PRIMARY HEALTH NETWORKS SUBMISSION TO THE ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY

ON THE TOPIC OF SYSTEM GOVERNANCE MARKET MANAGEMENT AND ROLES AND RESPONSIBILITIES FOR THESE FUNCTIONS

1. INTRODUCTION AND OVERVIEW

Primary Health Networks welcome the opportunity to make a submission to Royal Commissioners on Aged Care Quality and Safety on the topic of system governance, market management and the allocation and clarification of roles and responsibilities for these functions.

Primary Health Networks(PHNs) provide established, robust and transparent structures, systems and processes that are currently relied upon to contribute to effective system governance and market management across health and social services. As independent legal entities with a national, regional and local scope, connectivity and focus, PHNs have evidenced their capacity to contribute to reform, policy, sector and community priorities and deliver valuable outcomes without the challenges that conflict of interest may present for other entities and organisations.

1.1 System Governance

PHNs are entrusted with responsibilities to support and strengthen local governance under the National Health Reform Agreement (NHRA)[1]. PHNs are currently and actively engaged in and contributing to system governance and market management across health and social services and can further extend their role to provide an enhanced strategic and functional contribution to system governance and service system stewardship to support the realisation of current and future aged care priorities and outcomes.

Since being established in 2015, PHNs have built a unique set of capabilities, knowledge and insight regarding programs and services, quality and performance, systems and processes, markets and market forces and system governance and system interface. Working at the interface of service systems including health, aged care and disability, PHNs have a deep understanding of the intersectional, integration and interdependency issues, opportunities and challenges and are engaged in processes projects and strategies to support resolution of the complex factors that impact meaningful coordination, transition and integration.

Our capacity to move and respond with agility and flexibility has provided valuable pathways to respond to urgent and immediate priorities, including the recent pandemic response, while also providing a strong basis for endurance and constancy in the delivery of medium and long term priorities in environments of change and instability.

1.2 Market Management

With strategic priorities including, needs identification, service coordination and integration, system support innovation and facilitation, governance and commissioning, PHNs have an extensive understanding of the opportunities risks and challenges that market management involves.

[1] National Health Reform Agreement 2020-2025 Addendum

As a commissioning organisation with 31 PHNs located across metropolitan, regional rural and remote Australia, we hold responsibility for coordination of funding, planning, accountability and reporting frameworks

PHNs nationally and through its commissioning lens and focus have planned activated and provided a range of innovations, research and solutions. These have effectively explored and delivered effective outcomes to meet the identified, unmet and future needs of communities. Our capacity to hold both a global and local view of market issues, needs and movement provides a valuable understanding of the change environment. Our robust data collection, evaluation and analysis capabilities combined with our extensive networks, engagement structures and processes and strategic and local relationships provides timely, detailed and sensitive insight into system and service quality, performance and responsiveness.

The demonstrated attributes, capabilities and competencies of the Primary Health Networks' provide an existing, reliable and independent opportunity and pathway through which improved aged care system governance and market management can be effectively and efficiently achieved.

2. ABOUT PRIMARY HEALTH NETWORKS

Primary Health Networks (PHNs) were established nationally in 1 July 2015 with the key objectives of increasing the efficiency and effectiveness of health and social services, particularly for those people at risk of poor health outcomes and improving coordination of care to ensure community members receive the right care in the right place at the right time by the right person. PHNs are actively engaged in implementing the Federal Government's six key priorities for targeted work. These are; mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care.

The Primary Health Networks vision for Older Australians is:

All older persons receive a level of care that meets their needs, commensurate with all other Australians, whether living in the community or in supported accommodation.

2.1 PHN Attributes and Benefits

- Ensuring community members have access to the right care at the right time and in the right place is within the remit of Primary Healthcare Networks nationally. The PHN program is tasked with increasing the efficiency and effectiveness of health and social services, particularly those at risk of poor health outcomes, and to improve the integration and coordination of care.
- PHNs work across the health and social care continuum including; pharmacy, social services, allied health, aged care services, hospitals and community-based care. PHN's deliver the unique combination of a well-established and resourced national network, in conjunction with deep insights and understanding of communities, service systems and their interface at the local level.[2]
- The 31 PHNs located across Australia contribute to these priorities by working directly with Commonwealth, State and local government, General Practitioners (GPs), and other primary health care providers, secondary care providers, non-government organisations, aged care services and hospitals to ensure improved outcomes for populations.
- PHNs undertake extensive population health planning to identify service gaps, inform and facilitate local strategies to meet these needs.

[2] WVPHN Response to Tender Document 23 October 2018

- Primary Health Networks are independent legal entities with strong links to local communities, health professionals and service providers. As such, PHNs are well placed to work with a broad range of stakeholders, including GPs, allied health professionals and Aboriginal and Torres Strait Islander Community Controlled Health Services, and across sectoral boundaries of primary, acute, public and private organisations to improve outcomes for older people and their carers.
- PHNs are respected as the honest brokers in a range of primary health contexts and operate with separation from the specific activities, processes and services to be delivered.
- PHNs provide the unique capability of detailed and specific local knowledge with a strategic national perspective. This combines local knowledge and on-the-ground insight about service needs in individual communities across Australia with national coordination, consistency and oversight. The twin benefits of local insights and national reach have already been demonstrated through the PHNs' delivery of a range of significant Commonwealth programs*. One example of this is the national delivery of HEADSPACE as the Australian Government's flagship mental health program for young Australians.*
- As commissioning organisations, PHNs currently undertake a broad set of linked activities, including needs assessment, priority setting, service design and procurement through contracts, monitoring of service delivery, performance review and evaluation. PHNs receive direct feedback from stakeholders, and act as an independent moderator to ensure a quality and consistency across commissioned organisations.
- As commissioners, PHNs focus on independence, performance, quality, knowledge-sharing and integration of services and interfacing systems.
- PHNs have evidenced flexibility, agility and responsiveness in urgent and complex requests to implement strategic and service delivery needs.
- PHNs have a capacity to develop flexible, agile and responsive approaches to best respond to local, emerging and changing needs and priorities by building on the strengths and capabilities across the service system and leveraging existing knowledge, expertise, networks and stakeholders to deliver meaningful and deliberate responses in a timely and transparent manner. *Most recently, this capacity to respond to urgent and complex requests was demonstrated through the rapid activation of respiratory clinics and the roll-out of flu vaccinations within residential aged care settings supporting the COVID-19 pandemic response.*
- The development of systems for data collection, performance assessment, monitoring and evaluation, accountability and reporting has been a focus and strength of the PHNs in providing informed and evidenced advice and analysis across the health and social services systems. This capability and experience can directly assist the strengthening of aged care systems to become commensurate with advances made in the acute health care sector. *For example, stakeholder engagement has suggested that systems and processes in residential aged care facilities to monitor clinical care standards are inadequate.*
- PHNs have established a diverse range of networks, governance, engagement and intersectional structures to support service and system integration, effective and efficient planning and implementation, research and knowledge growth and management, accountability and evaluation and contemporary and sensitive stakeholder and community engagement and feedback. *National PHN Aged Care Advisory and Planning structures have been developed to support consolidated aged care planning and to support structures and models to position PHNs to provide a central and strategic role in system governance and market management of aged care into the future.*

3. NATIONAL HEALTH REFORM AGREEMENT 2020-25 ADDENDUM

PHNs have a significant role to play in the delivery of the National Health Reform Agreement. Three priority areas of the Agreement identify needs and challenges that PHNs are structured, scaled and capable of responding and contributing to, now and into the future;

3.1 Interface between health disability and aged care systems

The National Health Reform Agreement 2020-25 Addendum recognises that "many Australians have increasingly complex care needs that require services from across the health, primary care, disability and aged care systems. This growing complexity requires better coordination between these systems to ensure positive outcomes for people through access to appropriate services, and reductions in avoidable hospital admissions, time spent in hospital and premature residential care admissions."

The agreement seek to ensure the development of "meaningful and transparent mechanisms to monitor and report on system interface performance" establish pathways for issue identification and resolution and optimise access and care outcomes. The addendum recognises the "interoperability"of these systems within a broader care and support system, the importance of effective system navigation for consumers, their carers and families and the impact sensitivity of changing policy in any one system on the whole.[3]

Further, clear and effective mechanisms supporting coordination of care across systems to reduce vulnerability, particularly for those who interact with and move between these systems is important to the achievement of improved outcomes for older people and those living with disability. This can be only achieved by access to mainstream health services and "continued coordination between hospital, aged care and mainstream health services, including primary care services" [4]

The Agreement confirms a commitment to work across service systems to ensure any impacts of change and reform agenda are managed in a timely and collaborative manner and use existing governance mechanisms to "manage escalate and report" issues in a timely and sustainable way using interface performance indicators, data collection and reporting domains[5]

3.1.1 The Role for PHNs

PHNs are aware of the complexities facing people with needs that require responses across multiple service systems and the current challenges, risks and barriers to effective coordination between these systems. Service access, information and navigation pathways, vulnerability of clients carers and families in change environments, system interface performance, and the impact on avoidable hospital and premature residential care admissions is well understood by the PHNs. Working across and at the interface of these service systems and connected and cognisant of community impact at the local regional and national level, PHNs are best positioned to support strategies to resolve these continuing challenges by leveraging existing capabilities and building efficient and effective engagement in the further work to strengthen the efficacy and experience for Australians engaging with these systems

[3] NHRA 2020-25 Addendum, p.75
[4] NHRA 2020-25 addendum,p.75
[5] NHRA 2020-25 Addendum,p.77

3.2 Health Reform Arrangements

The Agreement identifies four strategic priorities to guide the further reform of the health system between 2020 and 2025 as;

1. Improving efficiency and ensuring financial sustainability
2. Delivering safe, high-quality care in the right place at the right time
3. Prioritising prevention and helping people manage their health across their lifetime, including long-term reforms in health literacy and prevention and wellbeing
4. Driving best practice and performance using data and research

The Commonwealth has identified its commitment to invest in programs designed to minimise the impact of potentially preventable hospital admissions arising from shortcomings in areas within its own direct policy control. One strategy includes integrating the planning, co-ordination and commissioning of services at a regional level through Primary Health Networks, with a specific focus on the interface between primary health care, and hospital services.[6]

3.2.1 The Role for PHNs

The recognition of PHNs in planning coordinating and commissioning of services and evidenced capacity to focus on interface between service systems can also be relied upon to provide effective outcomes across aged care as part of a broader system governance and market management role. Building on the existing structures, roles and responsibilities (as documented in the Agreement), the PHNs can provide an established structure, system and framework and ensure coordination and cooperation between other system and service planning and interface activities to strengthen outcomes for older people their carers and families.

3.3 Local Governance

The Agreement specifies the significant roles and responsibilities PHNs perform in Local Governance including;

1. responsibility for assessing the health needs of the population in their region, for identifying service gaps and working with other funders and key stakeholders to put in place strategies to address these gaps;
2. reflect their local communities and health care services in their governance arrangements;
3. are included and incorporated into systemwide policy and State-wide planning for primary health care and take account of State-wide plans in the development of PHN plans;
4. work closely with State based Hospital Networks to support and enable better integrated and responsive GP and primary health care services to meet patient and community needs and priorities;
5. provide a lead role in establishment and facilitation of GP and primary health care planning and service and system integration;
6. provide linkages and coordination mechanisms to support effective interaction between the health system and relevant services, including services supporting older people at risk, people with serious mental illness and homelessness services;
7. provide a significant engagement role to enable stakeholder views to be considered when making decisions on service delivery at the local level, service and capital planning at the State level and to deliver collaborative outcomes on mutual interests;[7]

3.3.1 The Role for PHNs

[6] NHRA 2020-25 addendum,p.73

[7] NHRA 2020-25 Addendum, pp.71-73

The significant role and responsibilities that PHNs perform in local governance incorporate a range of functions and activities central to aged care system governance and can be relied upon to be delivered in a transparent and accountable manner. The obligations of working in collaboration with stakeholders and communities, to perform a lead role in service and system integration and responsiveness, to facilitate solutions and responses to identified need and to ensure the voice of stakeholders in decision-making, planning and local service delivery are all within the remit of the PHNs. These are identified as priorities in the emerging feedback from current clients, patients and consumers of aged care services and the broader community.

4. What aged care stakeholder feedback is telling us about the aged care system and market

4.1 Client and community feedback

The quality of aged care provided to older Australians is a concern for all Australians. Most younger Australians have parents and/or grandparents receiving aged care services, while middle aged and older Australians are currently receiving care or have an awareness that they may eventually be recipients of care.[8]

The Royal Commission's most recent Research Paper 6, *Australia's Aged Care System: Assessing the Views and Preferences of the General Public for Quality of Care and Future Funding*[9], highlights the strong significance that Australians place on the care of our most vulnerable citizens. It further identifies that quality in aged care is highly valued and that the general public recognise the current deficiencies of Australia's aged care system and support a range of strategies to enhance aged care quality and outcomes.

In 2017-2018, almost one million people accessed home care services to allow them to continue living independently at home [AIHW, 2018]. In 2017-2018 over 230,000 people were permanently living in residential care [AIHW, 2018]. These estimates are expected to increase exponentially in the coming decades due to expansions in Australia's ageing population[10]. (6:p.5)

Consumer feedback recently captured by NOUS through their report *Stocktake and analysis of activities for older people at the interface of the aged care health and disability systems*: *Consumer Engagement Feedback*[11] provides an insight into the experiences of older people and their carers currently engaged in the aged care system. The feedback identifies positive engagement and experience in the service system while also highlighting areas of continuing difficulty. The analysis of this feedback resulted in the identification of a proposed "person centred needs framework" identifying eight (8) priorities as;

- I need to know information and services available to me;
- I need to navigate the systems to best meet my needs;
- I need to have access to preventative care and early intervention;
- I need services to be accessible;
- I need appropriate safe and acceptable care;
- I sometimes need access to emergency care and hospitalisation;
- I need high quality timely specialist care;
- I am supported in transitions between systems

[8] Research Paper 6 Royal Commission into Aged Care Quality and Safety, July 2020, p.5
[9] Research Paper 6, Ibid, July 2020
[10] Research Paper 6, Op Cit, July 2020, p.5
[11] Stocktake and analysis of activities for older people at the interface of the aged care health and disability systems: Consumer Engagement Feedback. NOUS, June 2020

Further, the feedback demonstrated that specific population groups have consistently more challenging experiences in the service system. People in;

- Outer regional areas
- Residential care
- At risk of homelessness
- Speaking a language other than English
- Living with dementia
- Caring roles

variously described consistently more challenging experiences in;

- Access to preventative and specialist care and early intervention;
- Access to information and system navigation;
- Effective service integration to receive right care and the right time;
- Connection to local community to ensure access to familiar supports and local services
- Accommodating the particular needs of people with dementia and their carers
- Relevant Carer support and information[12]

Putting "choice at the heart of human service delivery"[13] by "establishing a consumer driven market based sustainable aged care system"[14] the goal of the aged care reform is to give choice and control to service users, increase the range and type of providers and, by increasing competition between them, improve care outcomes. The 2019 interim report of the Royal Commission has "highlighted that applying the principles of Consumer Directed Care in practice has been challenging for many aged care providers and for consumers. This is particularly the case for older people living in rural or more remote areas where, due to the absence or scarcity of trusted providers, little or no market exists within which to make a choice about care and services"[15]

4.2 External stakeholder challenges

Consultation with external stakeholder groups supported the experiences of clients and community and contributed additional insights including;

- Information and navigation is a core issue. Addressing that area could resolve many other issues.
- Online information and data systems are not fit for purpose. In particular, the websites are complex and difficult to navigate – and do not combine information relating to different systems. Data systems do not enable sharing of a consumer's information across systems.
- Equity of access and equity of outcomes are key issues across all systems that are affected by many factors including social determinants of health, ageism, racism and intergenerational trauma. Addressing these barriers should not be an homogenous response.
- Role and capacity of GPs is a challenge –often the main or only point of contact for people engaging with the health system, they are variably constrained by time, knowledge and support.
- Interface between residential aged care and healthcare is a challenge. what is provided.
- Interface programs seem to focus on supporting older people to navigate the interface rather than resolving the core issues
- Workforce opportunities were highlighted, including potential for greater role for pharmacists, increased use of Nurse Practitioners and the connectivity potential of allied health professionals.

4.3 The Role for PHNs

[12] Ibid NOUS, June 2020, pp.13-14
[13] The Competition Policy Review (Harper Review) March 2015
[14] Aged Care Roadmap, March 2016
[15] Research Paper 6, Op Cit, p.6

PHNs are cognisant of the barriers and challenges older people their carers and families face in seeking out and engaging with the aged care system. The feedback from people seeking out information on their options, access to suitable advice and entry into appropriate solutions to their varied and often complex needs is familiar to PHN engagement and feedback and as a result PHNs across Australia have engaged in a range of projects, research and pilot innovations and activities to assist in engaging with and understanding the barriers, risks, opportunities and potential solutions to the consumer experience. The key concerns and challenges of older people, their carers and families are reflected in the feedback of advocates, peak bodies and providers with information and navigation, system and service interface and equitable access and availability of appropriate services at the right time and in the right place as central to shared concerns.

PHNs are best placed to take a lead role in local governance activities that support the planning, management, delivery, monitoring and evaluation of key activities to respond to and address the identified and evidenced needs and current deficiencies in the experience of consumers of the aged care service system including;

1. Navigation information and coordination;
2. Early intervention and preventative care;
3. Access to GP services including as outreach in other settings;
4. Specialist in or outreach to non-specialist settings;
5. Information sharing for clinical handover[16]

5. Key functions for the effective operation of the aged care system

Counsel Assisting's submission on program redesign proposes fourteen key functions necessary for the effective operation of the aged care system[17] These are;

1. data collection, data analysis and system performance evaluation
2. policy development
3. eligibility assessment
4. funding
5. system 'stewardship' (or governance)
6. market governance (including incentivising innovation and ensuring the transparent flow of performance information)
7. management of interfaces between Australian and State/Territory governments and their roles and responsibilities relating to aged care
8. workforce development and labour supply management
9. commissioning of providers and/or services
10. establishing and sustaining institutional arrangements supporting the care recipients and their families (including consumer feedback, complaints and advocacy)
11. setting of quality and safety standards
12. regulation of quality and safety
13. price regulation and
14. supervision of reform implementation strategy[18]

[16] Nous, Op Cit, p.23

[17] Royal Commission into Aged Care Quality and Safety Counsel Assisting's Submissions on Program Redesign, RCD: 0012.0062.0001 4 March 2020

[18] Counsel Assisting's Submissions on Program Redesign, Ibid, pp.6-7

5.1 The Role for PHNs

PHNs can lead, deliver or contribute to each of these critical functions and contribute to the delivery of optimal aged care outcomes by fulfilling their roles and responsibilities within and across health and social services systems as described in detail throughout this submission.
"When asked about the success of Australia's aged care system in achieving quality aged care, it was clear that the general public feel that there are current deficiencies and some work to be done to elevate the aged care system to one that would generally be regarded as a high quality system." [19]

The significant value and benefit of engaging PHNs in system governance and market management has been discussed in detail in this submission and evidences that PHNs provide an elegant solution to address the complex system governance, service and system interface, quality and performance, access and navigation challenges that have resulted in poor actual and perceived experiences across the aged care system.

6. Case Studies: PHN Capabilities

Brisbane South PHN **is a consortium member trialling different models of aged care service navigation support across Australia for implementation from July 2020. This will test a broad range of services, activities and measures that support people to learn more about Government supported aged care programs and how to access them.**

PHNs are well placed to work collaboratively with pharmacies to better understand their patient cohorts, and to integrate with other parts of the health sector. The WA Primary Health Alliance has been trialling *integration of the role of non-dispensing pharmacists within General Practice* through its comprehensive primary care model. This has greatly enhanced the function and capability of the General Practices to better understand medication management, drug use evaluations, prescribing audits and counselling on both medication and lifestyle issues, in particular managing transitional care.

North Coast PHN **is implementing, in collaboration with the Northern NSW Local Health District, the *Safe and Well at Home* project. Nurse Practitioners provide comprehensive health assessments and follow up care in collaboration with local and Community Health teams. The Nurse Practitioner supports older people with complex health care needs to stay safe and well at home and avoid unplanned hospitalisation.**

Brisbane North PHN Ageing Well Initiative: Building on a track record of collaboration and partnership in the Brisbane North region, Metro North Hospital and Health Service (MNHHS) and Brisbane North PHN created the Health Alliance. The Alliance is an approach to tackling healthcare problems which have otherwise defied solution and which transcend the mandate of any one organisation or part of the health sector. The Health Alliance focuses on three population groups, one of which is frail older people. The program which aims to improve the health and wellbeing of this population is known as the *'Ageing Well Initiative'*. The Ageing Well Initiative applies evidence based best practice to local provision arrangements. It also creates an enabling and learning environment to sustain transformational change in the care of older people. The initiative focuses on interventions which international evidence indicates, reduce unnecessary hospitalisation of frail older people. This includes an increased system focus on living well; improving the hospital and primary care interface and reduction of polypharmacy. The initiative is also considering how to reconceptualise the RACF as a place of reablement.

[19] Research Paper 6 Op Cit, p. 3

Western NSW PHN operates across large parts of rural and remote NSW. As a part of nation-wide pilot to trial a GP led telehealth model of care in residential aged care settings it enabled over a 16 month period, 840 GP Video Consultations resulting in a 59% reduction in hospital transfers and a 19% reduction in hospital admissions. The project achieved a 98% GP Satisfaction rating and a 94% Positive Care Experience for the Resident. The pilot has now been expanded to include 15 General Practices and 20 Residential Aged Care Facilities as of 1 September 2020.

PHNs commission psychological treatment services targeting the mental health needs of people living in the community and residential aged care facilities (RACFs). These services facilitate access to mental health services similar to those available in the community through the Better Access to Psychologists, Psychiatrists and General Practice through the MBS Initiative.

A number of PHNs are currently working alongside Hammond Care to deliver the *'Advance Project'*. This encourages the use of advance care planning by means of a series of workshops and training opportunities to encourage General Practice staff to work collaboratively to provide palliative care.

Sydney North PHN: In collaboration with the Australian Digital Health Agency, Sydney North Health Network is leading two digital health test bed projects. Over three-years SNHN will work with 9 Residential Aged Care Facilities and thirty-two private specialists, and their clinical networks, to test and measure the benefits of embedding My Health Record and Secure Message Delivery into daily working practice

Gold Coast PHN and Gold Coast Health are developing a framework for *Shared Care and Pathways* that enables the sharing of care between GPs, specialist palliative care services, and all palliative health and social care sectors with clinical support and guidelines to assist GPs in meeting the needs of their patients and improve patient transitions between care settings.

Eastern Melbourne PHN is currently working with service providers to develop new pilot programs to address current needs and gaps in older persons' mental health. This includes commissioning community-based pilots in order to develop tailored services for the older population. The pilot program aims to support GPs and practice nurses to better identify mental health challenges in older people and support them to manage the care of older persons with mental health difficulties in the community. The program aims to reduce preventable admissions and enable timely and supported discharges back into the care of GPs following admissions.

The *Gold Coast PHN Complex Care* project for over 75s, risk stratifies patients at risk and uses health assessments and care plans to agree and support people to achieve their goals. High satisfaction was achieved in encouraging choice in care options, self-care, and goal setting to address everyday problems.

Extended Primary Care for Residential Aged Care Facilities a Dandelion & Access Treat Stay – Adelaide PHN

These programs are designed to support GP access and availability in the afterhours period, reduce unnecessary hospital admissions and build capacity of aged care staff to improve the coordination of care for residents. Two aged care providers deliver the projects across four residential aged care sites in Adelaide's northern and southern suburbs. Both projects use multi layered strategies involving GP and staff training, liaison work with local hospitals, ambulance services and enhanced access to on-site clinical support from advanced practice nurses and nurse practitioners.

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