



Brisbane South **Aged Care Workforce Baseline Report 2020**

Brisbane South Aged Care Workforce Strategy 2020-2024

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phn
BRISBANE SOUTH
An Australian Government Initiative

**Metro
South
Health**



Baugull nyungai
Gurumba bigi
Maroomba biggee

We acknowledge the Traditional Custodians of the land on which we live and work, and of the many different nations across the wider Brisbane south region.

We pay our respects to the Elders, past, present and emerging, as the holders of the memories, the traditions, the culture and the spiritual wellbeing of the Aboriginal and Torres Strait Islander peoples across the nation. We acknowledge any Sorry Business that may be affecting the communities as a whole.

In the spirit of reconciliation, partnership and mutual respect, we will continue to work together with Aboriginal and Torres Strait Islander peoples to shape a health system which responds to the needs and aspirations of the community.



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Introduction

About the Brisbane South Aged Care Workforce Strategy

Brisbane South PHN and Metro South Health, together with local stakeholders, jointly developed the Brisbane South Aged Care Workforce Strategy 2020-2024 (the Workforce Strategy) with a vision for:

'A capable, motivated and supported workforce that provides high quality and integrated care for all older people in the Brisbane south region.'

The Workforce Strategy was a commitment within the broader *Brisbane South Older People's Health and Wellness Strategy 2019-2024*, which identified a capable workforce as a key enabler in the provision of evidence-based, safe and quality care for older people within the Brisbane south region.

The Workforce Strategy was informed by analysing local needs and priorities, national and state policies, contemporary research, innovative models of care and consultation with over 200 local stakeholders.

The Workforce Strategy outlines four objectives that guide how we will collectively measure the progress and performance in achieving our vision for the aged care workforce in the Brisbane south region.

1. A workforce with a mix of skills, competencies, backgrounds and with reach across the region.
2. A workforce of people who are passionate, confident and rewarded in providing care for older people.
3. A workforce that provides the right care, in the right place, at the right time, for older people.
4. A workforce that is underpinned by a culture of cross-sectoral, collaborative partnership.

Purpose of this report

The *Aged Care Workforce Baseline Report 2020* (the Report) aims to outline the current state of the aged care workforce in the Brisbane south region and describe the key findings that informed the strategy development process. The Report will be updated periodically over the life of the Workforce Strategy and will be provided to the overarching Brisbane South Older People's Strategy Committee for monitoring and reporting.

The Report will aid in monitoring the achievement of the four objectives outlined in the Workforce Strategy, and help to assess the effectiveness and impact of programs and activities being delivered as part of the Workforce Strategy to guide future planning and commissioning.

The data and insights within the Report are drawn from a range of credible national policy documents and public data sets, combined with the outcomes of stakeholder engagement activities relating to the health and wellbeing of older people that have been conducted within the Brisbane south region over the last three to four years.

Where local data for the region or a comparable region was not available, national data has been used, with the caveat that this data may not accurately represent local characteristics.

As the Report is updated in future years, unlocking existing local data sourced from aged care providers or generating new data sources will help to expand on local trends and enable benchmarking against national figures.

The structure of the Report includes an overview of the strategic context that underpins the Workforce Strategy, followed by a baseline analysis of the current state of each of the four objectives outlined in the Workforce Strategy.

Definitions

The term 'aged care workforce' may have different meanings for the various stakeholders and sectors across our region. This document uses the following definitions of 'the workforce' to include all touchpoints across a consumer's ageing journey, consistent with *A Matter of Care: Australia's Aged Care Workforce Strategy (2018)*.

Aged care workforce refers to the broader workforce including:

- Aged care services including in-home care and residential care
- Primary health services
- Specialist care providers
- Acute and subacute care
- Carers
- Functional health care providers
- System facilitators and navigators
- Financial planning,

Direct aged care workforce refers to service provided by aged care providers through personal care workers, nurses, support staff and allied health professionals (in-home care or residential care).

Strategic context

National policy environment

Australia has an increasingly ageing population and is a significant driver for increased pressures on both health and aged care services. More so than ever, there is an increasing demand for government-funded aged care services, and a subsequent need for an appropriately sized and skilled aged care workforce.¹

Aged care workforce development has long been recognised as a national priority, however solutions to issues have not been easily found.

Workforce development in the aged care context is broadly defined but generally aims to:

- Grow workforce supply—recruit and retain staff within the workforce based on planned projections of the right workforce size and skill mix to meet demand for services within a defined area.
- Manage workforce demand—utilise the available workforce in a way that makes the most of the skills available, such as workforce models that enable staff to work to their full scope of practice and technology that assists workforce productivity.
- Build workforce capability—enhance the ability of the workforce to effectively and efficiently meet the care needs of consumers and preventing resource-intensive ‘downstream’ service demand.²

In the last decade, a series of government inquiries, policy reforms and industry submissions into the aged care workforce in Australia were undertaken,^{3,4} with many highlighting issues such as:

- skill shortages due to inadequate attraction and retention strategies
- insufficient remuneration and work conditions
- gaps in clinical capability
- fragmentation between aged care and health care settings.

In 2018, an independent Aged Care Workforce Strategy Taskforce (the taskforce) commissioned by the Australian Government delivered *A Matter of Care – Australia’s Aged Care Workforce Strategy*.⁵ This strategy identified 14 actions to address current and future workforce challenges. The taskforce applied a broad definition of the aged care workforce to cover all of the ‘touchpoints’ for consumers in their ageing journey—including service navigation, assessment, primary health care, acute health care, in-home and residential aged care, community support and palliative care.

Many of the actions listed in this strategy were identified as national level priorities. However, specific actions were identified for both Primary Health Networks (PHNs) and local health networks (i.e. Hospital and Health Services in Queensland) relating to ‘strengthening the interface between aged care and primary/acute care’.⁵ These actions included:

- improving access to quality primary health care
- improving acute care services for older people
- addressing local service gaps
- high level approach to workforce planning.

Reforms to the aged care system are likely to be extensive and ongoing, and further driven by the Royal Commission into Aged Care Quality and Safety. Whilst the Final Report of the Royal Commission is not due until February 2021, the Interim Report released in November 2019 contained a dedicated chapter on ‘Workforce Matters’ which explored several workforce-related issues.⁶

- attraction and retention
- education and training
- choosing the right staff
- remuneration and careers
- continuity of care
- staffing levels and staff mix.

As indicated in the Royal Commission into Aged Care Quality and Safety’s Interim Report, these workforce issues will be critical to the recommendations in the Royal Commission’s Final Report and integral to the comprehensive reform of the aged care system.

Queensland policy environment

Queensland Health's *Healthy ageing: A strategy for older Queenslanders* explores how the health system in Queensland can better support healthy ageing.⁷

This strategy identifies a capable workforce as one of the key enablers that is required to build a system that supports healthy ageing. Through redesigning and increasing the expertise of the workforce in relation to the health and wellbeing of older people, it is envisaged that the responsiveness and quality of care provided will better meet the health needs of the older population. The strategy is intended to guide Queensland Health agencies as they progress planning, investment and initiatives for older persons' health services.

As an output of the statewide strategy, Clinical Excellence Queensland is working with Hospital and Health Services (HHSs) across Queensland to implement models of care that aim to enhance the care provided to older persons, with a particular focus on:

- identification of frailty
- Residential Aged Care Facility Support Service (RaSS)
- emergency department care (e.g. Geriatric Emergency Department Initiative)
- inpatient care (e.g. Eat Walk Engage program)
- advance care planning and end-of-life care.

Regional priorities

In mid-2019, Brisbane South PHN and Metro South Health launched the *Brisbane South Older People's Health and Wellness Strategy 2019-2024*.⁸ This joint strategy identified a capable workforce as an enabler to achieving the vision of the strategy, where:

"Older people in the Brisbane south region experience a greater quality of life through safe, connected and coordinated person centred health care in an age friendly community."

One key action that was identified by the steering committee was to collaborate with stakeholders to co-design and deliver a workforce development strategy that focused on:

- upskilling residential aged care facilities (RACF) and in-home care workforce
- attracting and rewarding General Practitioners (GPs)
- improving gerontic content in clinical training pathways
- attracting skilled clinicians in geriatric medicine in both the hospital and community settings.

The strategy is intended to provide a high-level framework to guide the planning and provision of aged care in the Brisbane south region.

Introduction to the objectives

The following objectives were developed in partnership with Brisbane South PHN, Metro South Health and other local stakeholders, and will serve as the mechanisms by which the region's progress towards the vision of the broader Workforce Strategy can be monitored:

1. A workforce with a mix of skills, competencies, backgrounds and with reach across the region.
2. A workforce of people who are passionate, confident and rewarded in providing care for older people.
3. A workforce that provides the right care, in the right place, at the right time, for older people.
4. A workforce that is underpinned by a culture of cross-sectoral, collaborative partnership.

The baseline analysis and current state of each of these four objectives is outlined in this section.

1. A workforce with a mix of skills, competencies, backgrounds and with reach across the region



How we will track our progress

- Rate of growth of aged care workforce in line with projected demand.
- Gerontic focus in training pathways.
- Participation and outcomes of professional development activities.
- Geographic distribution of aged care workforce aligned to service demand.
- Uptake of workforce skill mix aligned to older people's needs.

How big is the Brisbane south region's aged care workforce?

A national census of Australia's aged care workforce estimates that the size of the workforce providing direct care in aged care services was around 240,000 people in 2016.⁹ About 64 per cent of this workforce was in the residential aged care setting, with the remainder providing home-based care; a distribution that is likely to be reflected in the Brisbane south region context.

Based on the relative proportion of people using aged care services in the Brisbane south region, of all people using aged care nationally and assuming a similar workforce profile, a crude estimate of the number of direct care employees in residential and in-home care aged care services in the Brisbane south region is approximately 9,500 people.¹⁰

A total of 1,627 registered health professionals self-report their primary place of practice as 'aged care'.¹¹ It is likely that many more people in the Brisbane south region are involved in delivering aged care or health care services to older people as part of their broader scope of practice including primary health care, acute health care, aged care (e.g. management, administration, My Aged Care), community and spiritual service providers (these sections of the workforce are not captured in the estimate).

Who is the aged care workforce?

Nationally, the proportion of the non-clinical workforce working in aged care services continues to increase year on year, representing 75 per cent of the aged care workforce in 2016, while the actual number of nurses (registered and enrolled), nurse practitioners and allied health professionals has remained relatively static.⁹

Estimates of the number of non-clinical personal care worker roles within the Brisbane south region are difficult to obtain due to the lack of a requirement for professional registration within this segment of the workforce. A breakdown of clinical health roles who identify as working in the primary setting of aged care services is:

- 1,462 nurses (10.5% of all nurses)
- 155 allied health (5.2% of all allied health)
- 10 GPs (0.87% of all GPs).¹¹

A total of 23 specialist physicians in geriatric medicine practice within the Brisbane south region, 17 of which are based primarily within the acute hospital setting.¹¹

An accurate breakdown of the remainder of the aged care workforce is not available, including service navigators, assessment teams, specialised services, broader community providers and volunteers.

Data on the Australian aged care workforce in direct care roles indicates a relatively high level of cultural diversity, with almost 20 per cent primarily speaking a language other than English.⁹

Is workforce growth meeting demand for aged care services?

Nationally, the growth of aged care employees delivering direct care is not increasing in line with the 'required' demand projections. Between 2007 and 2016, the actual growth rate of the number of direct care employees in residential and in-home aged care services was 1.6 per cent per year, which is significantly lower than the required annual growth rate of 9.3 per cent described in the *National Aged Care Workforce Strategy*.⁵

Growth in the absolute number and proportion of people aged over 65 years will continue to drive demand for aged care services in the Brisbane south region. In particular, several areas in the region will experience a greater demand for aged care services, including Cleveland-Stradbroke, Capalaba, Mount Gravatt, Springwood/Kingston and Wynnum/Manly.¹³

Are professional development opportunities meeting workforce needs?

At a national level, data from 2016 indicates that 90 per cent of aged care workers have post-secondary qualifications,⁹ with the personal care workforce becoming increasingly qualified over the last few years.⁹ On average, one in five aged care workers participated in professional development opportunities each year, however it is important to note that this was predominantly mandatory training.⁹ In addition, a higher proportion of registered nurses completed non-mandatory training and continuing professional development activities than workers in other occupations (e.g. personal care workers) across the aged care sector.⁹

Concerns have been raised with the standard of vocational training, particularly with industry entrants lacking skills needed in relevant areas such as dementia care, palliative care and mental health, and with training courses that are inadequate in terms of time spent in both theoretical and practical learning.¹⁴

Both the *National Aged Care Workforce Strategy* and Royal Commission into Aged Care Quality and Safety have pointed to the need to improve the quality of vocational training and introduce minimum qualification requirements for personal care workers in aged care.^{5,6} To support national reforms, there are opportunities to work at a regional level to facilitate on-the-job training, build experience and support continued professional development, particularly for new industry entrants.

There has previously been a limited number of local opportunities for aged care workforce development advertised locally by Brisbane South PHN's training events calendar. Between June 2018 and June 2019, there were 518 opportunities for professional development activities provided or promoted by Brisbane South PHN, of which 13 (or less than 3 per cent) related directly to aged care or older person-related health issues.²³ Of these, almost all related specifically to either dementia or palliative care issues.²³

Data is not available to indicate the awareness, uptake, satisfaction or effectiveness of locally coordinated professional development activities. More broadly, professional development opportunities for the aged care workforce are available from a variety of providers, in a range of modalities and on a number of topics. Although a diverse mix of professional development opportunities exist, there are limitations in what is offered to the aged care workforce.

Key observations regarding content include:

- professional development opportunities that exist across a range of platforms
- general focus on clinical issues such as dementia, palliative care and chronic disease management
- some content focus on reablement, Medicare Benefit Schedule (MBS) optimisation and the needs of vulnerable populations such as the LGBTI+ community
- gaps that exist in relation to person-centred care, caring skills, cultural competency, technology and system navigation.

Key observations regarding access include:

- a mix of professional development opportunities online and in-person
- the majority of in-person education being available in metropolitan setting
- accurate and timely information regarding professional development opportunities is communicated inconsistently.

Key observations regarding cost include:

- a mix of free and fee-based training opportunities across the region
- large variation in availability of continuing professional development points and cost within the fee-based professional development market.

Past activities have largely been single instances of off-the-job training focused on specific issues, with aged care workforce participants and stakeholders reporting a strong desire for a greater focus on more experiential learning and broader practice areas such as, person-centred caring, acute deterioration and technology.

PHNs and local hospital networks across Australia have implemented workforce development programs for other areas of the health system including:

- financial supports and incentives for attracting and training key workforce roles
- supervision, shadowing and mentoring programs
- career progression and development to retain skills.

These programs are often heavily focused on stand-alone and one-off educational opportunities rather than strategic, ongoing and regionally integrated approaches and there is limited evidence available relating to their effectiveness.

Getting the most out of our existing workforce

In addition to professional development, aged care workforce development can involve enhancing coordination across settings and integrated models of care that better utilise existing workforce roles.

During 2019 and 2020, Brisbane South PHN invested in and supported a number of aged care initiatives to address identified issues, including:

- Greater Choices for at Home Palliative Care measure
- advance care planning
- Aged Care Navigator Trial led by Council on the Ageing Australia
- psychological services for people living in residential aged care.

Similarly, Metro South Health currently deliver and partner in several aged care initiatives to address identified local system issues:

- Residential Aged Care End of Life Care Pathway (RAC EoLCP)
- Aged Care Assessment Team (ACAT)
- Older Adult Mental Health Services
- Comprehensive Aged Residents Emergency and Partners in Assessment, Care and Treatment (CARE-PACT) and CARE-PACT Expansion projects
- Geriatric Emergency Department Initiative (GEDI)
- SpotOnHealth HealthPathways.

Innovative models of care to better utilise and support the existing workforce are emerging across Australia and overseas in relation to:

- organisational leadership to transform service providers to prioritise consumer-centred care outcomes
- clinical workforce redesign to enable skilled clinicians to work to their full scope of practice
- non-clinical workforce utilisation through delegation, professional skill-sharing and micro-credentialing
- technology-based solutions to increase capacity and capability.



Innovative practice spotlight: Calderdale Framework

The Calderdale Framework provides a scalable health workforce development tool to improve clinical capability and skill sharing across professions. It is a workforce development tool that engages frontline staff at all levels to ensure safe and effective patient centred care. It provides a clear and systematic method for reviewing skill mix, developing new roles, identifying new ways of working and facilitating service redesign. Queensland Health has previously funded the training of more than 80 Calderdale Framework Facilitators across Queensland Hospital and Health Services, including in the Brisbane south region. Facilitators have the training and skills to support a team to implement the Calderdale Framework. Consequently, there is strong implementation support within Queensland to transfer the Calderdale Framework to the aged care workforce, either within RACFs or the in-home care workforce.

To support the application of the Calderdale Framework within the aged care workforce in the Brisbane south region, there is an extensive library of clinical task instructions, training modules for clinical tasks and for allied health professionals' delegation skill development, templates for work instructions, local protocols, delegation and skill sharing frameworks and a range of other supporting resources.

Attribution: Queensland Health, Calderdale Framework, available at <https://www.health.qld.gov.au/ahwac/html/calderdale-framework>.

Case example: SpotOnHealth HealthPathways

SpotOnHealth HealthPathways provides clinicians in the greater Brisbane south catchment with web-based information outlining the assessment, management and referral of over 550 conditions.

It is designed to be used at point of care primarily by General Practitioners but is also available to specialists, nurses, allied health and other health professionals.

Localised pathways relating to managing the health needs of older people exist for:

- after hours providers
- emergency assessment
- medication management review
- end-of-life care
- advance care planning
- cognitive impairment and dementia
- mental health
- falls prevention
- CARE-PACT for residential aged care facilities.

SpotOnHealth HealthPathways is designed to help clinicians navigate the health care systems of the Brisbane South, Redlands, Logan, and Scenic Rim catchments.

It is an initiative of Metro South Health and Brisbane South PHN, in partnership with Mater Health Services and Children's Health Queensland.

Content is developed collaboratively by General Practitioners, hospital clinicians, and a wide range of other health professionals. Each pathway is evidence-informed, but also reflects local reality, and aims to preserve clinical autonomy and patient choice.

Attribution: Brisbane South PHN, SpotOnHealth Health Pathways, available at <https://bsphn.org.au/primary-care-support/spotonhealth-healthpathways>.

2. A workforce of people who are passionate, confident and rewarded in providing care for older people



How we will track our progress

- Aged care workforce reporting positive job satisfaction.
- Positive experience of care reported by aged care consumers and their carers.
- Uptake of sustainable models of integrated care.

Do aged care workers feel supported to do their work?

Many people within the existing aged care workforce are intrinsically motivated to work within the sector based on their passion and values for caring for older people.⁶ However, extrinsic drivers such as remuneration, job security, work demands, culture and career progression are recognised as making aged care less competitive in attracting new entrants.⁵ Additionally, these factors make retaining skilled and experienced staff in aged care services challenging.

Those staff who currently work in aged care services generally report high levels of job satisfaction for most aspects of work, with the exception of remuneration.⁶ However, there is no locally available data on job satisfaction or experience of the aged care workforce in the Brisbane south region.

The Royal Commission into Aged Care Quality and Safety's Interim Report highlighted that professional development alone is unlikely to build a confident and capable workforce, with more focus needed on empowering the workforce to work to the full scope of their roles:

“... if the aged care sector is to attract and retain high quality employees effectively, [it] must address the very low enablement level of its workers... the workers' sense of empowerment to be able to do their jobs well.

... only 53 per cent of aged care worker participants reported favourable enablement levels, well below industry benchmarks.

Improving aged care workers' engagement requires an education and training framework that supports their career development and progression and which enables them to deliver professional care at all stages of their careers.”

A previous study of the aged care workforce in the Brisbane south region commissioned by Brisbane South PHN in 2018 identified factors that potentially hinder the current aged care workforce.¹⁵ Communication, people management and leadership were raised by 41 per cent of respondents as skills which needed to be developed for leaders and managers. Building capability around organisational culture and human resource management may contribute to more engaged and enabled staff providing direct care services.

Similarly, the availability of clinical staff in aged care services, the scope of practice of staff and the internal systems and processes to support their roles was found to influence the quality of care provided to older people. As an example, the availability and effectiveness of nursing staff in RACFs often determines whether an older person experiencing deterioration will require a hospital transfer or not. On-demand support around decision-making, appropriate escalation and staff working to the full scope of their roles within aged care services can empower the existing workforce to deliver higher quality care for older people in aged care services.

This previous research of the Brisbane south region's aged care workforce suggested that three factors—communication, time management and culture—are the three most influential factors that underpin almost all other barriers and challenges that staff working in aged care services face in their roles. While each of these three factors is the responsibility of individual service providers, there remains an opportunity for regional approaches that focus on understanding the current state, identifying examples of good practice, and facilitating regional activities that support providers to learn from and share with other providers.

What do aged care consumers think about the care they receive from the workforce?

The Royal Commission into Aged Care Quality and Safety's Interim Report states “people receiving aged care should be confident about the skills and abilities of the people

who are caring for them and feel secure and safe regardless of where they receive that care.”⁶ The Royal Commission has highlighted many examples of consumer experiences arising from challenges faced by the aged care workforce, and of the impact these challenges have on people who receive care.

The perceptions and experiences of consumers of aged care services is an important source of information around the engagement and performance of the aged care workforce.

At a national level, a standardised source of information relating to the experiences of consumers of aged care services is Consumer Experience Reports (CERs) and is part of the assessment of providers against the Aged Care Quality Standards through direct interviews with consumers of residential aged care services. Data published by the former Australian Aged Care Quality Agency for the first 12 months of the collection of CERs, between July 2017 and June 2018, showed that aged care consumers generally report satisfaction with the six items directly mentioning staff of the ten survey items overall:¹⁶

- 73 per cent of residents interviewed said staff ‘always’ treated them with respect.
- 70 per cent of residents interviewed said staff ‘always’ met their health care needs.
- 55 per cent of residents interviewed said staff ‘always’ followed up when the person raised things with them.
- 56 per cent of residents interviewed said staff ‘always’ explained things to them.
- 24 per cent of residents interviewed said there were ‘always’ staff available to talk to when they were feeling sad or worried.
- 32 per cent of residents interviewed said that staff ‘always’ knew what they were doing.

Data from CERs for individual services within the Brisbane South region are available from the Aged Care Quality and Safety Commission’s website according to when site audits are conducted periodically to meet accreditation requirements, however no breakdown of performance at the Brisbane south region-level is available. CERs are reportedly being expanded to in-home aged care services in the future.

At a local level, consultation with consumers and carers found that many feel overwhelmed by the service system, are not being listened to by their care providers, and experience ageism in their experiences of the aged care and health care systems. In particular, the social, cultural

and spiritual needs of Aboriginal and Torres Strait Islander older people, older people from culturally and linguistically diverse (CALD) backgrounds, and older people from LGBTIQ+ communities are not being met.¹⁵

Previous research into the values and experiences of older people who had previously accessed health care services in the Brisbane south region identified several themes directly related to workforce development and universal to all roles, disciplines and settings:¹⁷

- every consumer is a unique person with individual needs, preferences and knowledge
- good communication enables consumers to feel like they are in control of their health care
- emotional care is just as important as medical care
- support through key transitions is critical to good health care
- recognising a community of diverse cultures, lifestyles, customs and practices
- family carers need to be supported as key members of consumers’ health care teams
- non-medical staff play a critical person-to-person role.

Rewarding and remunerating models of integrated care

Remuneration of the aged care workforce is an identified barrier to ensuring that the aged care sector is an ‘employer of choice’ over other sectors such as health, disability or human services, with this issue being echoed at both a national and regional level. The *National Aged Care Workforce Strategy* estimates that aged care staff (both nurses and personal care workers) earn up to 15 per cent less than their peers in other sectors.⁵

Looking beyond remuneration for staff within aged care services, there are also concerns with the level of remuneration and incentives available for private medical practitioners (e.g. GPs) and allied health professionals providing care to older people, either directly within aged care services or as part of the primary health care setting.^{18,19} The Commonwealth-funded Practice Incentive Payments program and specifically the Aged Care Access Incentive were designed to further incentivise general practice to provide continuing care to older people.

The current funding structure available through MBS rebates reportedly fails to cover the additional costs



Innovative practice spotlight: A team-based model of RACF care by general practice

incurred by private medical practitioners integrating their work into aged care settings, such as travel expenses, equipment and consumables, care coordination with other providers and the logistical issues that result in losses to productivity (i.e. patient coordination, wayfinding within facilities).

Whilst the direct employment of a GP by an aged care facility is not common within the Brisbane south region, in instances where this employment model has been successfully adopted it has reportedly contributed to improving the remuneration and clinical safety concerns held by GPs.

Providing sustainable funding models that incentivise team-based models of integrated care for older people with complex and chronic health conditions remain rare, despite these models of care being identified as more appropriate in achieving patient health outcomes than volume-based models of care.²⁰ The patient-centred medical home model is one emerging example being trialled in enrolled general practices in several PHN regions across Australia, however is not currently available in the Brisbane south region.

Many GPs struggle to meet the demand for their services at RACFs. A mixed-method case study based on a project by the Australian Primary Health Care Research Institute examined a practice nurse-led team model of RACF care.

The new model of care demonstrated:

- increase in RACF residents' access to standard general practice consultations
- fewer after-hours consultations
- utilisation of MBS items and quality improvement services
- lower reported GP workload and stress
- improved professional satisfaction.

Attribution: This extract is adapted from an abstract published in *Australian Family Physician* – Meade C, Ward B, Cronin H (2016). Implementation of a team model for RACF care by a general practice, *Australian Family Physician*, 45(4), 218-222.

3. A workforce that provides the right care, in the right place, at the right time, for older people



How we will track our progress

- Increased rate of GPs providing services in RACFs and patient's homes.
- Improved quality of care for older people.
- Fewer potentially preventable hospitalisations for older people.
- Uptake of multidisciplinary models of care for older people.

Managing the health of older people in primary care

While direct aged care services provide nursing and some allied health services, the primary health care setting retains the main responsibility for identifying, assessing and treating the health and wellbeing needs of older people in the Brisbane south region. An effective primary care workforce is needed to keep older people healthy and independent, connect them with the support they need and prevent unnecessary transfers to hospital facilities.

Older people in the Brisbane south region see a GP both in hours and after hours more frequently than in other regions, indicating good access to primary care services. Over nine in 10 people aged 45 years and over in the Brisbane south region report having a usual GP, which is an established indicator of continuity of care.²¹

Each year, less than a quarter of GPs⁹ located in the Brisbane south region visit patients who reside in RACFs. While the number of GPs visiting RACFs has been increasing in recent years, industry surveys regularly indicate that many GPs are considering ceasing visiting their patients residing in RACFs over the coming years, due to concerns with viability and remuneration.¹⁸

Older people in the Brisbane south region see specialists less frequently than other regions in Australia. Only 13.7 per cent of people in the Brisbane south region report seeing three or more health professionals for the same condition compared to national figures of 16.7 per cent, which is the fourth lowest of all 31 PHN regions and is an indicator of limited access to holistic team-based models of care.²¹

Keeping older people well and out of hospital

Providing high quality care with a capable workforce in the aged and primary care settings helps to maintain wellbeing and independence, reduce the frequency of older people presenting and being admitted to hospitals, and enables end-of-life care that is driven by consumer choice. However, stakeholders report challenges with identifying and managing the acute deterioration of frail older patients, which often results in a hospital transfer and can lead to adverse patient outcomes.

Older people in the Brisbane south region are more likely to present and be admitted to hospital for potentially preventable hospitalisations (PPHs) when compared to other regions in Australia—a rate approximately 20 per cent higher than the national rate. There are over 16,000 older people admitted for a PPH each year, and almost a quarter of these involve same day discharge, indicating care could have likely been provided in another setting.²²

The Royal Commission into Aged Care Quality and Safety's Interim Report indicated that many individuals in the aged care workforce lack training in effectively caring for older people with chronic and complex health conditions that are increasingly prevalent in aged care settings, such as dementia and cognitive decline, mental health disorders, physical comorbidities, and palliative conditions.⁶

Local consultation with consumers, carers and stakeholders supports these findings, indicating that there is a need to continue to re-orientate services towards more 'upstream' models of care that focus on:

- maintaining wellbeing and independence
- readmission following an episode of illness to prevent health decline
- early conversations about palliative and end-of-life approaches to care when appropriate.

Emerging models demonstrate what works well

There has been emerging success observed in the Brisbane south region with service models that aim to support acute patients to remain at home and prevent hospital transfers where appropriate, or to streamline the presentation, admission and discharge process when a hospital transfer does occur. For example, CARE-PACT aims to support aged care and primary care providers to assess and manage the health of older people through specialist advice and



Case example: CARE-PACT

The CARE-PACT team collaborate with RACFs and community services to provide a centralised contact for clinical support, resources and education, and a central referral contact for acutely unwell residents to allow specialist review or consultation.

CARE-PACT is a unique demand management program that focuses on streamlining and raising awareness of the care pathway for the frail elderly residents of aged care facilities.

There are four main components to the CARE-PACT:

- Telephone triage to reduce avoidable emergency department presentations using a single point of contact to enable specialist emergency nursing clinical assessment of deteriorating patients.
- An emergency department (ED) and inpatient resource to maximise early discharge back to GP or RACF through collaborative discharge planning.
- An ED-equivalent mobile assessment service in the aged care facility to reduce avoidable presentations to ED.
- A pathway to expedite referral to specialist services directly from the RACF or substitution of these services within the aged care facility by a variety of community services according to key eligibility criteria.

In 2018, the original CARE-PACT model of care was expanded with the implementation of a chronic wound service, mobile x-ray service, nurse navigator mediated case management and a nurse practitioner position. CARE-PACT is a partnership with Princess Alexandra Hospital, aged care facilities, GPs and the Brisbane South PHN.

Attribution: Clinical Excellence Queensland, Comprehensive Aged Residents Emergency and Partners in Assessment Care and Treatment (CARE-PACT), available at <https://clinicalexcellence.qld.gov.au/improvement-exchange/care-pact>.

outreach. However, it currently focuses primarily on the segment of the older adult population who reside in RACFs.

Many more older people reside in their own homes and are supported by in-home aged care services. There is a trend towards people staying at home until later in life which means older people at home may have complex and chronic care needs. There is an opportunity for extending service models such as CARE-PACT to better support people choosing to live in their own home.

Current models of care for older people are often driven by a medical diagnosis rather than a more holistic focus, including ageing well, regular screening and assessment, early intervention, multidisciplinary care and focusing on the broad health and social needs of each person.

Limited awareness, funding challenges and fragmentation between care settings has prevented further uptake of emerging models of multidisciplinary, coordinated care for older people, and new ways of working that better incorporate technology to provide care in, or as close to, a person's own home as possible.

4. A workforce that is underpinned by a culture of cross-sectoral, collaborative partnership



How we will track our progress

- Cross-sectoral participation in regional governance and leadership activities.
- Examples of innovative partnerships leading to more efficient and effective service delivery.
- Uptake of digital health initiatives to aid communication and coordination between providers.

How well connected is the workforce across care settings?

The Brisbane south region is a large region, both in terms of population density and geographical size, with a vast range of providers delivering health and social services to older people across different settings, including:

- 333 general practices with 1,360 GPs
- 1,671 nurses and midwives
- 824 pharmacists
- 2,612 allied health professionals
- 95 residential aged care facilities
- 78 providers of home care packages and 108 providers of basic home support
- 7 public hospitals and 6 private hospitals
- 8 community health centres
- 8 Aboriginal and Torres Strait Islander Health Services
- 4 local government authorities.²³

Previous reviews of the local health and aged care systems in the Brisbane south region have consistently highlighted fragmentation in the assessment, planning, delivery and monitoring of older people's care as a significant challenge. Interactions between primary health care services, My Aged Care and assessment services, government-funded in-home and residential aged care services, and acute health care and palliative care services are reportedly often challenged by a vast mix of workforce roles and settings, inconsistency in processes and systems, and funding from different levels of government.

Brisbane South PHN has previously held workforce forums and events to bring together people working in local aged care and health services to identify key issues challenging the sector and to inform Brisbane South PHN's service design, with opportunities for local system improvement including:

- consistent and standardised processes
- improving information management
- building workforce capability
- delivering the right care at the right time and place, through new models.^{24,25}

These opportunities consisted primarily of nursing or allied health staff working in aged care services, with the vast majority reporting that their attendance at the workforce forum improved their knowledge and confidence, and was likely to improve their practice. This suggests an increase in the availability of forums and other opportunities for the workforce to come together and focus on actions to improve outcomes for older people is both desired and effective.

Previous consultation with the region's aged care service providers suggests that there is knowledge, good practice and innovation happening already in many services in different areas, and there is an opportunity to connect the sector to enable providers to learn from each other. As an example, a comment from the *Brisbane South Residential Aged Care Facilities Workforce Needs Analysis* suggests that.

“establishing and encouraging collaborative working between specialist culturally diverse facilities and mainstream services could upskill the existing workforce in the varying cultural and spiritual needs of different resident populations.”¹⁵

The role of PHNs and HHSs in regional system integration

Across the local health system, Brisbane South PHN has committed to leading regional integration together with Metro South Health through a person-centred care model, which aspires for more integrated and person-centred approaches to health and wellbeing delivered by all parts of the health system. This model of integrated care reflects leading practice in health system planning

and commissioning. As an example, the recent Shifting the Dial report by the Australian Government's Productivity Commission specifically states:

"Integration of care is generally best managed regionally. The international and Australian experiences with integrated care indicates that, if properly implemented, it leads to gains in health outcomes for patients, improvements in the patient experience of care, reductions in costs, and improved job satisfaction for clinicians."²⁶

Previous analysis of the service system relating to older people's health and wellbeing has shown that Brisbane South PHN, and PHNs more broadly, have a limited number of levers to directly affect the supply and mix of aged care and health services within their footprint, or to attract, upskill and retain the workforce.¹³

PHNs together with HHSs can help to facilitate these outcomes through initiatives that improve system coordination and integration, build health literacy in communities, commission services that respond to local needs and advocate for systems change. *The National Aged Care Workforce Strategy* has identified a specific role for PHNs and HHSs in strengthening the interface between the aged care setting and both the primary and acute care settings, and designing more accessible, integrated models of care.⁵

Future reforms to aged and health care services may lead to PHNs and HHSs having additional resources for planning and commissioning services regionally that can improve health outcomes for older people. It is critical that Brisbane South PHN and Metro South Health are central in understanding and advocating for local services that meet the aged care needs of the community. In the short term, Brisbane South PHN and Metro South Health may be able to assist in filling the gaps that are identified as most significant.

Technology as an enabler of workforce coordination and integration

An opportunity raised by many stakeholders during previous consultation in the Brisbane south region was continued uptake of technology as a mechanism to enable better communication and coordination between providers across different care settings. Brisbane South PHN and Metro South Health have collectively invested

in or supported the regional roll-out of digital health initiatives such as:

- **The Viewer:** provides GPs with secure, read-only online access to their patients' Queensland Health records, including appointment records, radiology and laboratory results, treatment and discharge summaries, and demographic and medication details.
- **SpotOnHealth HealthPathways:** provides clinicians in the Brisbane south region with web-based information outlining the assessment, management and referral of more than 550 conditions.
- **My Health Record:** a secure online summary of an individual's health information available to all Australians. Health care providers authorised by their health care organisation (e.g. primary health, hospitals, pharmacy, aged care) can access My Health Record to view and add to their patients' health information.
- **General practice management software:** provides standardised templates and referral forms that can be uploaded to clinical software to assist practices in the development of quality referrals, and to allow for appropriate triage and categorisation of patients.

While these initiatives are reportedly contributing to better outcomes already, stakeholders recognise opportunities for further uptake and a focus on greater consistency and quality of the information captured and shared via these tools.

Conclusion

Progressing the four objectives outlined in the Workforce Strategy will contribute to the advancement of our vision for 'a capable, motivated and supported workforce that provides high quality and integrated care for all older people in the Brisbane South region'. Attempting to meet these objectives further demonstrates our commitment to improving the overall health and wellbeing of the older population within the Brisbane south region.

Reflective of the periodic review of our progress, this Report will be used by the cross-sectoral leadership group to guide their decision making process and monitor the effectiveness of activities delivered under the broader Workforce Strategy.

In the spirit of collective responsibility, we are committed to sharing the Report, and all future iterations of the Report, throughout the region.

References

1. Royal Commission into Aged Care Quality and Safety, Navigating the maze: An overview of Australia's current aged care system—Background Paper 1, 2019
2. Aged & Community Services Australia, Aged Care Guild, Catholic Health Australia, Leading Age Services Australia and UnitingCare, Aged Care Workforce Strategy framework, 2016
3. Productivity Commission, Caring for Older Australians, August 2011
4. Parliament of Australia, Senate Standing Committee on Community Affairs, Future of Australia's aged care sector workforce, Commonwealth of Australia, 2017
5. Department of Health, A Matter of Care Australia's Aged Care Workforce Strategy, Aged Care Workforce Strategy Taskforce, June 2018
6. Royal Commission into Aged Care Quality and Safety, Interim Report: Neglect Volume 1, Commonwealth of Australia, 2019
7. Queensland Health, Healthy ageing: A strategy for older Queenslanders, 2019
8. Metro South Health and Brisbane South Primary Health Network, Brisbane South Older People's Health and Wellness Strategy 2019-2024, March 2019
9. Department of Health, 2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce, March 2017
10. Australian Institute of Health and Welfare, GEN Aged Care data portal, available at www.gen-agedcaredata.gov.au
11. Department of Health, National Health Workforce Dataset (NHWDS), available at www.hwd.health.gov.au
12. Productivity Commission, Caring for Older Australians, August 2011.
13. Beacon Strategies, Older adults and palliative care service mapping: Strategic analysis, commissioned by Brisbane South Primary Health Network, October 2018
14. Australian Skills Quality Authority, Training for aged and community care in Australia – Report, September 2013
15. Health and Community Services Workforce Council, Brisbane South Residential Aged Care Facilities Workforce Needs Analysis, commissioned by Brisbane South PHN, 2018
16. Australian Aged Care Quality Agency, Consumer Experience Report trends data, 2018
17. The Australian Centre for Social Innovation, Understanding the experiences of older people: mapping healthcare journeys to inform change, commissioned by Brisbane South PHN, 2019
18. Australian Medical Association, AMA Aged Care Survey Report, 2017
19. Royal Australian College of General Practitioners, RACGP submission to the Royal Commission into Aged Care Quality and Safety, January 2019
20. The Royal Australian College of General Practitioners, Standards for Patient-Centred Medical Homes: Patient-centred, comprehensive, coordinated, accessible and quality care, 2016
21. Australian Institute of Health and Welfare, Medicare Benefits Schedule GP and specialist attendances and expenditure in 2016–17, 2018
22. Australian Institute of Health and Welfare, Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017–18, 2019
23. Brisbane South PHN, Analysis of website, available at www.bsphn.org.au
24. Brisbane South PHN, 2016 Aged Care Summit Report, 2016
25. Brisbane South PHN, Perspective in Aged Care Report, 2017
26. Productivity Commission, Shifting the Dial: 5 year productivity review—Inquiry report, 2017

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