it is important to recognise that some people experience difficulties communicating during virtual discussions, this form of engagement provides efficient contact with people to ensure outcomes are achieved. Care navigator services that also operate helplines, such as Dementia Australia, are well-placed to provide basic information and guidance while being able to refer people requiring more intensive supports to their dedicated care navigator.
- Information services, such as seminars, websites and printed resources which focus on the care finder target population, to enable a proactive approach to building knowledge and understanding of aged care service navigation. Seminars are also effective tools for promoting the care finder service and providing an opportunity to engage with the target population in more informal settings.

The potential for a centralised intake and referral coordination point at a PHN or statewide level was flagged with stakeholders participating in the care finder Needs Assessment, however there was no indication of support for this model from stakeholders.

The care finder Needs Assessment identified locations to be prioritised via an analysis of demographic data for the care finder target populations down to a SA3 area level. It is anticipated that priority areas for services will be identified in the

request for service, however, flexibility is required in relation to the existing location for suitably qualified care finder organisations.

The integration of health, aged care and other systems features, differing models of care, funding arrangements, operational drivers, systems, processes, cultures, and terminology. While it will not be the role of care finder program providers to resolve these complexities, it will be important providers have knowledge of local services and are able to work collaboratively with professionals operating in other systems, to assess individual's needs and preferences, and plan and deliver integrated responses.

The priority activities to enhance system integration within the context of the care finder program will include:

- Mapping of key service networks and referral pathways within relevant catchments.
- Raising awareness of care finder services as well as roles and responsibilities.
- Development of tools to support needs assessment, care planning and delivery of supports.
- Provision of education and training to care finders to support the above practices.

The care finder Needs Assessment recognises that support needs will differ according to the individual circumstances of individuals and that (as per the proposed support bands) there will be individuals who require:

- Minimal support - e.g., information and personalised support to explain the different types of aged care and how to access them via My Aged Care.
- Moderate support – e.g., information and guidance plus personalised support to undertake My Aged Care registration, complete an assessment and engage an aged care provider.
- Intensive support – e.g., information and guidance plus personalised support to undertake My Aged Care registration, complete an assessment, address financial issues, resolve housing and property issues, liaise with health services, and engage an aged care provider.

As per the care finder policy guidance:

- The proportion of clients who receive minimal support (i.e., up to two hours) is expected to be low.
- It is expected that a significant proportion of clients will need 15 or more hours of support, and some will need considerably more.

Priorities	Page reference
Support Aboriginal people to navigate the primary care system and access appropriate services.	37
Promote early intervention and monitoring activities to support older adults to live at home and reduce early entry into residential care.	43
Support people living with dementia and their carers to navigate the aged care system and access appropriate services. (Metro)	43

Target Population

The Perth North PHN covers 2,975 square kilometres and has a population of more than one million Western Australians. The communities served by the Perth North PHN are mixed, comprising inner city high density living and outer metropolitan suburban and agricultural areas. In 2019, the estimated resident population of persons aged 65 years and older residing in the Perth North PHN was nearly 157,000 people, representing just under 15% of the population across the PHN[1].

The target population for care finder people who are eligible for aged care services and have one or more reasons for requiring intensive support. Reasons for requiring intensive support may include isolation or no support person; communication barriers; difficulty processing information to make decisions; or resistance to engage with aged care, institutions, or government.

Target population sub-groups to be prioritised for care finder support includes:

- People living with dementia
- Care leavers
- People with previous experiences of trauma
- Aboriginal and Torres Strait Islander people
- Lesbian, gay, bisexual, transgender, intersex, or queer people
- Culturally and linguistically diverse people.

In 2021, almost 13,000 (approximately 8%) people aged 65 years and older residing in the PHN accessed aged care services. The uptake of aged care services varied by age, with 2% of people aged 65 to 74 years, 9% of people

[1] Data and estimates provided by PHIDU were based on the 2015 Census as published by the ABS.

aged 75 to 84 years, and 34% of people aged 85 years or above accessing aged care services.[2]

In 2016, there were approximately 32,000 people aged 65 years and older across the Perth North PHN who were living alone. Many of these people were in the Perth North West region. The SA3 with the highest number of people living alone across the PHN was Stirling at 8,400, and the SA3 with the lowest was Mundaring at 1,400 people.

In contrast the number of people aged 65 years and older who met the quadruple jeopardy definition renters, living alone, living with disability and on a low income was significantly lower, at 760 individuals. There were almost 350 people living in the Perth North West region, over 255 living in the Perth North East region, and over 150 living in the Perth Inner region.

Consultation

Consultation occurred with 17 community and health organisations in WA engaged in the provision of aged care navigator services or who routinely work with older community members in the provision of aged care, health or other community services. The consultations provided an opportunity to:

- Understand the experience within the sector regarding the Aged Care System Navigator Measure, including insights into the current services provided, clients serviced, and lessons learnt.
- Identify cohorts that have the greatest need for support and how to support these cohorts, and potential demand for care finder services.
- Consider the skills, experience, resources, and approaches required of care finder service providers.
- Consider opportunities to enhance integration between the aged care, health, mental health, and other systems, and what these mean for care finder services.
- Identify potential organisations that could deliver the care finder program into the future.

Organisation's consulted included:

- Advocare
- Council of the Ageing WA
- Dementia Australia
- Tuart Place

[2] Analysis of Australian Institute of Health and Welfare. Number of people accessing aged care services, by Aged Care Planning Region, service type and age, 2021, Accessed July 2022 at https://www.gen-agedcaredata.gov.au/Resources/Access-data/2022/April/GEN-data-People-using-aged-care

- GLTBI Rights in Ageing
- Chung Wah Association
- Umbrella Multicultural Community Services
- Carers WA
- Aboriginal Health Council of Western Australia
- Leading Aged Services Australia
- Aged Care Services Australia
- WA Health Residential Care Line (RCL, operated by NMHS)
- East Metropolitan Health Service
- North Metropolitan Health Service
- South Metropolitan Health Service
- WA Country Health Service
- Services Australia (My Aged Care)

Collaboration

The PHN will continue to build on established relationships with the wide range of stakeholders supporting the care of older Australians in Western Australia including:

- WA Department of Health
- Health Service Providers
- Local Government Authorities
- sector peak bodies and service providers

The establishment of alliances and partnerships at a regional level are supported by key bodies such as the Commonwealth Department of Health and Aged Care and the Productivity Commission as a way of coordinating community level population health initiatives as well as serving as platforms for clinical integration. The care finder workforce and care finder program providers will be uniquely placed to facilitate improved communication, collaboration and integration, not only at the entry point of care for an individual but also with tailored regional models that support organisational sharing of information and the coordination of services and projects.

Coverage

Perth North PHN region. Specific locations to be identified as part of the planning process.

Activity Start Date	Activity End Date
1 July 2022	30 September 2025

Service Delivery Start Date	Service Delivery End Date
1 January 2023	30 June 2025

Milestones

- ACH contracts will be in place in December 2022 for a 1 January 2023 service delivery start date.
- Completion of care finder open tender in December 2022 for a 1 January 2023 activity start.
- All contracted organisations to be fully operational, with full care finder service delivery available for clients, by 30 April 2023.

Activity Commissioning

An open tender procurement approach will apply for commissioning services under this activity.

Direct engagement of Assistance of Care and Housing service providers as per funding guidance.

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
Care finder program	$0.00	$1,562,445.00	$2,387,621.00	$2,468,058.00

END