Driving Change
to support healthy ageing

Brisbane North PHN

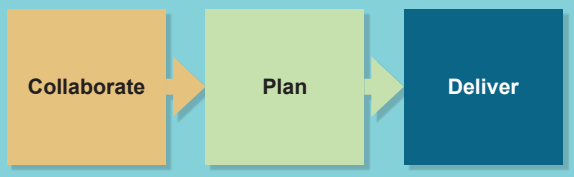
phn BRISBANE NORTH

An Australian Government Initiative

These activities are supported by funding from the Australian Government through the PHN Program and Commonwealth Home Support Program.

Aged and Community Care

The Brisbane North PHN Aged and Community Care Team is dedicated to improving the health outcomes of older people living in the North Brisbane and Moreton Bay regions. We collaborate with consumers, service providers, hospitals, GPs and government, to improve and connect healthcare services that make a real difference to the wellbeing of older people.



Health care plan for older people

To guide the way healthcare services are delivered, Brisbane North PHN, in partnership with Metro North Hospital and Health Service (MNHHS) developed a joint plan for older people.

The *Five Year Health Care Plan for Older People who live in Brisbane North 2017-22* sets six strategic directions and multiple activities for improving a coordinated, networked service system across the care continuum that aims to increase quality of life for older people.

To achieve these ambitious goals, the PHN and MNHHS are calling on all primary, community and residential aged care providers to become signatories to the plan. Signatories will be asked to provide at least one activity that they will implement under the plan to better support the health of older people.

Signatories will have the opportunity to work in partnership with a wide range of stakeholders to improve the health of older people in the region, will be promoted as a signatory on the PHN website and have their activity showcased at key events. Contact the PHN to become a signatory.

Join a collaborative

Brisbane North PHN hosts a number of healthcare collaboratives involving representatives from across our health and community care sectors. Collaborative practice is central to the way we work in bringing individuals and organisations together to identify and address problems and deliver outcomes that are not easily or effectively achieved by working alone. Collaboratives also provide networking opportunities for healthcare professionals and promotes capacity building through participation and sharing ideas with other members.

Brisbane North Chronic Wound Governance Group

This is a group of chronic wound care providers working together to identify relevant local needs, issues and solutions in chronic wound care. It aims to improve communication and partnerships between providers and increase professional practice and knowledge in this field.

Meetings are held every second month at the Brisbane North PHN Lutwyche office and are open to any health professional with an interest in chronic wounds.

The Group was involved in developing the report: *Solutions to the Chronic Wounds Problem in Australia: A Call to Action*, to raise awareness of the significance of chronic wounds in Australia and to call on governments to make chronic wounds a strategic priority.

Launch of 'Solutions to the Chronic Wounds Problem in Australia: A Call to Action' on 15 March 2018 at Metro North Hospital and Health Service's Chronic Wound Care Conference.

Brisbane North Community Palliative Care Collaborative

This collaborative aims to identify gaps and areas of improvement in palliative care service delivery across acute, community and primary care sectors. It provides strategic direction, helps to build strong working relationships and facilitates knowledge sharing between providers. Meetings are held every second month at the Brisbane North PHN North Lakes office.

Brisbane North Allied Health Collaborative

This is a group of allied health professionals from local private practice, non-government organisations and MNHHS. The group is working with Brisbane North PHN to implement a local collaborative model that will provide peer development support and improve communication and partnership between primary and secondary healthcare providers and allied health professionals. With over 500 local members, the collaborative is a great way to network and share information with fellow allied health professionals. The collaborative steering committee calls for new members on an annual basis. Contact us to become a member or to express an interest in joining the steering committee.

Caboolture Residential Aged Care Collaborative

The aim of this group is to provide a forum that enables a collaborative approach to problem solving and to improve the care journey experience of residential aged care residents in the Caboolture region. Membership is open to any residential aged care facility (RACF) or primary care provider in the Moreton Bay North region. Meetings are held every second month at local RACFs.

Redcliffe Collaborative for Older People

While providing a platform to stimulate discussion at a local level, this group also promotes collaboration among those involved in improving the continuity of integrated care for older people, their carers and families. Membership is open to any RACF, acute facility or primary care provider in the Redcliffe Peninsula region.
Meetings are held every second month at local RACFs.

Projects

To drive innovation in healthcare, the PHN invests resources in prioritised areas of need. The aim is to improve the health system and deliver better consumer outcomes.

Priority needs are established through community consultations and a population health study. Projects are designed in partnership with stakeholders and the outcomes are evaluated and used to inform future planning.

Using this process, the Aged and Community Care Team has partnered with a variety of organisations to implement projects in line with the directions described in the *Health Care Plan for Older People who live in Brisbane North 2017-22*.

Improved communication between RACFs and acute and primary care

This project is currently supporting selected RACFs to use My Health Record as a means to transfer resident information between health services. It also supports the provision of the Yellow Envelope as a tool to meet best practice clinical handover procedures between RACFs and hospitals, resulting in better continuity of care for residents.

Presentation of Palliative Care Nurse Practitioner scholarships on 7 March 2019 at Brisbane North PHN's Lutwyche office.

Improved Access to Quality Palliative Care in the Community

Under this project, Brisbane North PHN and Palliative Care Queensland are working with a wide range of stakeholders and consumers to conduct a comprehensive situation analysis of community palliative care services in Brisbane North and identify areas of need.

This project also aims to increase the capacity of nurses to respond to palliative care needs in the community. To upskill the nursing workforce, the project provides scholarship funding for eligible Registered Nurses to complete a Master of Nurse Practitioner course specialising in palliative care or a Graduate Certificate in palliative care.

The longer-term goal of the scholarship program is to build a network of palliative care nurse practitioners across acute, community, aged and primary care to provide more effective and accessible services. The program also aims to improve communication between services and provide better support to patients navigating the system.

Integrated Model of Dementia Care in Brisbane North 2018-2022

The purpose of this four-year program is to develop a Regional Dementia Strategy and improve quality of care for people living with dementia, their families and carers.

To effectively tackle the impact of this complex condition, the program covers the full range of factors influencing quality of dementia care and emphasises person-centred care.

The program is comprised of six themes, each of which address factors considered to influence the quality of dementia care. The themes are:

Improved Management and Capacity Building for Chronic Wound Care

This project aims to improve the quality of chronic wound care received by residents of RACFs and older people living in the community in the Moreton Bay North and Redcliffe region. It will achieve this through the delivery of chronic wound education and improved clinical support for RACF and community service provider staff.

It will also build a local collaborative approach to implementation of key recommendations from the *Solutions to the Chronic Wounds Problem in Australia: A Call to Action* report, through the Brisbane North Chronic Wound Governance Group and related activities.

Team Care Coordination Program

Team Care Coordination is a free service for people with complex chronic health conditions. The program aims to support people of all ages to improve their self-management, quality of life and ability to remain living well at home through:

- information and education on health conditions, self-management and community services
- a comprehensive assessment of individual needs and coordination of health, community and social support services
- facilitating communication between service providers and health professionals to ensure the appropriate and timely delivery of patient care and health services.

The program:

- is delivered via the phone or face to face in-home visits
- is staffed by clinical nurses who have extensive knowledge of chronic health conditions and health and community services
- receives referrals from hospital staff in the North Brisbane region, GPs and the Queensland Ambulance Service.

People are eligible for Team Care Coordination if they:

- have a least one complex chronic health condition
- live within the North Brisbane and Moreton Bay region
- have a GP who works within the North Brisbane and Moreton Bay region (preferable only).

Service Navigator helpline 1800 250 502

Our Service Navigator helpline is available to health professionals seeking advice and information about health and community services in the North Brisbane and Moreton Bay region.

Consortia in aged care

Healthy@home management group – April 2019.

A consortium is a collaborative arrangement involving multiple organisations that join together as a group for a shared purpose and to achieve mutually beneficial outcomes that are beyond the resources of any one member. Brisbane North PHN utilises the consortia model to deliver contracts with the Australian Government Department of Health.

The consortia model emphasises the importance of building and maintaining strong relationships, developing shared goals and common progress measures, a culture of collaboration and a goal of having a broader impact to support the sector and all older people across our region.

It ensures that we have a strong connection with services in our region, enabling Brisbane North PHN to advocate for policy and system change to improve services for older people. It also supports access and service delivery to special needs groups and disadvantaged individuals.

Brisbane North PHN currently leads two consortia: the healthy@home consortium, which delivers Commonwealth Home Support Program services, and a Regional Assessment Service consortium.

Healthy@home Consortium

Brisbane North PHN leads a consortium of 19 leading organisations, called healthy@home, which is committed to providing high quality Commonwealth Home Support Program services in the North Brisbane and Moreton Bay region, to help older people maximise their independence and remain living at home.

The consortium includes community aged care service providers, government and non-government agencies, peak bodies and advocacy groups. Our workforce exceeds 1000 clinical and non-clinical support staff across all member organisations, delivering domestic assistance, personal care, social support, transport, allied health, nursing and specialised support services. For more information, visit **healthyathome.org.au**.

Regional Assessment Service (RAS)

Brisbane North PHN leads a Regional Assessment Service (RAS) covering all of Brisbane and the Moreton Bay region. The RAS is also delivered through a consortium model with seven local service providers.

In collaboration with other RAS assessment organisations, Brisbane North PHN organises monthly RAS Assessor Information Sessions in Brisbane North and South, giving service providers an opportunity to promote awareness of their services and programs.

For more information about our consortia model, download our free consortium toolkit at **www.consortium-commissioning.org.au.**

Aged care forums

Brisbane North PHN organises quarterly aged care forums for the local aged care sector. The PHN's healthy@home consortium funds these forums to promote networking, provide up-to-date sector information and showcase quality presentations on a wide range of age care related topics.

Annual Aged Care Forum on 12 September 2018 at Kedron Wavell Services Club, Chermside.

ACTIVE at home

Active at Home: a Brisbane North PHN initiative

Active at Home is a new evidence-based and ready-to-go exercise program, now available to organisations providing home care to older people anywhere in Australia. This not-for-profit program enables service providers to increase client access to age appropriate exercise and make a measurable difference to the functional ability and wellbeing of clients through an affordable, sustainable and safe wellness and reablement approach.

Through Active at Home, Care Workers undertake accredited training to deliver a program including eight exercises that have been proven to help older people regain their strength, balance and mobility. The program has been designed to be easily embedded into the services currently being delivered by care workers, e.g. as part of domestic assistance or social support visits.

Active at Home has also developed a unique smartphone app that supports the easy collection of exercise and assessment data, allowing providers to view comprehensive reports that help the evaluation of client and program outcomes.

For more information on how to deliver Active at Home to your clients, call 07 3624 2135 or visit **www.activeathome.org.au**.

Contact the Aged and Community Care Team

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Phone: 07 3630 7300

Email: Community.Care@brisbanenorthphn.org.au

Visit: www.brisbanenorthphn.org.au

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