

Northern Territory PHN – Aged Care

ACTIVITY WORK PLAN

phn NORTHERN TERRITORY
An Australian Government Initiative

RURAL Workforce AGENCY NT

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Aged Care On-site Pharmacist Measure

1. Aim of Activity

This activity aims for Northern Territory Primary Health Network (Northern Territory PHN) to assist Residential Aged Care Homes (RACHs) engage and increase access to an aged care on-site pharmacist, improving medication management for residents under the Aged Care On-site Pharmacist (ACOP) measure.

2. Description of Activity

To achieve the objectives of increasing uptake and access of the following activity, Northern Territory PHN will take a staged approach:

- Develop a database of eligible Pharmacists aligned with Northern Territory PHN's allied health engagement undertakings
- Conduct a scoping activity to identify pharmacists eligible and willing to work on-site in RACHs under the ACOP measure
- Develop strategies for credentialled pharmacists to support them to meet eligibility criteria, for example, access to appropriate training. This will ensure that our jurisdiction has access to pharmacists meeting the eligibility requirements.

Engagement and Awareness

Northern Territory PHN will engage with RACHs in collaboration with pre-existing engagement activities that occur under other PHN initiatives, such as enhancing Telehealth and out of hours care for RACHs, promotion of General Practice in Aged Care Incentive (GPACI), GP matching and GP thin markets in Aged Care activities to determine their participation in the ACOP measure.

Northern Territory PHN will initially scope and record the current uptake of the ACOP measure, identifying the RACHs that are participating, if they have engaged an eligible pharmacist under the measure or if there are any existing pharmacist relationships or gaps that Northern Territory PHN can provide support with to enable them to engage pharmacists under the measure.

For RACHs already employing a pharmacist under this measure, Northern Territory PHN will facilitate support as deemed appropriate through consultation with the RACHs. For those not yet engaged, Northern Territory PHN will provide relevant information and assistance with uptake, where feasible. Where support is requested, Northern Territory PHN will aim to coordinate with eligible pharmacists and foster collaboration opportunities, including recruitment supports, contact-sharing, meetings and networking.

3. Needs Assessment Priorities

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support multidisciplinary team care models of service.	60
Population Health - Support integrated and innovative health, aged care and disability support including locally responsive solutions to address thin market across health and social care sectors.	56

4. Demographics

Residents and staff across 18 residential aged care facility in the NT.

5. Consultation and Collaboration

Consultation

Northern Territory PHN will participate and undergo ongoing consultation, engagement with the following stakeholders:

- All RACHs – 18 sites
- NT Government Department of Health
- Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- All On-site pharmacists employed under the ACOP measure
- Community pharmacies involved in the ACOP measure
- Aged care advocacy groups and consumer representatives such as Council on the Ageing NT (COTA NT)
- Professional pharmacy and aged care associations such as the Pharmaceutical Society of Australia (PSA), the Pharmacy Guild of Australia (the Guild) and APHA.

Collaboration

There are 18 RACHs in the Northern Territory PHN region and Northern Territory PHN will collaborate with each individual site to achieve the delivery of activity outcomes.

NT Health will disseminate relevant resources and undertake consultation, engage in liaison with the NT Chief Allied Health Officer and other relevant teams for support and sector engagement.

AMSANT will disseminate relevant resources and undertake consultation.

Northern Territory PHN will collaborate and foster opportunities for engagement and collaboration with all On-site and eligible pharmacists employed under the ACOP measure to achieve the delivery of activity outcomes.

Northern Territory PHN will collaborate and foster opportunities for engagement and collaboration with Community pharmacies involved in the ACOP Measure to achieve the delivery of activity outcomes.

Aged care advocacy groups and consumer representatives such as COTA NT will disseminate relevant resources and undertake consultation.

Government health departments and regulatory bodies will disseminate relevant resources and undertake consultation.

Professional pharmacy and aged care associations (for example, PSA, the Guild and APHA) will disseminate relevant resources and undertake consultation.



Early intervention initiatives supporting health ageing and management of chronic conditions

1. Aim of Activity

This activity aims to support older people in living at home for longer, identify and reduce chronic disease and health issues, promote healthy ageing and reduce pressure on local health services, prevent inappropriate hospital admissions and improve health outcomes for older Territorians.

The activity will address these needs by:

- Empowering and enabling GPs and other primary healthcare workers to address health and care needs of older people
- Supporting early intervention activities that promote healthy ageing
- Supporting chronic disease prevention and management.

2. Description of Activity

This activity involves commissioning the delivery of early intervention initiatives through local service providers. Local responses will be co-designed and regular data monitoring will inform continuous quality improvements.

To meet Activity Performance Indicator 3, Northern Territory PHN will work with providers to identify culturally appropriate outcome measures.

Commissioned activities include:

- Co-design and implementation of targeted interventions to prevent, identify and reduce chronic disease and health issues, avoid inappropriate hospital admissions and improve health outcomes for the elderly
- Physical activity programs
- Supporting older people to understand and manage their health needs
- Referral to other social and health supports
- Supporting collaborative approaches between multidisciplinary teams and primary care providers
- Educating primary healthcare providers on how to connect senior Australians with necessary psychosocial, health, social and welfare supports

- Improving providers awareness of, and ability to meet the health care needs of older Australians
- Educating family members or carers on how to support an older person to manage their health.

Northern Territory PHN will work with providers to collect 6-monthly health outcomes and older person experience data that is culturally appropriate to the NT. This will inform the healthy ageing evaluation that will be conducted in March 2025 and completed by June 2025.

3. Needs Assessment Priorities

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support screening and early intervention for eye, ear and oral health.	7,13
Population Health - Food security and healthy eating, particularly among Aboriginal and Torres Strait Islander people.	17
Population Health - Improve health literacy through approaches that are culturally responsive, trauma informed, community-led and place-based.	23
Population Health - Physical activity and active living, particularly among Aboriginal and Torres Strait Islander people.	13
Health Workforce - Develop and grow the Aboriginal and Torres Strait Islander workforce – clinical and non-clinical with a particular focus on remote and Aboriginal Community Controlled Health Services (ACCHOs).	71
Health Workforce - Develop locally responsive, sustainable models of care, including more community-based models, with a particular focus on remote settings.	71

Population Health - Provide access to health prevention, promotion, early intervention and navigation supports for at-risk populations.	56
Population Health - Support integrated and innovative health, aged care and disability support including locally responsive solutions to address thin markets across health and social care sectors.	56

4. Demographics

Northern Territorians aged 65 or over and Aboriginal and Torres Strait Islander people aged 50 years and over.

5. Consultation and Collaboration

Consultation

- Northern Territory Department of Health (NT Health)
- All remote primary health care services including NT Health clinics and Aboriginal Community Controlled Health Services (ACCHS).

Collaboration

NT Health will provide preventable hospitalisation data.

All remote primary healthcare services including NT Health clinics and Aboriginal Community Controlled Health Services (ACCHS) will validate the data and inform needs-based planning.

6. Commissioning

Some activities were co-designed with key stakeholders before commissioning and were built into existing programs such as outreach to ensure that the available funding has the greatest impact/reach. While others have been commissioned with the intent that providers will co-design the activity with local stakeholders during implementation.

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

1. Aim of Activity

To improve access for residents of all RACFs in urban, rural and remote NT, to appropriate virtual health consultations with primary healthcare professionals.

2. Description of Activity

This activity will be implemented in conjunction with activity B.4. 'Enhanced out of hours support for residential aged care'.

Dedicated funding will support activities that contribute to senior Australians having improved coordination and continuity at the aged care and primary healthcare interface. This activity will address the need via individual assessment of each RACFs unique needs and opportunities and the development of tailored supports to meet those needs.

A tailored package for each of the 18 RACFs will be offered, such as:

- Telehealth training and education
- Telehealth infrastructure and equipment
- Linkages with Telehealth services and existing local digital health initiatives and opportunities
- Development of Telehealth roles, responsibilities, policy, procedures and governance
- My Health Record registration, education and training.

3. Needs Assessment Priorities

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Digital Health - Support digital health initiatives.	60
Population Health - Support integrated and innovative health, aged care and disability support including locally responsive solutions to address thin markets across health and social care sectors.	56

4. Demographics

Residents and staff across 18 residential aged care facility in the NT.

5. Consultation and Collaboration

Consultation

Consultation includes engagement with key stakeholders with the aim to:

- Compliment and align with activities and services that may already be underway
- Avoid duplication
- Gain industry insights to challenges, barriers and successes
- Gain insight to digital platforms and interoperability capabilities
- Gain insight to individual needs of each RACF including workforce capability and capacity
- Engagement is underway with stakeholders including:
- NT Health
- AMSANT
- Australian Digital Health Agency (ADHA)
- COTA NT
- Commonwealth Department of Health, Disability and Ageing
- Healthdirect
- NBN Co
- Individual RACFs in the NT.

Collaboration

The approach to collaboration for this activity is guided by the following:

- NT Health is the service provider for the Telehealth platform usage for NT Health services including education and training
- AMSANT overseas the integration of the Telehealth platform usage for ACCHS, including education and training
- Healthdirect works in collaboration with PHNs to create a portal specifically for residential aged care and provides training to residential aged care facilities to utilise their video calling services

6. Commissioning

Co-design will be completed with each RACF to ensure that the local context and needs of their residents inform the package of supports.

Underspends resulting from potential lack of engagement of specific facilities will be allocated based on consultation with local subject matter experts.



Care Finder Program

1. Aim of Activity

The aim of Care Finder organisations is to provide specialist and intensive assistance to help people understand and access aged care and connect with other relevant supports in their community.

It specifically targets people who are eligible for aged care services and have one or more reasons for requiring intensive support to interact with My Aged Care (either the website, contact centre or face-to-face in Services Australia service centres) and access aged care services and/or access other relevant supports in the community.

2. Description of Activity

Northern Territory PHN has commissioned 4 organisations to deliver the Care Finder program. The geographical locations of this activity will include the greater Darwin and Top End region, Big Rivers, East Arnhem Land, Barkly and Central Australia. Two of the 4 organisations are Aboriginal organisations with deep connections to Traditional Owner groups and the vulnerable Aboriginal population including those eligible for this service.

Northern Territory PHN will facilitate and support service integration activities through leveraging existing engagement strategies and stakeholder relationships. New opportunities for engagement and integration will also be explored particularly through an inter-agency approach, such as with housing and other social networks, as well as establishing strong relationships with the Elder Care Support Program. The organisations will be supported to:

- Provide assertive outreach - reaching into the local community and actively identifying and engaging with potential clients, including through direct contact and supported contact via intermediaries (such as health professionals, aged care and disability sector professionals, and people from within community and voluntary organisations)
- Continue exploring and establishing different ways to effectively engage and build rapport with potential clients, including:
    - Adapting their style of working to suit the individual needs of each person
    - Meeting people in their own environment, such as their home or other environment familiar to them, at a convenient time for them where needed
        - Connecting with people over several occasions to build a relationship prior to providing support to understand and access aged care, building, maintaining and leveraging networks of intermediaries and otherwise leveraging

connections/networks in the local community to support identification of and engagement with potential clients
    - Engage and build rapport with potential clients and local intermediaries, to address how to appropriately address enhanced integration between the health, aged care and other systems locally
    - Support people to interact with My Aged Care so they can be screened for eligibility for aged care services and referred for assessment
    - Explain and guide people through the assessment process including, where appropriate, attending the assessment.
- Help people to find the aged care supports and services that they need and connect with other relevant supports in the community, including supporting people to:
    - Understand the different types of aged care supports and services
    - Find and make an informed choice about providers/services
    - Work through income/means testing, if relevant, and costs
    - Complete forms.
- Meet with providers to arrange services (such as, calling providers to check availability and attending meetings with providers)
- Understand the agreement that needs to be signed with the provider
- Connect with other relevant supports in the community, this may occur before they assist a person to access aged care (as well as any other time)
- High level check-in with clients on a periodic basis and follow up support once services have commenced to:
    - Check that the person is still receiving services and providers are managing any changes to their needs
    - Provide support where services have lapsed or needs have changed and providers are not taking appropriate action, such as, (depending on the situation and the client's wishes) contacting the provider - with the client's consent - and working with them to put in place new services or change providers.
- Support the client to interact with My Aged Care so they can be referred for re-assessment and helping them to move to new services and/or providers (as required).

3. Needs Assessment Priorities

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Improve health literacy through approaches that are culturally responsive, trauma informed, community-led and place-based.	23

Population Health - Equitable access to healthcare and social services, especially for those living in rural and remote areas.	52
Population Health - Provide access to health prevention, promotion, early intervention and navigation supports for at-risk populations.	56
Population Health - Support integrated and innovative health, aged care and disability support including locally responsive solutions to address thin market across health and social care sectors.	56
Population Health - Address the impact of social and cultural determinants and system issues that affect health, including housing, food security, education, employment, historical and cultural factors.	18

4. Demographics

The Care Finder target population is people eligible for aged care services, and who have one or more reasons for requiring intensive support to interact with My Aged Care (either through the website, contact centre or face-to-face in Services Australia service centres) and access aged care services.

People who are eligible for aged care services include:

- Older Australians 65 years and over
- Aboriginal and Torres Strait Islander people 50 years and over
- Aboriginal and Torres Strait Islander people who are homeless or at risk of homelessness 45 years and over.

These reasons for requiring intensive support may include:

- Isolation or no support person (for example, carer, family, friend or representative who they are comfortable to act on their behalf and/or who is willing and able to support them to access aged care services via My Aged Care)
- Communication barriers
- Difficulty processing information to make decisions
- Resistance to engage with aged care for any reason and their safety is at immediate risk or they may end up in a crisis situation within (approximately) the next year
- Past experiences that mean they are hesitant to engage with aged care, institutions or government.

5. Consultation and Collaboration

Consultation

Throughout the process of supporting existing Assistance with Care and Housing (ACH) [except for hoarding and squalor services], to transition to care finders, there was ongoing consultation around how they might best meet their client's needs under the Care Finder program. Existing ACH providers are as listed below:

- Anglicare NT
- East Arnhem Regional Council
- Larrakia Nation
- myhomecare/Enrich Living Services
- Tangentyere Council
- Additionally, market analysis/consultation with the following stakeholders of the Tennant Creek and Katherine regions respectively was undertaken, to determine some of the distinctive needs and gaps specific to these areas.
    - Australian Rural and Remote Community Services (ARRCS)
    - NT Health
    - Barkly Regional Council
    - Australian Red Cross
    - Smith Family
    - Catholic Care
    - Mission Australia.

Collaboration

- Anglicare NT
- East Arnhem Regional Council
- Larrakia Nation
- Tangentyere Council
- A dedicated Community of Practice for Northern Territory PHN contracted Care Finder service providers has been established, with its inaugural meeting held in March 2023.

6. Commissioning

Northern Territory PHN completed a comprehensive Needs Assessment, which informed the identified requirements for more specific co-design with key stakeholders. As part of this Needs Assessment, Northern Territory PHN worked closely with both COTA NT and existing ACH services to learn from their experiences and ensure smooth transition of services, as appropriate.

Northern Territory PHN looks forward to further updates and details concerning the rollout of the Trusted Indigenous Facilitators (TIF) program - a juxtaposing care finder-like program with First Nations community as its target - which the National Aboriginal Community Controlled Health Organisation (NACCHO) will be rolling out locally with its contracted service providers. Engagement of TIF providers remains paramount to ensure both Care Finder and TIF run in collaboration, particularly due to some of the unique challenges associated with reaching clients in the NT, to ensure all geographical and key subgroup areas are appropriately serviced, while avoiding duplication.