Care Finder Program

Once-off Reports on Supplementary Needs Assessment Activities

31 August 2022

Western Queensland PHN

Contents

1.   Narrative

1.1.   Actions to determine additional activities

Western Queensland Primary Health Network (WQPHN) reviewed our Health Needs Assessment 2022-25, which identified the need for an increased focus and priority placed on supporting older persons to age in place including:

- An inclusive need to support eligible older people to navigate My Aged Care:
- Strategies to facilitate community connection,
- Improved mental health support services for older people,
- Strengthening home care services, healthy ageing initiatives and other social supports, community transport options and better access to home modifications assessments and services.
- Timely access to geriatric assessments and coordination of care to enable people to live in the community for longer.
- The recruitment and retention of aged care workforce and nurses, and
- Increased GP Attendance at Residential Aged Care Facilities were also a high priority,
- The findings from the HNA clearly identified the local needs regarding Care Finder and ensuring that commissioning to deliver this project were flexible and adaptable in providing a service to assist eligible older Australians living in the WQPHN region. It was essential to ensure that the Commissioning Agent could travel to regions and provide both face to face and telephone support through a local based provider with knowledge of the regions including the availability of services to meet individual client's needs. It is also seen as important that the service would provide flexibility in rural and remote areas in particular where face-to-face consultation is not possible due to COVID-19 restrictions, natural disasters or where the tyranny of distance precludes the Care Finders travel to that area at that time.

It was important that the Care Finder program was able to better respond to health and wellbeing and allow our ageing populations to age in their communities where there was not always someone with the relevant skills to help them access these services available.

There are an estimated 61,710 people who live in the WQPHN catchment, representing 0.82% of Queensland's population. Approximately 10,671 people (17.2%) identify as Aboriginal or Torres Strait Islander (compared with 4% in Queensland) and 3.3% people are from a non-English speaking background. Most of our population (22,613 people) lives in the major regional centres of Mount Isa, 22,613, Roma 6,900 and Longreach 3,693.

In the region 8,546 people are either over (50 years if Indigenous and 65 years non-indigenous) which represents 13.8% of the region's population. The Care Finder program has been designed to complement the access support through My Aged Care for people who have one or more reasons for requiring intensive support. Not all older Australians will be within the Care Finder target population. Supports for people outside the target population may include My Aged Care face-to-face services, translation and interpreting services to help people interact with My Aged Care, the Carer Gateway, the Dementia Helpline or OPAN. WQPHN's geographical catchment covers over 956,438 square kilometres – one of the largest geographical areas of all PHNs. Most of our geographical catchment is classified by the Australian Statistical Geography Standard (ASGS) as 'Remote' and 'Very Remote'. The WQPHN region extends from Mungindi in the south, up to the Mornington Island in the north, and east to Alpha and Jackson.

It was also identified that the Services will be needed to deliver care to a smaller number of people in the region over the next 20 years. By 2041 our projected population will be 57,576 compared with 2021. Percentage of growth in the population is projected to be greatest in Mount Isa, and the Maranoa regions. The median age of our population is projected to increase over time. This will result in a larger percentage of our population in the 65years+ age groups. Currently the number of people 65years+ is 17.3%.
The WQPHN has been engaging with Community as part of an ongoing commitment to our strategic vision Western Queenslanders experiencing better health outcomes. As well as looking at the underlying Health.

Figure 3 Projected population by age and sex, Custom region and Queensland, 30 June 2016 and 30 June 2041
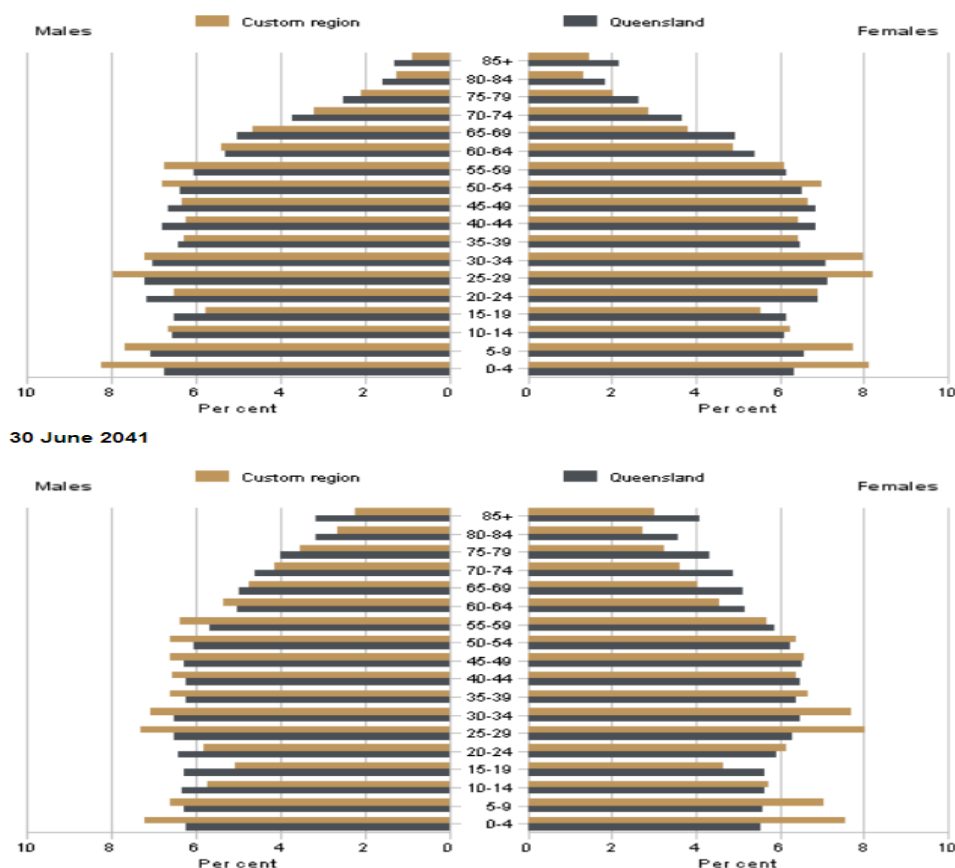
Source: *Queensland Government Population Projections*, 2018 edition (medium series)

Needs it is also important to engage with all key stakeholders in particular consumers who may experience issues in relation to health literacy which impacts their ability to access services. Work has also been undertaken in relation to community forums including the Aged and Disability forums, Clinical Chapter and other Community and Stakeholder engagement opportunities. These mediums ensure that the WQPHN can gather information to inform the Care Finders commissioning process.

The WQPHN is also the current lead agency working with the QLD/NT Collaborative in relation to the new Aged Care Funding this Collaboration consists of a Strategic Group as well as some operational working groups of which Care Finders is one of these groups. Through these groups PHN's across QLD and the NT are able to share key learnings and work together to gather data to inform the commissioning approach in the area. This process has been highly successful with ideas and data sharing as well as opportunities to collaborate with both information and resources in relation to the commissioning process and data sharing to inform the roll out of the project. There have also been discussions in relation to regions that cut across a number of PHN regions and what co-commissioning opportunities exist or are available to explore to ensure transparency of processes across regions particularly with providers who work across PHN Regions.

1.2.   Additional activities undertaken

All Western Queenslanders deserve to receive the right care, at the right time in their community. Place-based care with regional and local coordination of health services including disability and aged care is part of the WQPHN brief and is currently being explored with other key stakeholders so that commissioning of services in the Early Intervention area and connection to Community Lead Models of Care that extend to RACFS's are place based and ensure continuity for our elderly as they age in their communities. Collaboration, regional coordination and co-commissioning has been developed and is a major part of the WQPHN processes for the activity associated with the Aged Care Schedule.

Community and stakeholder forums are being held annually in the three regions with the communities being rotated to reach the maximum amount of people. Information gathered from these forums have and continue to be used to gain information and feedback from stakeholders and communities. This coupled with partnerships with Aboriginal Controlled Health Organisations, Hospital and Health services and community health and nursing services form the basis for the WQPHN activities.

The WQPHN has a number of Healthy Ageing/Early Intervention Programs in the region, providing support to various communities and are also a good source of information to inform the Care Finders commissioning process. These groups are encouraged to start looking at the linkages of their program to Primary Care (General Practice) through the promotion of the Older Persons Health Checks as a pathway to identifying early onset dementia and deterioration of capacity with a view to link these individuals to My Aged Care (MAC) and to Commonwealth Home Support Programs (CHSP) or packaged care in a timelier fashion. Currently without these Early Intervention Programs people arrive at the General Practice or Emergency Departments in crisis with no planning and are then not able to access services in the time frame that they require it which in turn puts additional strain on the Health System. The WQPHN through its piloting of the "WQPHN Older Persons and People with Disability Model of Care" (Quadruple Aim) currently under review to include the Quintuple Aim will ensure that there is a clear pathway for the Older Population of Western Queensland to access care when and where they require it. The data and feedback from all this activity does and will continue to identify local needs and understanding of the profile of the population in relation to Care Finder support in some of the most remote regions of Queensland.

WQPHN Flowchart to promote the integration of Primary Health Care and Aged and Disabilities services under the Quadruple Aim (This will be updated to include the Quintuple Aim and various updates) Our
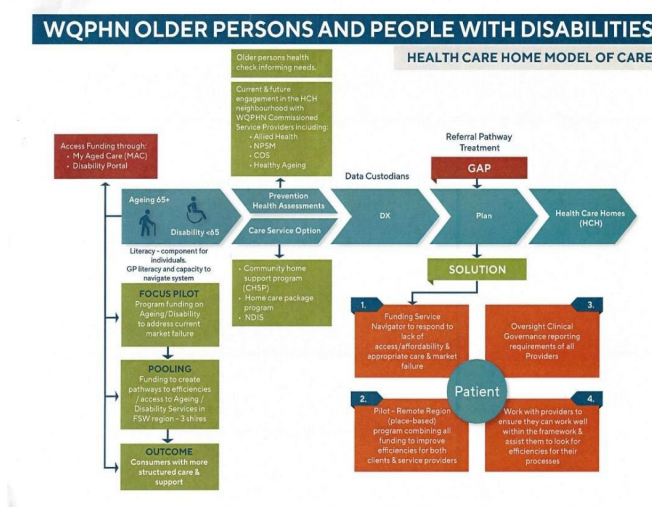
initial findings are that the Care Finder Support program will be imperative in the whole WQPHN region as many of our elderly populations live currently without the support of family or friends to assist them to access the My Aged Care (MAC) Portal and will require assistance to access same. Currently we know that there are people in community that have limited access to IT systems and accessing the My Aged Care Contact Centre is difficult for them to understand the Call Centre Operators and some of the processes. Having a person/Organisation that can talk to them and assist them to access the Portal will ensure that many of these individuals who "put off" accessing services due to understanding and navigating the process can now access services. Through the promotion of the Care Finders program older people can become more informed about the care options available to them so that they can access services in a timelier manner.

In addition to the above-mentioned activities, WQPHN have contacted and arranged meetings with our only Assistance with Care and Housing (ACH) Providers – MICAH in Mount Isa, meetings were held with the ACH provider to discuss their transition to the Care Finder program and the funding amounts as advised by the Department of Health and Aged Care.

The WQPHN has also gathered information from our commissioned Community Facilitators in each region including the Central West, North West and South West in relation to ensuring that the "Access My Community" Platform is reflective of all of the available Health, Aged and Community Services within the WQPHN region. These Facilitators have been pivotal in liaising in communities to ensure that the Platform and in turn WQPHN has a more comprehensive knowledge of all services available in our regions and this also in turn informs community members this will also assist when care finder roles roll out in the region. The roles also can direct people locally in their regions in relation to how to navigate the Access my Community APP which also improves the Health Literacy of these individuals.

Further to the findings of the needs assessment, it was identified that our PHN region consisting of very remote, remote and rural regions which creates difficulties offering services due to geographic location and the challenges in recruiting and retaining skilled employees. Rural and remote regions experience a high turnover of staff and lack of workforce.

The main challenges identified are:
- Remoteness – small population/communities through the Lower Gulf, Western Corridor and Far Southwest over a large geographical area.
  Limited aged care services available to access and limited skilled workforce even if people are linked through MAC.
  High population of First Nations people 10.7 % across the region with 21.1% living in the North-West experiencing disadvantages including socio-economic, poor literacy, communication issues (English not always first language), poor health and chronic disease.

Housing and Homelessness.
- Doomadgee in the Lower Gulf has the highest rate of homelessness in the region with 702 people homeless a rate of homelessness of 1,273.8 per 10,000 people.
- Maranoa has 113 homeless people at a rate of 47.5 people per 10,000 persons.
- This coupled with poor housing stocks in many regions and very expensive housing costs is a major barrier for home building and maintenance. In many communities the type of houses are unsuitable for older people and upgrading is not possible due to financial constraints. Many elderly people living in the region are connected to their homes however as they age, they will need to consider in particular when they are receiving or about to receive service if it is safe for them to be at home.

WQPHN has also discovered through identifying the community needs that there will need to be more discussions in relation to Community Managed Models of Aged Care service provision due to the lack of skilled and qualified staff. WQPHN has been pivotal in working with organisations like Mable and Trilogy to discuss with Communities and local stakeholders the benefits of Community Managed Care and how it would work in some of these smaller communities even discussing with existing providers how collaborative models of the service would look with a thin market and a more diverse pool of people who could deliver care. These discussions will continue to evolve in the sector as more elderly people in the community are introduced to the Aged Care process and the way in which they receive services in the future. There is a renewed sense like with other service models about the fact that it is all well and good to have an eligible population to receive services but if there is no one to deliver the service people will continue to not be supported to age in their own communities and will need to move for care. This concept is a real concern for not only the individuals and their families but for the whole communities in some of the more remote settings.

1.3. Data Analysis

Data needs and analysis are managed regularly, leading to a consistent and clear understanding of the WQPHN population.

The WQPHN population is characterised by broad cultural and socio-economic diversity and a range of health care needs. The major challenge our community faces is meeting the primary health care needs of a population that is regionally dispersed, culturally and socio-economically diverse, decreasing in size, and affected by a substantial chronic disease and mental health illness burden.

English language proficiency helps people to navigate the health and aged care system. In the WQPHN, 5,894 people were born in countries other than Australia. Of these, nearly 8.2% are from non-English speaking backgrounds.

Our most disadvantaged communities are in the Lower Gulf with Doomadgee being ranked 8th where 100% of the population are in the most disadvantaged income category. Many people in our community find it hard to:
- access health information and services,
- understand information,
- use information to make informed choices.

An estimated proportion of 31.1% people aged 65 years and over in our community live alone, compared with 23% for Queensland. There are an estimated 46 aged care services across the WQPHN catchment, with 326 residential aged care places, four are National Aboriginal and Torres Strait Islander Aged Care Program facilities. On 30 June 2021, occupancy rate for residential aged care in WQPHN catchment was 87.1% (GEN Data) however anecdotally and something that the WQPHN is currently trying to capture is how many elderly people in our community are struggling at home because being in care would mean leaving their community as there are not adequate services in place to support them.

Residential aged care services are generally less accessible in WQPHN than Queensland or nationally. In 2021, there were 48.4% of residential care per 1,000 people aged 70 years and older across the WQPHN catchment, compared with 74.8 places nationally. An estimated 45.6% of people using permanent residential care in WQPHN's catchment have a diagnosis of dementia. 3 out of 5 residents in residential aged care are women.

1.3.1. Characteristics of the target population

There are an estimated 61,710 people who live in the WQPHN catchment, representing 0.82% of Queensland's population. Approximately 10,671 people (17.2%) identify as Aboriginal or Torres Strait Islander (compared with 4% in Queensland) and 3.3% people are from a non-English speaking background. Most of the population 22,613 lives in the major regional centres of Mount Isa, 22,613, Roma 6,900 and Longreach 3,693. In the region 8,546 people or 13.8% of the population are either over 50 years (Indigenous) or over 65 years non-indigenous.

People in the region are in some areas unable to access care or support due to location (remoteness) literacy issues, lack of computer access and literacy. The stoic rural attitude of "being alright" and not seeking health services is also a barrier to people in general accessing planned and structured Health Care but more importantly the barries in relation to our elderly population accessing Aged Care Services regardless of whether it is through the Commonwealth Home Support Program, Home Care Packages or Residential Aged Care funding the ability to access the services through the My Aged Care Portal is problematic due to the aforementioned reasons.

1.3.2. Engaging with the target population

WQPHN has been working hard to engage with the target population to undertake this needs assessment and to understand the needs. This involves collecting a lot of anecdotal evidence from sitting down and talking to people due to the barriers associated with sending out surveys or expecting people to come to you to tell you their needs independently. Some of the findings in relation to engagement have included:

- Engagement with the population is varied and requires several different approaches WQPHN have used community consults (arranged by WQPHN or other providers) and discussions whilst in community for other matters undertaking the commissioning processes.
- Expecting older people to engage electronically is difficult and traditionally unsuccessful and there is no difference in Western Queensland.
- Face to face engagement is the preferred method and proven to be more successful.
- The engagement process with the more traditional First Nations population is better managed and provided by a "Trusted Advocate". Someone who understands and respects their cultural and individual needs achieves better outcomes than others without this skill base. In WQPHN we rely heavily on the Nukal Murra Alliance to inform these discussions. The Nukal Murra Alliance includes the ACCHOS within the region who meet regularly and provide information and guidance in relation to the needs of our First Nations population. The WQPHN is aware that that the Commonwealth is rolling out the Trusted Indigenous Facilitators program however it is envisaged if these positions are not recruited to locally within the regions, they may find it hard to engage with the target population and will still require the assistance of the Nukal Murra Alliance ACCHO's in the region.
- The importance of "going to the people" cannot be overstated as this will be more successful than any other method and this has been confirmed by our discussions on the ground in community.
- The WQPHN has Healthy Ageing Groups in the Southwest, Central West and North West, providing support to seven communities. The data and feedback from these groups is used to identifying local needs and understanding of the profile of the population in relation to care finder support. These groups and these local connections allow the WQPHN to identify all diverse groups of eligible older people and work on strategies to engage on an individual basis.

1.3.3.   Barriers to engaging with the target population

Remoteness, distance, cost, lack of funding and people with the required skill set are the main barriers for engagement.

It is essential that the Care Finder program will be a great referral points to empower eligible older people with assistance **specifically those people who have one or more reasons for requiring intensive support.**

The current funding methods for aged care does not encourage collaboration or engagement between providers however this is something that we have seen work successfully between other commissioning agents where the thin market and workforce issues have forced collaboration which has been successful. Work should be done in this space to allow providers to "Think outside the square" and look at more collaborative models of care which may not involve just the one provider. At the end of the day getting services to one of the most vulnerable groups within our society is the key outcome.

During the past few years, the COVID pandemic has forced many elderly people within the WQPHN region to not engage due to a fear of contracting the illness we are slowly seeing this change, but it is an ongoing concern for others and should be monitored.

There continues to be ongoing challenges working with people from First Nations Population, and Carer Leavers reluctance to engage with services due to negative past experiences and discrimination. There will need to be continued work undertaken in this space to provide confidence in the system in breaking down these barriers some of this work can occur with the help of the WQPHN Nukal Murra Alliance and where appropriate the Trusted Indigenous Facilitators.

1.3.4.   Potential Solutions

The Care Finder target group are the most vulnerable, hard to reach clients. They will require assertive outreach to engage with and build rapport. High level support, check in and follow up will be a requirement of Care Finder organisations to strengthen trusted relationships with potential clients. A commitment to person centred and culturally safe care is essential.

It would be preferred that the Commissioning Agent will:
- Have the skills and the understanding of services available in where they live and a good understanding of the Aged Care system, process involved and where clients can feel supported.
- Require skills in cultural capability, capacity, training to work with population groups, particularly First Nations groups.
- Ensure each person is understood and treated individually. All needs should be treated with similar priority. There should be regional/remote specialists who can escalate issues appropriate bodies for action.
- Ensure that the Care Finder workforce will have established relationships with local aged care providers, RACFs, In home care providers, General Practice, ACCHO's and GPs in the community. They would need to understand the Services Australia and MAC requirements relating to receiving aged care services and be able to complete required documentation on behalf of clients and communicate this clearly with the client.
- As the Care Finder they need to have a sound knowledge of financial rules and concepts pertaining to aged care fees and charges and the ability to communicate this clearly to clients.
- As the Care Finder need to be trusted by community stakeholders and understand legal concepts around "capacity". They must be willing to follow the processes of each individual organisation in order to obtain successful outcomes for their clients.

- Have an established relationship with local communities, be looking or have demonstrated outcomes and client feedback as part of their service delivery framework. It is also vital that this workforce comprises people who have had experience across multiple aspects of the aged care sector. It would also be advantageous for this workforce to be supported as required.
- Care finders will benefit also from the support of the "Agent role" within My Aged Care so that care finders can assist clients without making decisions for them.

1.3.5. Stakeholder and community consultations undertaken to identify local needs in relation to care finder support

- Collaborated with Northern Territory Primary Health Network, all QLD PHNs and WA Alliance PHNs via Care Finder Aged Care Working Groups and Care Finder Co-Design Working Group. NTPHN, DDWMPHN, and NQPHN have similar demographic, geographic, and socio-economic populations.
- Consultation with NQPHN and DDWMPHN has taken place to discuss and consider the impact of the cross-border PHN Care finder needs. As it is likely that the commissioned Care Finders could cover all or some of the same areas, this has been flagged and will be managed when needed.
- The WQPHN has provided information on the Care Finder services to the Clinical Chapters in the three regions and WQPHN Consumer Council and also at all Community Consultation points since the project's inception.
- The current Healthy Ageing groups are aware of the Care Finders and continue to be consulted on the advancement of the program in their regions.

1.3.6. Analysis undertaken to understand the local service landscape as relevant to care finder support

- Collaborated with Northern Territory Primary Health Network, all QLD PHN's and WA Alliance PHN via Care Finder Aged Care Working Groups and Care Finder Co-Design Working Group.
- Consultation with NQPHN and DDWMPHN has taken place to discuss and consider the impact of the cross PHN Care finder needs. As it is likely that the commissioned Care Finders could cover all or some of the same areas this has been flagged and will be managed when needed.
- The WQPHN has provided information on the Care Finder services to the Clinical Chapters in the three regions and WQPHN Consumer Council
- The current Healthy ageing groups are aware of the Care finders and have been asked for feedback for consideration.
- Communicated with DDWMPHN and NQPHN Primary Health Network and CQWBSCPHN regarding bordering areas, identified Normanton, Julia Creek and the southern sector border locations.

1.3.7. Existing services relevant to care finder support in WQPHN and local care finder target population

- South West, North West and Central West.
- Engaged with all three Aged Care Assessment Teams at the 3 HHS's. Discussions and feedback sought from Dementia Australia, ADA Australia, COTA Queensland, and Carer Gateway - Wellways
- The ACH Provider is located and services the Mount Isa region.
- Currently there is not any local aged care placement agencies or navigators in the WQPHN.
- Our region has a high population of First Nations People especially in Lower Gulf and Northwest. 21% are First Nations.

1.4. Identify potential solutions to address local needs best

It will be essential for the success of the Care Finder project that there is a worker in each of the WQPHN regions including the North West, South West and Central West regions to provide face to face support. In areas such as the Lower Gulf and Northwest it would be good to have an additional worker however some work could be undertaken with the support of the Nukal Murra Alliance in relation to commissioning under Care Finders for First Nations people as they are already doing some work in this space in particular where there are high population of First Nations People. Collaborative approach by Care Finders and ACCHO's for the best outcomes and referrals to services will see the success of the project in these areas.

The project must ensure the Care Finder project provides face to face support as much as possible across the region and ensure active outreach programs are occurring regularly to reach those who more isolated or hard to reach. Even if the face to face is limited due to the vastness of the region connecting with trusted people in each community and providing linkages that way could break down some of these barries and be able to promote the phone service.

Outreach potential suggestions via pharmacy services, regional outreach aged care and disability advocacy information sessions, regional community visits, contacts with consumers, council and providers, direct case work support, Elders gatherings, yarning circles, attend community support groups and events, networking at Men's Sheds, Social groups, CWA, Lions Clubs, Healthy Ageing Groups, Rotary, etc. A strong marketing campaign including social media, blogs, local media promotion showing the people delivering the care finder service will be essential in engaging.

For those on properties, engaging with Council support and community engagement to identify hidden communities. This involves the Care Finder understanding the community, having strong links with community organisations and Councils, identifying community champions to work alongside, and ensuring that there is the opportunity to build trust. Engage more with GPs, QAS, RFDS, HHS, ACCHO and other intermediaries.

Marketing and promotion required for Care Finder program to increase awareness and access to Care Finder support.

Ensure Care Finders have good knowledge of Aged Care services, systems, strong networks, health and community contacts.

1.5. Analysis undertaken to understand the local service landscape as relevant to care finder support

The WQPHN has a large area of very remote, remote and rural areas. It is well documented that people who live in remote and very remote areas experience poorer health outcomes including increased number of potentially preventable hospitalisations (2.5 times as high as major cities), shorter life expectancy, lack of and barriers to accessing general practitioners (GPs) and specialists and increased Chronic Disease (1.4 times as high).

There is growing recognition of the connection between health and housing and the need for stronger referral pathways between these two sectors. This specifically applies for care finder organisations.

Homelessness in Australia and the Complexities for Care Finders:
In the WQPHN region the issues in relation to Care Finders relating to the homeless population coupled with these people also being transient and moving from place to place will also impede some of the work in this area. Some of the issues include:

- Difficulty in registering people with My Aged Care with no address or transient address.
- Lack of awareness of services available.

- Home care difficult to receive without a secure and safe home which may lead to premature entry into residential care.

Under the Care Finder program Clients are expected to be found predominantly through assertive outreach and marketing campaigns focussed on, and appropriate for, potential referrers and/or the Care Finder target population. The WQPHN will ensure that the successful Care Finder organisations are fully aware of the local service landscape and that they are orientated where appropriate to all other service providers that may be possible links for their clients. The Care Finder organisations will be invited to attend the various Clinical Chapter and other Meetings throughout the region to provide information about the program.

People experiencing or at risk of homelessness can be broadly divided into two groups:
- People who have experienced long-term persistent disadvantage and homelessness throughout their lives.
- People who have experienced homelessness for the first time in later life due to unexpected life event/s.

Map to show homelessness rate in Australia (rate per 10,000 population)

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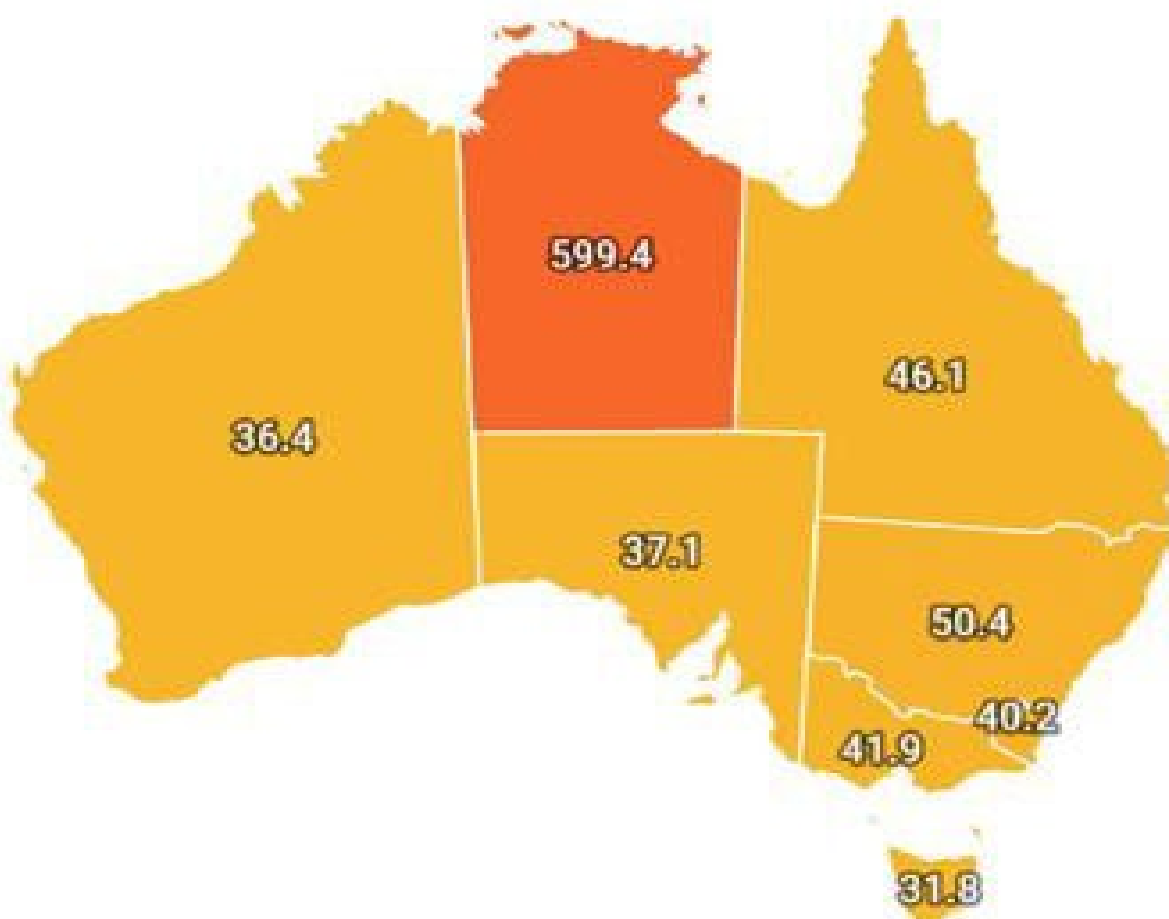
1.6.   Identify opportunities to enhance integration between the health, aged care and other systems

WQPHN will support integrating the Care Finder network into the local aged care system by supporting local partnerships and strengthening existing relationships to assist in developing referral pathways. A community of practice for Care Finders will be established, coordinated, and maintained by the WQPHN to share experiences and lessons learned.

Through surveys and feedback received from consultation, opportunities identified, and areas that need improvement are.

- Working in partnership with aged care services, peak aged care services such as COTA QLD, using a community development framework with our communities. Creating strong network relationships and strong connection points to our communities.
- Nukal Murra is the consortium of the four Aboriginal Community Controlled Community Health organisations; they represent all areas of the WQPHN and provide services across the region. They are also members of QAIHC. Which represents the ACCHO's in Qld.
- Greater understanding of My Aged Care and ageing services by GPs, practice nurses, managers, and allied health workers. Paid time within consultations to make referrals to My Aged Care and Care Finders. Building into usual practice discussions around functional capacity, wellness, and reablement and referring to where needed.
- There can also be social prescribing and funding to support community-based activities that promote health and independence and intergenerational activities that support connection and friendship. There can also be greater sharing of professional development opportunities and establishing networks that cross over the sectors.
- More and improved communication amongst all services is the key to improved health outcomes. The use of My Health Record by consumers and services could improve outcomes for consumers.

Healthcare providers often work in silos, lacking collaboration in managing patients. Every HCP brings expertise to the table, so being more collaborative and supportive of one another would benefit the patients.

- These three sectors intersect but do not integrate - even though they work with the same target group.
- Improve direct access to Centrelink/Services Australia for older Australians and their representatives. Reduced wait times for ACAT submissions.
- Reduce Home care package wait times. Allow authorised third parties to book and attend Centrelink/Services Australia appointments at Service Centres on behalf of elderly clients.
- Ensure all Home Care Services and residential Aged Care providers are familiar with and supportive of the program.
- Simplify processes for people to get assessed and mobilise support. Make it simple enough that GPs can easily refer people to it/through it. The consumer only needs to seek information and assistance from one person (My Aged Care) in a case management type model. Have one type of funding that is easy to understand and can service. Ensure providers must follow consistent processes.
- One assessment process that would support the client in receiving appropriate services that meet their needs now and in the future.

1.7.   Issues encountered and reflections/lessons learned

- WQPHN is a vast rural and remote region with a small and dispersed population.
- Health services are under pressure to provide services due to recruitment and retention issues experienced by all sectors of the region.
- The inadequacies of services are under additional pressure with a population that is ageing and has a

high burden of disease. Older people in the region do not actively seek services or assistance due to a lack of transport and services close "to home". The typical stoicism of rural and remote people is also a factor.

- In the traditional Indigenous communities' fear and concern from previous experiences is also a barrier to seeking help. This must be handled sensitively with trusted advocates to support them.
- Lessons from this have been factored into service delivery and support with every attempt to commission services in LGA that employ local people.
- The Nukal Murra Alliance consists of the four ACCHOs in the South West and North West and, to a lesser sense, in the Central West. This is being addressed to meet the identified need.

1.8.   Processes for synthesis, triangulation and prioritisation

The PHN must provide a summary of the processes used to:
- Synthesise and triangulate information to identify local needs in relation to care finder support.
- Determine the priorities to address through care finder implementation.

When compiling this report, the PHN actively investigated all data sources associated with this funding stream following the review of the WQPHN Data team. It will be essential to streamline and enhance this project through the WQPHN Aged and Disability Services HCH and Neighbourhood (called the Healthy Outback Community, of which Ageing will be a foundation).
Using consistent data sources will ensure that key stakeholders know the population demographics and the needs driven from the Older Persons's Health assessment through other commissioning and onto having services delivered through a Home Care package. The priority of the implementation of Care Finders will be firstly completed where there is limited or no access to service delivery that can assist people in accessing the Care Finder functions.

1.9.   Additional issues and lessons learned/reflections

Not applicable

2.   Outcomes

Identified Need	Key Issues	Evidence
Work with ACH providers to ensure that they understand the Care Finder guidelines.	Initial discussions with the ACH provider have indicated that they are uncertain about the change in funding agreement regarding their service delivery.	Through meetings with the ACH provider, discussions have occurred concerning the rollout of the funding, the requirements from the ACH provider regarding the reporting, and what differences there will be about reporting on outcomes through the PHN.
The findings from the HNA identified the local needs regarding Care Finders. They ensured that commissioning to deliver this project is flexible and adaptable in providing a service to assist older Australians living in the WQPHN region.	Ensuring that the Commissioning Agent could travel to regions and provide telephone support through a local provider with knowledge of the regions, including the availability of services to meet individual clients' needs, was essential.	In Australia, the number of people aged 65 years and over is projected to increase more rapidly over the next decade as cohorts of baby boomers turn 65 (ABS, 2020). By 2041, our projected population will see a decrease compared with 2021. Percentage of growth in the population is projected to be greatest in the Lower Gulf and the Maranoa.
Specific strategies should be implemented to address the needs of the four identified disadvantaged LGAs.	Aged care services and supports must focus delivery in areas of most significant disadvantage.	In 2021, the ten most disadvantaged LGAs in Australia were found in Queensland. 2 of the 10 were located in WQPHN region.
Geographic gaps in service provision across the WQPHN for Care Finder support.	One area currently receives Assistance with Care and Housing services In Mount Isa.	Communication has taken place.
Increased access to services/support/resources for rural and remote older people.	The entire WQPHN have small communities/populations spread across a large geographic area.	WQPHN Health Needs Assessment 2022-2025. Most of our geographical catchment is classified by the Australian Statistical
	A high proportion of First Nations people in the Lower Gulf region live in Indigenous communities and remote and very remote areas. It is well-documented that people who live in remote and very remote areas experience poorer health outcomes and that there is a strong connection between poor health, poverty and remoteness.	Geography Standard (ASGS) as 'Remote' and 'Very Remote'. First Nations people experience very high levels of disadvantage, particularly in more remote locations. This is reflected in poor health statistics, including high rates of chronic disease, infectious disease and premature mortality.
An estimated 38% of people aged 65 years and over in the community live alone, compared with 23.7% for Queensland.	The Target Population's need for support and vulnerability is greater than in other Queensland regions.	WQPHN Health Needs Assessment 2022-24 Gen Aged Care Data 2021

Identified Need	Key Issues	Evidence
Residential aged care services are generally less available in WQPHN than in Queensland or nationally. In 2020, there were 55.5 places in residential care per 1,000 people aged 70 years and older across the WQPHN catchment, compared with 74.8 places nationally.	Access to services is an issue, and services to access the population is an issue.	WQPHN Health Needs Assessment 2022-24
Assertive outreach programs that specifically meet the needs of the homeless/at risk of homelessness and other vulnerable populations in the WQPHN.	Assertive outreach is a requirement of care finders to build, maintain and leverage networks to support identification and engagement with vulnerable clients, especially the invisible homeless.	Western Queensland has a higher homelessness in the Lower Gulf than other regions of Queensland. Gen-aged care data 2020
Workforce solutions are required to address the workforce shortages and the high staff turnover. Many of the challenges for aged care services are systemic, and workforce design must be reviewed across the aged care sector.	The lack of a local skilled workforce creates an additional expense with organisations needing to engage with agency staff.	The repeated issue of difficulty recruiting and retaining staff in aged care services was highlighted through consultation with stakeholders. This included dissatisfaction with wages (less than Qld Health and Disability services), work hours, workdays (repeated backfilling vacant shifts), ongoing stress, and scrutiny of the workforce.
The person-centred care model that is culturally safe is essential to the care finder target group (which is diverse and has unique needs), and a positive and supportive worker experience underpins high-quality, person-centred care.	Shared and coordinated training for Care Finders regarding the triage process, vulnerability assessment, trauma-informed care, person-centred care, and cultural safety. Recommend that trauma education is undertaken for Care Finders, so they have a trauma-informed approach, as many First Nations People have experienced intergenerational trauma and are reluctant to trust and engage with Government services. Many other vulnerable target populations have experienced trauma such as Forgotten Australians, Veterans, Refugees, LGBTI Community, CALD population, etc.	It is well documented regarding the trauma across many sub-groups. Aboriginal and Torres Strait Islander people experience intergenerational trauma as a result of colonisation and past experiences. They face ongoing racism, discrimination, and loss of identity, language, culture and land, all of which directly impact healthcare outcomes and trust in services. LTBTIQ Community members often disconnect from services due to past experiences of discrimination. Often, they may not want to identify as a member of this community, or they may not wish to disclose their sexuality and won't access mainstream services as a result. Refugees, Forgotten Australians, Care Leavers, and those with CALD backgrounds have also experienced trauma or discrimination and are reluctant to engage with services.

Identified Need	Key Issues	Evidence
Identifying interested parties to submit a Response to tender and to be able to deliver services across a vast and diverse region whilst managing the increased cost in service delivery in the WQPHN	There is a thin market in the region with a lack of skilled staff prepared to live there. Cost of service delivery	Ongoing issues identified by every provider in the region, not only the health sector. As above
Staff to provide these services with the capacity to support and other groups i.e. people with the understanding and knowledge of First Nations peoples and older rural people	Availability of people to meet the needs of eligible people within the target population. Lack of housing and services in the region to encourage people to take on these roles	Unemployment it at its lowest level for 40 years with 1.8 positions for every one person in the region Rental accommodation as in unobtainable in all parts or appropriate housing is not available unless employer provided
Provide accessible, easy to understand information about aged-care options to seniors, including culturally appropriate for First Nations People and being available in different languages to meet the needs of the CALD population.	Information about the range of services needs to be accessible and easy to understand for all seniors. Promote the use of translators where required. Culturally appropriate information for First Nation and languages other than English.	First Nations people are less likely to access mainstream health services.
Systems not working well together due to lack of collaboration, using different systems (some computerised, some paper based), many services working in silos and not making referrals to appropriate services.	Local knowledge and relationships with aged care services available and understanding of the complex aged care system is essential for care finders. This will enable the integration of the care finder network into the existing aged care system occurs seamlessly. Regular engagement and networking to promote and raise awareness of care finder personnel to promote potential referrers and intermediaries.	Needs assessment survey data showed in multiple feedback training is required for Care Finders and skilled Care Finders is essential.
Promotion and marketing of care finder support, especially in regional, remote areas.	Consistency of marketing material for care finders across regions to deliver a clear message of how to access. Shared information, resources and tools.	
Collaborative approach of Care Finder, Local Trusted Advocates and Trusted Indigenous Facilitators to deliver best practice and results for clients.	Ensure double up of services isn't occurring and that warm referrals can be made to best suit client without need for client to have to repeat their story again.	Consultation process identified this.

Identified Need	Key Issues	Evidence
Facilitate safe work practices for Care Finders.	Many Care Finders will be working alone and may enter at risk environments when entering someone's home. This will be addressed by the Care Finder organisations.	Through consultation process with Aged Care Navigators Trial participants.
Community of Practice and Interagency meetings with care finders across the region, in bordering PHN's and with aged care services regular network meetings for improved collaboration and support.	Share knowledge of issues with access to service or services to access needs. Care Finders will have access to peer support, lessons learnt, brainstorming opportunities as a result of collaboration.	Through consultation process with Aged Care Navigators Trial participants.

3.   Priorities

The WQPHN priorities for the rollout of the Care Finders project are the following:

- Commission providers at a minimum in each of the regions in the North West, Central West and South West may include at least one resource in each region; however, in the North West, it would be better to have a second person or alternatively to have a First Nations specific resource. Ideally, the roles would be commissioned centrally in the regions to manage travel within the region better. E.g. Mount Isa, Roma, Longreach and perhaps a fractional role in each of the ACCHOs in the regions.
- Ensure that there is a face-to-face and virtual connection program with the older people in the area, which is resourced accordingly to ensure that people can travel the vast distances the WQPHN region covers.
- Ensure that the Care Finders program is resourced so that people in general are well versed about the project and how to access the providers in the regions and the key roles and responsibilities.
- Ensure that through the Care Finders and Aged Care Model of Care within the WQPHN, the older persons in our community are accessing the services that they require in a timely fashion through the early intervention programs and good primary health care from the GPs so that there are plans to transition services through My Aged Care rather than a reactive approach.