



Strategic Framework for Ageing Well in Brisbane North

2025-2027



Background

The Brisbane North region is experiencing rapid population ageing. In June 2023, there were more than 167,000 persons aged 65+ years which represented 15.5% of the population.

Older people are living longer, contributing actively to society, and increasingly seeking to age in place. They also face complex health needs, service gaps, and social vulnerabilities that require coordinated, person-centred responses.

Anticipated changes relating to this demographic profile include increasing hospitalisations, increasing mental health and behavioural disorders, increases in overweight and obesity, higher prevalence of dementia, and long waits for aged care services.

Evidence indicates that rising rates of chronic illness, mental health issues, social isolation and loneliness require approaches that are not limited to the provision of clinical services.

The new Aged Care Act (2024) underpins a consumer-centred aged care system with stronger regulation and accountability. The Act is supported by Strengthened Aged Care Standards which seek to prioritise safe, quality and consistent care.

Purpose of the Strategic Framework:

To guide the work of Brisbane North PHN in improving the health and wellbeing of older people in Brisbane North.

The [North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27](#) identifies a range of health needs and service gaps of relevance to older people:

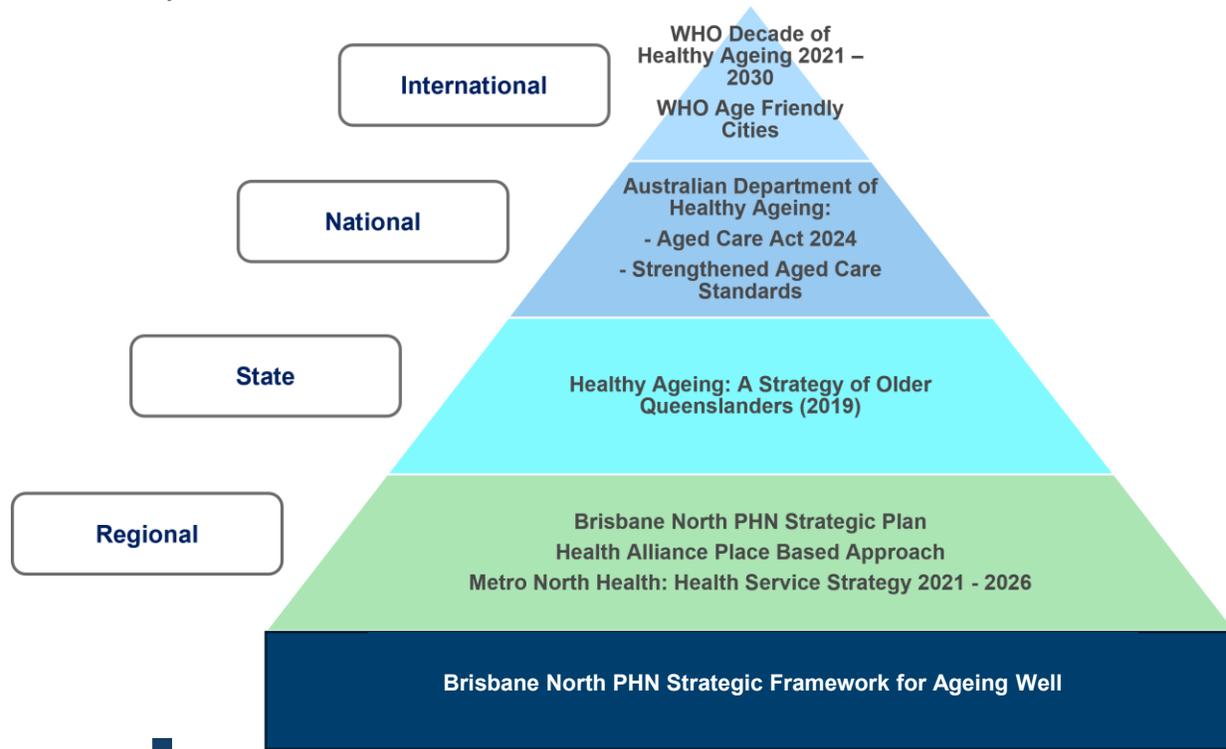
Health Needs	
Chronic Disease	High prevalence of asthma, type 2 diabetes, heart disease, and cerebrovascular conditions.
Mental Health	Depression and anxiety are leading causes of GP visits; dementia needs are rising.
Social Needs	There is a need for support services which recognise and respect older persons and address social needs.
Dementia	Significant barriers experienced by older persons in accessing dementia care services.

Service Needs	
Navigation and integration	Improved navigation and integration of health care services to reduce fragmented aged care pathways; and improve transitions between primary, acute, and community care.
Improved access to services	Improved access to health and aged care services in the community to prevent premature entry into aged care facilities.
Mental Health	Increased access to mental health services (outpatient, inpatient and community services).
Disability Services	There is inadequate telehealth, outpatient flexibility, and specialist clinics for older people with complex needs.

Strategic Alignment

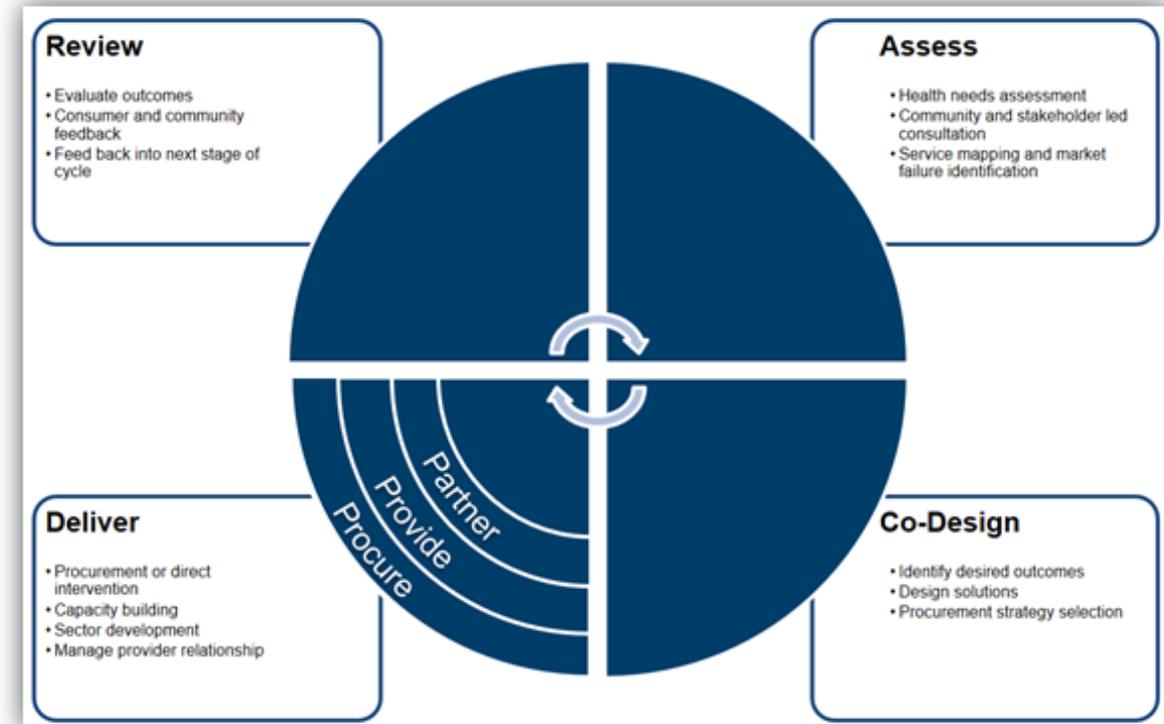
The Brisbane North PHN *Strategic Framework for Ageing Well* is intended to guide the PHN's work with older Australians residing in the region.

The framework is informed and grounded in the strategic context of healthy ageing and older persons care internationally, nationally, in Queensland and locally.



The PHN Commissioning Framework is central to the PHN purpose, and guides planning and delivery across the PHN programs.

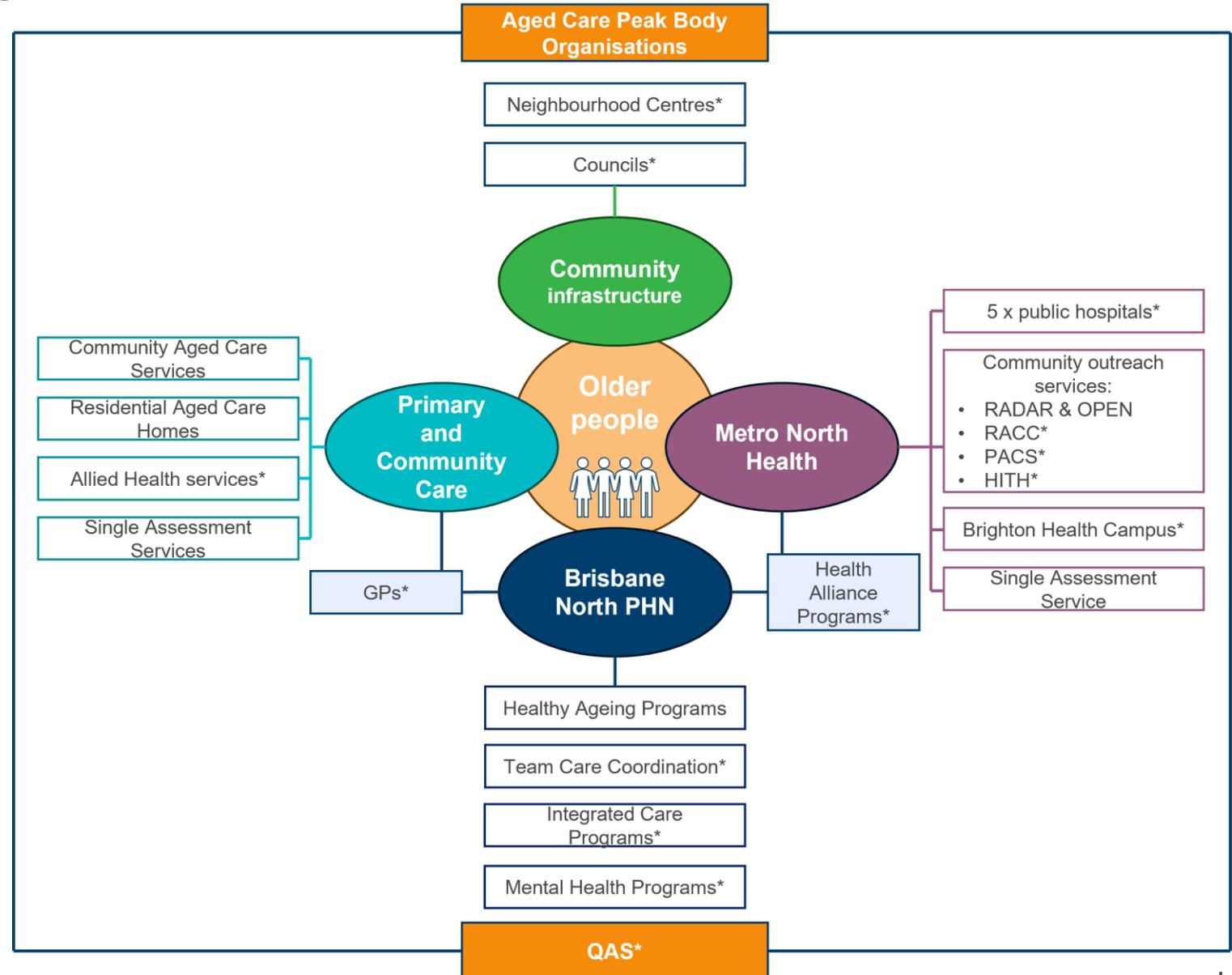
The PHN *Strategic Framework for Ageing Well* in Brisbane North aligns with this Framework.



Ecosystem of Care

Older people's care spans across primary, secondary and tertiary care services, and includes non-acute, subacute and acute care pathways. The diagram on the right represents the ecosystem of care for older people in the Brisbane North PHN region.

The Australian health and care system is fragmented. Service providers and support agencies are administered through different levels of government, different government departments and different quality standards. This creates a siloed effect, which impacts opportunities for collaboration and coproduction of improvement initiatives.



The PHN Approach to Ageing Well

Brisbane North PHN plays an important role in supporting older people to age well in ways that reflect their individual needs. As part of the broader care ecosystem, the PHN works independently, bringing a neutral perspective focused solely on community needs, priorities and outcomes.

The principles supporting this Strategic Framework for Ageing Well align to the PHN's Strategic Plan:

- **Equity** – One of the quintuple aims that underpins Brisbane North PHN's Strategic Plan, this is particularly relevant for older people, especially regarding access to and availability of aged care.
- **Collaboration and partnership** – This is a core value of Brisbane North PHN and acknowledges the need for interorganisational cooperation to achieve health improvement across the region.
- **Innovation** - defined as the process of bringing about new ideas, or solutions that have a significant positive impact and value; this principle underscores the vision of the PHN in achieving a community where good health is available to everyone.

Brisbane North PHN key approaches to ageing well:



Connecting Systems of Care

The PHN is in a unique position to drive connections between systems, sectors and organisations



Fostering Partnerships

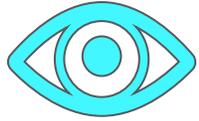
The PHN has trusted relationships which industry stakeholders to leverage innovative partnerships



Wellbeing and Enablement

As a commissioning organisation, the PHN can focus on wellbeing and enablement strategies to promote early intervention and self sufficiency in older people

The Strategic Framework



Strategic Vision:

Older people are supported to live and age in their own way in the community



Strategic Mission:

To enable older people to live healthy, connected, purposeful lives by fostering a supportive ecosystem of care that empowers choice, partnership and equitable access to services.

STRATEGIC GOALS

Informed and led by community

Facilitate care closer to home

Address health gaps and inequities

Transform and connect primary healthcare

Drive organisational excellence

STRATEGIC OBJECTIVES

To ensure equitable, culturally appropriate, and consumer-informed health and aged care services

To enhance the health, independence, and quality of life of older people by enabling safe ageing at home

To ensure equitable access to safe and coordinated aged care services across the region

To improve integration across aged care, and build sustainable, data-informed regional care ecosystems

To position ourselves as leaders by driving innovation and fostering collaboration across the PHN and sector

DESIRED STATE

Older persons care in the Brisbane North PHN region is accessible, inclusive and person-centred. It is shaped by the active participation and voice of older persons and supported by a culturally capable workforce.

Older people are supported to live independently and safely at home through proactive health promotion, early intervention, coordinated care and digitally enabled care.

Older people have equitable access to quality aged care services, regardless of their location, background, or socioeconomic status. Sustainable and ongoing funding underpins PHN programs.

Enhanced collaboration between primary care providers, aged care services, and community supports ensures improved access, continuity, and quality of care for older people in all settings.

Aged care planning and delivery are informed by a deep understanding of the strategic health and aged care environment, enabling responsive, data driven decision-making by the PHN.

Our Focus Areas

Informed and led by community

- Person-centred approach
- Use of needs assessments to inform commissioning
- Work with communities to ensure that health and aged care services reach and are accessible and appropriate to the needs of older persons
- Culturally capable workforces able to respond to diverse community needs
- Feedback and consumer voice is evident and informs program activities, improvement and commissioning
- Team Care Coordination supports consumers to manage their own care and to live well

Facilitate care closer to home

- Address social isolation and loneliness in older people
- Improve multidisciplinary care access pathways for older people living in residential aged care
- Telehealth enablement in RACHs (equipment, training, promotion)
- Early intervention programs to support healthy ageing
- Better palliative care experiences and choice
- After hours action plans in RACHs to reduce avoidable hospital presentations
- Access to age-appropriate psychological and mental health supports

Address health gaps and inequities

- Equitable access to care across diverse populations, geographies and regardless of socioeconomic status
- Care Finder program targeting those least likely to access aged care
- Improved after-hours support and coordination capability in RACHs
- Engagement of on-site pharmacists to improve medication safety in RACHs
- Care Collective program supports frail older people
- Address early intervention for people with dementia
- Advocate for ongoing funding for aged care programs

Transform and connect primary healthcare

- Improved integration of aged care, health, and community support systems
- GPACI improves access to primary care for RACH residents
- Team Care Coordination supports improved navigation and continuity of care across primary, aged and community care
- Digital health records support improvement in transitions of care and integration of care
- Support system navigation
- Workforce education
- Build collaborative partnerships across the aged care system

Drive organisational excellence

- Knowledge of the strategic environment in the health and aged care sectors
- Sustainable regional care ecosystems built on data-driven improvement
- Local health and other care providers are supported to deliver coordinated, effective and appropriate care to older people
- Continuous data collection, reporting and evaluation to improve commissioning outcomes
- Collaboratives to support collaboration
- Playing our part in regional responses to disasters and emergencies

MEASURES OF SUCCESS

- Evidence of engagement with older people during commissioning and program planning
- Workforce education incorporates cultural aspects of care for older people

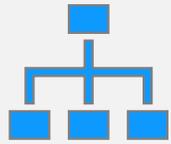
- Reduction in number of older people having long stay hospital admissions (stranded patients)
- Evidence of uplift in digital capability across aged care settings

- Evidence of coordinated, multidisciplinary care models across sectors
- Continuity and stability of PHN aged care initiatives through ongoing funding and strategic partnerships.

- Reduction in gaps or delays in service delivery for older people.
- Evidence of reduced preventable hospital admissions or emergency presentations

- Timeliness and relevance of policy or program adjustments in response to emerging needs or sector reforms.
- Evidence of data use in PHN resource allocation.

Strategy Enablers



Structural Enablers

Health Needs Assessments and Activity Work Plans

Funding streams

Interoperable digital systems



Relationships and Alliances

Cross-sector collaboration and trusted relationships

Localised flexibility and codesign to meet community needs

Data sharing and feedback to support continuous improvement



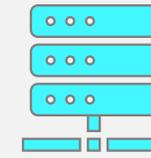
Workforce and Operational

General Practice and RACH engagement capacity

Skilled multidisciplinary workforce and training

Navigation tools and health literacy

Scalable service models (e.g., Team Care Coordination and Care Collective)



Health and System Intelligence

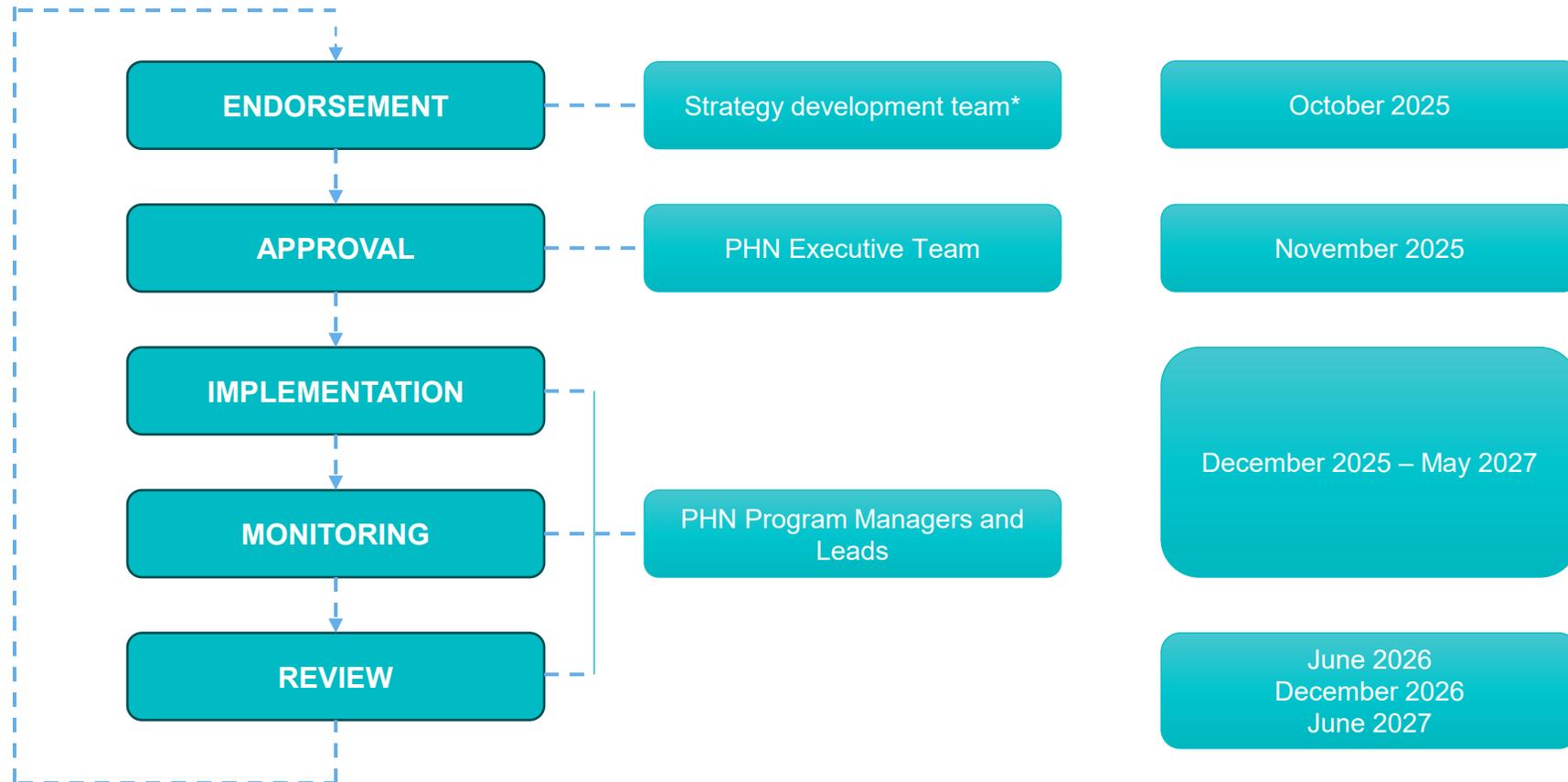
Digital health knowledge and capability

Digital health and telehealth tools

Evidence informed commissioning and outcome monitoring

Strategy Governance

Governance of the Healthy Ageing Strategy will be managed within the current governance arrangements of the PHN. Below is the governance, implementation, monitoring and review structure.



Contributors:

Sharon Sweeney, (Former) Executive Manager, Strategy and Commissioning

Lisa Smith, Executive Manager, Strategy, Operations and Commissioning

Caroline Radowski, Executive Manager, Mental Health and Connected Communities

Thripura Hariharan, (Former) Manager – KPP

Kym Strachan, Manager – Care Coordination

Carol Hope, Manager – Healthy Ageing

Peter Boffey, Team Leader – Data Governance

Amalia Savini, Team Leader – Commissioning

Darcie Wilson, Team Leader – Team Care Coordination

Vanessa Air, Team Leader – Team Care Coordination

Paul Martin, General Manager – Health Alliance