



Cartwright Consulting Australia Pty Ltd

**Options for Delivery of Community Aged Care Services
in the Village of Woodenbong**

REPORT TO KYOGLE COUNCIL

July 2019

ACKNOWLEDGEMENTS

Funding for this project was provided by Kyogle Council.

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We wish to acknowledge and thank the Community Members and Service Providers who generously gave of their time and shared their local knowledge and perspectives with the Project Team.

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EXECUTIVE SUMMARY

INTRODUCTION:

The village of Woodenbong is located in the northern extremity of the Kyogle Local Government Area (LGA). The closest medical facility is the Urbenville Multi-Purpose Service, a 15 minute drive away, in the Tenterfield LGA. In common with Kyogle LGA as a whole, Woodenbong has a significantly higher percentage of its population in the older age groups, compared with both NSW and Australia overall.

The Woodenbong Progress Association (WPA) is committed to enabling Woodenbong people to age in place and die in place, where possible. To achieve that aim, it is important to provide access to services that enable people to continue to reside at home, where they can receive on-going support from their established social and family networks. However, it can be difficult to attract external service providers to smaller rural communities.

Kyogle Council, in its Community Strategic Plan 2016-2026, identified ageing and disability services as one of five priority areas for future action. As one response to this, Council contracted Cartwright Consulting to evaluate two potential Models of community aged care service provision, i.e., (1) that the WPA become an approved aged care provider; and (2) that Kyogle Council becomes an approved provider and auspices the WPA; and to develop a third Model that could meet the identified needs of the older members of the community.

METHODS:

Available administrative data was analysed and meetings were held with service providers and community members; the latter included a brief survey to identify the main issues of concern for older residents and existing barriers to them being able to stay in their own homes to the end of their lives.

The two proposed Models and two additional potential Models were evaluated for pros, cons and indicative costs. In addition, other major barriers to community aged care in the Woodenbong were identified and recommendations were made in relation to these issues and to the four Models.

OUTCOMES:

Major Issues Identified: In addition to the main focus of the project, i.e., inadequate access to community aged care services, investigation into potential models of community aged care service provision identified three issues likely to impact on the ability of older residents to remain in their own homes until the end of their lives. These issues (also previously identified by Council in its Community Strategic Plan 2016-2026) are:

Seniors Living Housing/Accommodation

Northern NSW Local Health District (NNSWLHD) data indicates that there are 31 single older people in Woodenbong, many of whom live in large, high-maintenance homes away from the main village. There is a need for a cluster of 4-6 semi-detached single units within the village to provide an option for older people to age in place. The community has identified suitable land for this purpose but it is likely that Council is the only entity who could undertake this task, alone or in partnership with a developer.

Recommendation 1: That Council makes progression of provision of seniors living accommodation a high priority.

Transport

Lack of sufficient transport to attend medical appointments and other activities outside the Woodenbong Village is inhibiting the option for older people to remain in their own homes .

Recommendation 2: That Council investigates options, including providing or contributing to the costs of an additional vehicle, to improve community transport.

Communication Gaps relating to service-provision options.

Older community members and their carers have difficulty accessing information about available services and how to access them. Many find the MyAgedCare website confusing and hard to navigate.

Recommendation 3: That a Council staff member be a contact point for older people needing information about available services and how to access them.

Main Focus of the project: Inadequate Community Aged Care Service Provision

It was difficult to determine accurate numbers relating to aged care services being provided in the Woodenbong area but it was apparent that there was not sufficient to meet demonstrated need. While good personal and domestic services are being provided under the Commonwealth Home Support Program to a small number of older people in the area, those services are stretched to capacity and cannot meet current demand. In addition, there is very limited nursing and allied health services available to people in their homes, with many older people having to travel the 18 kms to Urbenville to receive these services.

This issue was the main focus of the evaluation of four Models of service provision for the older people of Woodenbong. The pros, cons and indicative costs of each Model were evaluated and a recommendation was made in relation to each Model.

Model 1: Woodenbong Progress Association (WPA) becomes an approved service provider for community aged care.

Recommendation 4: That the WPA not become an approved provider.

Model 2: Kyogle Council becomes an approved provider and auspices the WPA to coordinate services in the Woodenbong village and surrounding areas.

Recommendation 5: That Kyogle Council not become an approved service provider.

Models 3 and 4 were developed by the Cartwright Consulting team; both models would include a Compassionate Communities approach and use of Telehealth.

Model 3: Clinical services would continue to be provided under the current arrangements, at the Urbenville MPS, with 6-weekly visits to Woodenbong from MPS Community Nurses and from a small number of Community Aged Care service providers. The Compassionate Communities approach would be implemented to improve provision of non-clinical services, to supplement those provided by formal service providers.

Model 4: Council to call for Expressions of Interest from established Community Aged Care service providers who have the organisational and staff structures to provide relevant services across the LGA, to be on a list of relevant providers for the area.

Recommendation 6: (For both Models 3 and 4). That Council progresses a Compassionate Communities project.

Recommendation 7: (For Model 4). That Council develops a list of required services and conditions, including ability to provide telehealth and willingness to employ suitable local people, and calls for Expressions of Interest from Community Home Care Service providers to be on a list of available providers for the LGA. Short-listed providers could be invited to do a presentation of what they can offer to Council, the WPA and other relevant organisations in the LGA, e.g., NNSWLHD and the Far North Coast PHN, and to community members

IN SUMMARY:

The current availability of community aged care in Woodenbong is insufficient to meet the growing needs of the population. Action is needed to address housing, transport and communication issues, with a combination of a Compassionate Communities approach, use of telehealth and enhanced provision of clinical services.

INTRODUCTION

Background

The Kyogle Local Government Area (LGA), located in the Northern Rivers region of New South Wales, has an ageing population, many living in the six small villages situated some distance from the main town and service centre of Kyogle.

The village of Woodenbong is located in the northern extremity of the LGA. The closest medical facility is the Urbenville Multi-Purpose Service, a 15 minute drive away, in the Tenterfield Shire. This project, instigated by the Woodenbong Progress Association (WPA) is focussed on the Woodenbong village area but some outcomes of the project may also be applicable to other villages in the LGA.

In common with Kyogle LGA as a whole, Woodenbong has a significantly higher percentage of its population in the older age groups, compared with both NSW and Australia overall. Table 1 provides that comparison.

Table 1: Percentage of Woodenbong residents aged 55 and above in 2016 Census, compared with the same age groups in NSW and Australia.*

Age group	Woodenbong		NSW	Australia
	Number	Percent	Percent	Percent
55-59	41	10.4	6.3	6.2
60-64	33	8.4	5.6	5.6
65-69	37	9.4	5.1	5.1
70-74	24	6.1	3.9	3.8
75-79	22	5.6	2.9	2.8
80-84	14	3.6	2.1	2.0
85 and above	17	4.3	2.2	2.1
Total	188			
	Median Age of the Population			
	52		38	38

*A starting age of 55 has been chosen for this table as this group will be the 60-64 age group by 2021 and the 65-69 year-old group by 2026; decisions made now about aged care provision in the community need to plan for the current and future ageing of the population.

Note: Kyogle Council says that there are now approximately 500 residents in Woodenbong; the 2016 Census provided information for 381 residents, of whom Aboriginal and/or Torres Strait Islander people made up 7.8% of the population. In 2016, people aged 65 years and over made up 28.9% of the population, and using the figures above, 49% of the 2016 population was aged 55 and above, and 38% were aged 60 and above.

We note that ageing in place was previously identified as a priority action for Kyogle Council (see Kyogle Council Community Strategic Plan 2016-2026) and the WPA is committed to enabling Woodenbong people to age in place and die in place, where possible. To achieve that aim, it is important to provide access to services that enable people to continue to reside at home, where they can receive on-going support from their established social and family networks. At the same time, it is acknowledged that it can be difficult to attract external service providers to smaller rural communities, where issues of accessibility and level of demand militate against the provision of a sustainable service.

The model that needs to be developed for Woodenbong will require innovative responses, potentially including increased use of new technology, providing incentives for younger people

to stay in the area and become part of the aged care workforce, and possibly utilising Compassionate Communities concepts.

The WPA had expressed an intention to become an approved Community Home Care provider in its own right and, prior to the start of this project, had submitted an application the Department of health for that purpose. In addition, given that Local Government Organisations are already taken to be approved providers under the Aged Care Act 1997, there may be an opportunity for Council to collaborate with the WPA in the provision of Home Care services to the Woodenbong community (for example, as an auspicing body).

Council noted that the proposal presented by the WPA provides an opportunity to explore an innovative option for improved service provision in the municipality, build the capacity of a motivated local community group to become a service provider and, if feasible, to use such a model as a blueprint to inform future dialogue with other communities.

Kyogle Council therefore called for Expressions of Interest to explore the relative merits and the development of a feasibility study for:

(i) supporting the WPA in its efforts to become an approved provider for Home Care Services; or

(ii) entering into a partnership with WPA to facilitate the delivery of these services, whereby Council auspices the delivery of the service; or

(iii) any other model, including via a private sector provider. (Note: such a model could include brokerage arrangements).

Positive and negative implications of any model chosen, for local businesses in the Kyogle area including current health and community services, will need to be considered, as well as the social impact of an ageing population and maintaining social capital.

Clarification will also be required about the extent to which the proposed model will need to take account of required service provision for the older (45+) Aboriginal and Torres Strait Islander members of the community, many of whom live in the Muli Muli community.

Project Aim

The primary Aim of this project was to evaluate three potential models of community aged care provision for residents in the village of Woodenbong and its surrounding areas, identifying the positive and negative aspects and indicative costs of each Model, as follows:

- **Model 1:** Woodenbong Progress Association becomes an Approved Aged Care service provider;
- **Model 2:** Kyogle Council takes up its existing option to become an Approved Aged Care service provider and auspices Woodenbong Progress Association to coordinate the actual service provision;
- **Model 3:** Cartwright Consulting develops a third possible model for the Woodenbong area.

METHODS

The Methods employed in the project followed the Deliverables specified in the Project Agreement (See Appendix 1).

Meetings were held with Kyogle Council staff, Woodenbong Progress Association representatives and Woodenbong Community members. The latter included a survey to identify the main issues of concern for older residents and existing barriers to them being able to stay in their own homes to the end of their lives. (Appendix 2 provides a summary of the survey).

Contact was also made with staff of the Urbenville Multi-Purpose Service, Muli Muli Aboriginal community, Kyogle Hospital and some Community Home Care service providers who are active in the Woodenbong area.

Available administrative data was reviewed and considered in the development of two additional models of Community Aged Care provision (see Outcomes below). The pros, cons and indicative costs of the four models were identified and recommendations made relating to these models, and to the major issues identified by the community.

OUTCOMES

Aged Care Services are provided under a number of programmes including the Commonwealth Home Support Program (CHSP), the Community Home Care Packages (CHCP) program and a separate program for Multi-Purpose Services (MPS). The current Commonwealth planning ratio is 115 Aged Care places per 1000 people aged 70+, the majority of which are for services provided in people's homes. This is planned to increase to 125/1000 by 2022 and most of this increase is expected to be in CHCP.

Progressing the 2016 Census data and an increase in the number of Woodenbong residents aged 70+, we estimate that there should currently be 15 Aged Care places for the Woodenbong area. However, it has not been possible from examining the available administrative data, nor by asking service providers, to identify precisely what Community Aged Care Services are currently being provided in Woodenbong. The MyAgedCare website says that there are 95 aged care service providers whose stated location coverage includes Woodenbong but the majority of these have no clients in Woodenbong.

The following information was gleaned from asking local people and Urbenville MPS staff: the MPS has been allocated 6 "MPS packages" (not Community Home Care Packages). Unlike the CHCP, these packages are not linked to a specific individual; the MPS currently is providing services to 9 older residents across the Urbenville and Woodenbong areas, 6 of whom are in Woodenbong. Hammond Care is providing domestic and personal care services to 2 clients under the CHSP and to 3 clients with a CHCP; Australian Unity have 4 domestic and personal care clients in total, 3 in the village and one close to the Qld border. It is possible that the MPS may be providing clinical services to some of the Hammond Care and Australian Unity clients but this has not been confirmed. One person is receiving transport assistance from HART.

Major Issues Identified

Before discussing the four models of community aged care provision below, it is important to note that there are three urgent issues that have been raised by older residents and others in recent community meetings. (Note: these issues were also identified in the 2015 Cartwright Report, and are included as priorities in the Kyogle Council Community Strategic Plan 2016-2026:p15.)

1. Need for Seniors' Living Housing/Accommodation:

One of the main needs of single older people in Woodenbong, which would allow them to stay in their own homes until the end of their lives, is semi-detached seniors' housing¹.

Many older people currently live in larger houses which require significant maintenance, some located away from the main part of the village. A cluster of 4-6 single units would potentially meet the current need; although the Director, Clinical Operations Northern NSW Local Health District (NNSWLHD) said recently that her records show that there are 31 single older people in Woodenbong, not all would be currently in need of this type of accommodation.

¹ The 2015 Cartwright Report recommended, in part, that a Working Party be set up to investigate how much land would be needed for a cluster of six to eight units for single older people, to identify potential suitable land in Woodenbong and what changes (if any) Council would need to make to planning provisions that apply to the land so that it could be used for the identified purpose. The Report also recommended that the Working Party investigate what incentives Council could offer to attract developers/providers of seniors housing, including possible application fee and developer contribution concessions.

Ideally, potential occupants could be invited to have input to the design of the units, along with available data from similar projects. It has been suggested that if an extra room was built onto this complex, it could be used as a community room for the residents and/or as a treatment room for visiting health/allied health staff.

The units need to be located in Woodenbong township area, where service provision and access to assistance would be easier than where many now live.

Advice from the WPA is that the Woodenbong community has, for over a decade, consistently identified land is in Lindesay St beside the Preschool for this purpose. It is a Crown Reserve which comes under the Gateway to the Rainforests Reserve Trust, administered by Kyogle Council. Investigation is required about whether or not the land could be used for seniors' living.

Council is the only organisation that could progress this. Council may be able to obtain a government grant to build the units, or partner with a developer. Rent from the units should cover maintenance. The WPA could possibly manage the units.

<p>Recommendation 1: That Council makes progression of provision of seniors living accommodation a high priority.</p>
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2. Lack of transport to attend medical or other health-related services in Urbenville or Kyogle, or to attend social functions, thus contributing to social isolation (which is a risk factor for dementia).

While the local bus service was spoken of very highly, and the staff are noted for being very caring, there is only one bus/day except Friday, when there are two services. Hammond Care have a bus located in Urbenville; this has been collecting people from Urbenville and Woodenbong and taking them to the Woodenbong-Urbenville Daycare for Seniors².

The WPA were told that the bus could possibly be used one day a week for Woodenbong people to attend medical and other appointments, for a small fee, provided a driver can be found and the petrol paid for*. (Cross-LGA-border issues must also be taken into consideration when seeking solutions to existing challenges).

² *Linked to the above is a recent development; on 17 June 2019 the WPA President was told that the Woodenbong-Urbenville Daycare for Seniors will not continue after mid-July. Currently it is operated through Hammond Care and includes a bus, activities officer and a hot meal each Thursday. This is the only social activity that many of our older residents attend- including the residents at the MPS.

Hammond Care provided additional information about this issue: the Day Care Service has been running for 37 years. It was totally volunteer-managed until 2015, when Hammond Care funded the bus and 1 staff member. The bus is driven by volunteers and is usually based at Urbenville. The volunteer committee still runs the Day Care and provides the hot meal. The Committee has its own bank account and manages that well. People who attend pay \$7 per time. There is no criteria for who can come, it is open to everyone. Usual attendees include older people, people with disability and their carers and one community member about 50 who is neither old nor has a disability.

Hammond Care funded the bus and staff member by cross-subsidising from their other programs but under the new funding regulations they can no longer do this; funding for every service has to be accounted for against that service. However, Hammond Care is prepared to transfer ownership of the bus to the volunteer committee and the Mayor of Tenterfield Shire (which includes Urbenville) said he would be open to a grant application for \$\$ to maintain and run the bus, including registration and insurance.

There is one car that provides community transport, but that is usually fully booked; cost is \$15 return to Urbenville. A second car or small bus based in Woodenbong, with volunteer drivers on a roster, might be one possible solution.

Recommendation 2: That Council investigates options, including providing or contributing to the costs of an additional vehicle, to improve community transport.

3. Communication gaps relating to service-provision options

Older community members and their carers have difficulty accessing information about available services and how to access them.

Many find the MyAgedCare website confusing and hard to navigate. A major gap occurs when people have been assessed as eligible for a Home Care Package and receive a letter from MyAgedCare confirming this and then ... nothing, often for many months; no follow-up letters saying how close they are to receiving their package, just silence.

Good communication requires a central point or person with good computer skills, who can help older residents and their carers navigate the MyAgedCare website and who can also keep up-to-date with changes in State and Federal Government services, as well as produce regular newsletters and maintain a community notice board.

We note that since the 2015 Report, the LGA now has good internet coverage, making Telehealth a possible option to help address this problem. This issue is addressed further under Models 3 and 4, below.

Recommendation 3: That a Council staff member be a contact point for older people needing information about available services and how to access them.

POTENTIAL MODELS OF COMMUNITY AGED CARE SERVICE PROVISION

Kyogle Council, at the behest of the Woodenbong Progress Association, commissioned the current project to address the identified need for better community aged care service provision in Woodenbong, to allow older community members to age in place and die in place.

MODEL 1:

Woodenbong Progress Association (WPA) becomes an approved service provider

Current situation:

The WPA submitted an application to the (Aust. Govt) Department of Health to become an approved provider. They have been told that the WPA would have to register as a NFP organisation and pay a yearly fee to stay registered.

PROs:

- WPA members live in Woodenbong and know the community very well
- The WPA recently had a successful meeting with NNSWLHD staff, confirming the commitment of the Urbenville MPS and the WPA to work together; some progress was made in relation to more community nursing service to be provided to Woodenbong, but it will still be too limited to address daily needs.
- If the WPA became a provider, they could potentially employ local people to provide home care and personal care, which would not only reduce the cost of care for local older people (not having to pay for service-provider carers to travel to and from Woodenbong) but it would also provide employment for local people.
- Providing work opportunities might also encourage some younger people to stay in the area.
- Some community members might be willing to do the Certificate 111 in Aged Care (or Home and Community Care), which would not only provide more community resources but would enhance local skills. It might be possible to have a registered trainer come and run some courses in Woodenbong.
- One of the WPA Executive team is a highly-qualified registered nurse (RN) with extensive aged care experience. Although she is not currently available to be employed by the WPA to be the Care Coordinator/RN, she is willing support someone in that role; that person might also be able to train some personal carers to provide some lower-level tasks, such as mobilisation and wound care/leg dressing.
- Woodenbong has very good 4G network coverage, so introducing telehealth to the residents would be possible. (See more details ahead of Model 3).
- Kyogle Council have made an “In Principle” agreement to provide up to \$50,000 to cover the cost of a car and office space.

CONs:

- The WPA does not have experience in delivery of aged care services.
- WPA would need to establish and resource quality systems for the delivery of aged care services, including policies and procedures, clinical governance arrangements and quality management systems to meet all the requirements of the recently amended Aged Care

Standards quality standards for home care services. Assessment and monitoring against these new Standards will commence from 1 July 2019.

- WPA would be subject to a quality review process every three years by the Aged Care Quality and Safety Commission and ongoing self-assessment between regulatory reviews.
- The WPA have been told by the Health Dept that they would have to register as a Not-For-Profit organisation and pay a yearly fee to stay registered.
- The Care Coordinator would need an office and computer; if the community decides they want to have a telehealth program, this would need to be installed on the computer and the office would have to be used only by the WPA care coordinator, so the Community Hall might not be suitable.
- The WPA would need to employ staff, and that is not part of their current set-up (although as a registered company, they could do that): (Note: New payroll arrangements come into effect on 1 July).
- Employing staff means dealing with taxation, superannuation, accounting processes (BAS/IAS), and a range of insurances (see next point)
- The WPA would need to take out a range of insurance relating to employees; worker's compensation; public liability; plus professional indemnity protection for the members of their governance bodies.
- We note that, because the government made the process easier for anyone to register as an approved provider, there has been a rapid increase in the number of providers who are having sanctions placed on them because these organisations do not know how to operate aged care services under the new regulatory framework

Indicative costs:

- Office Rent, phone, computer (The actual cost will depend on where this is)
- Salary for Nurse/Care Co-ordinator (half-time position should be sufficient if Urbenville MPS community nurses provide some coverage); with on-costs this would be around \$50,000/year (includes cover when the regular nurse is on leave or unwell). This would be off-set by charges to clients or from CHSP or Home Care Package funding. (See costings in Model 2)
- Other staff would be on a fee-for-service basis, either from CHSP or Home Care Package coverage or private payment, including km payment for travel.
- Car for care coordinator/nurse (Council-provided car but petrol and maintenance would be WPA cost; km reimbursement would be required if the nurse uses her own car)
- Not-For-Profit registration yearly fee (our enquiries say the cost is \$1000 - \$2000 per year)
- If a telehealth/home monitoring service was established, each person using it would have to pay the costs unless they have a Home Care Package which could cover that. (See below)
- Costs incurred to establish quality management systems and assure ongoing regulatory compliance.

Recommendation 4: That the WPA not become an approved provider.

MODEL 2:

Kyogle Council becomes an approved provider and auspices the WPA to coordinate services in the Woodenbong village and surrounding areas.

PROs:

- All of the Pros for Model 1 should apply to this model, if Council auspices the WPA to coordinate the service
- Council would automatically become an approved provider with the submission of a simple form.
- Council could employ the nurse/care-coordinator and recover the cost of that from the Aust Government CHSP or Home Care Package funding for those that have such services, or from fee-for-service if people pay privately
- Council already has employment, payroll, taxation and accounting systems established
- If this model works well in Woodenbong, Council could extend it to the other 5 villages in the Shire (if they are experiencing the same difficulties in accessing care).
- As 4G works well across the whole LGA, linking older people and their carers in all 6 villages to a telehealth program (see Model 3) could help to provide security and peace of mind for older residents. It could also achieve “economy of scale”, e.g., all information would go to the computer of the part-time Care Co-ordinator based in the Kyogle Council. She could monitor the older residents in all villages; if someone’s readings go outside the parameters set by their GP the Care Coordinator could phone the client (or their carer) and if necessary, mobilise local support.
- Presumably Council already has insurance relating to employees; worker’s compensation; public liability; professional indemnity, plus protection for their own governance arrangements.
- Such action would be consistent with one of Council’s stated priority areas in its Community Strategic Plan 2016-2026.

CONs:

- Council does not have experience in delivery of aged care services.
- Council would need to establish and resource quality systems for the delivery of aged care services, including policies and procedures, clinical governance arrangements and quality management systems to meet all the requirements of the recently amended Aged Care Standards quality standards for home care services. Assessment and monitoring against these new Standards will commence from 1 July 2019.
- Council would be subject to a quality review process every three years by the Aged Care Quality and Safety Commission and ongoing self-assessment between regulatory reviews.
- Council would need to establish policies relating to staff employed for this project, and what their reporting obligations would be
- Council would need to develop specific clinical governance and quality management systems to meet all the requirements of the new Quality Standards for home care services.

Indicative costs:

- Office Rent, phone, computer in Woodenbong, or an office in Council Chambers if LGA-wide project (including telehealth) was established.

- Salary for Nurse/Care Co-ordinator/CDW (half-time position): average full-time RN rate including on-costs is \$100,000 or \$50,000 part-time; this would be offset by management fee from Community Home Care Packages or CHSP funding or private charges. (This is usually about 25% of a Home Care Package/per year, i.e. Level 1 Package \$8,500 = \$2,125; Level 2 \$15,000 = \$3,750; Level 3 \$33,000/year = \$8,500; Level 4 \$50,250 = \$12,560.) Note: some residents are already receiving services under CHSP from Australian Unity and Hammond Care and might not want to change providers (we have not been able to find out if anyone has a Community Home Care Package.)
- Other staff would be on a fee-for-service basis/private payment.
- Car for Care Coordinator/nurse
- Costs incurred to establish quality management systems and assure ongoing regulatory compliance.

While it would be more feasible for Kyogle Council to become an approved provider than for the WPA to do so, we recommend that Council consider a proposal from an existing, highly experienced service provider. (See end of Model 4).

Recommendation 5: That Kyogle Council not become an approved service provider.

The project Agreement between Kyogle Council and Cartwright Consulting asked the latter to develop a potential third model of service delivery to be considered in addition to a model with the WPA as the service provider and the model of a partnership between the WPA and Council.

Two additional Models are proposed (See Model 3 and Model 4 Below): Both options would include a Compassionate Communities approach and use of Telehealth. These will be discussed first.

Compassionate Communities:

Compassionate Communities is an international movement that aims to build community capacity to support people approaching the end of their lives. It uses a Community Development/Public Health approach to end of life care, which views the community as an equal partner in the long and complex task of providing quality healthcare at the end of life.

Compassionate Communities recognise that death, dying and caring for one another at times of health crisis and personal loss is not solely a task for health and social services, but is everyone's responsibility. It draws on the knowledge and wisdom of all community members, and can have input from schools, churches, local media and other community organisations.

In a Compassionate Communities model, support begins “way up stream” of a crisis – and helps to ensure that an unexpected crisis does not happen, by having an “end of life care plan” (not only an Advance Care Directive but a practical plan for “who will do what” as the end of life approaches). Although this approach relies on community volunteers, it also needs an end-of-life care coordinator, e.g., a community development worker (CDW). The CDW would organise community meetings and try to get GPs, community nurses, palliative care staff and other stakeholders involved in that. It’s important to include existing service providers in planning; otherwise there can be “pushback” from formal services.

A Compassionate Communities approach is also encouraged by the NNSWLHD. The End of Life Care Project Officer for NNSWLHD Integrated Care program provided Cartwright Consulting with a Compassionate Communities Implementation Guide, which would be of value

to a CDW in Woodenbong. In addition, the CDW for the Compassionate Communities program in Dulong, on the Sunshine Coast, was recently invited to do a presentation on Compassionate Communities at Ballina Hospital. Dulong is a Sunshine Coast community with a population of around 500 people.

(We understand that a Community Development role is part of the job description of Council's current Strategic Initiatives Coordinator, Suzie Coulston; it needs to be confirmed if she has the time capacity to initiate a Compassionate Communities project in Woodenbong or if this would be a separate position).

The CDW would invite community members, of all ages, to volunteer whatever time they are prepared to commit, to be on a roster to provide support to those people in the community who have a chronic illness and/or are approaching the end of life, and to their carers who are often under great stress. Some training is required around issues such as confidentiality, respect and dignity of the care recipients. Tasks might include assistance with meals, light housework or gardening, sitting with the patient/client while the carer goes shopping or to conduct other business, or just has a few hours rest. School students might wish to provide some support, such as putting out the rubbish bins, or just keeping the person company. In some communities, young people record the life stories of the client, which can be a positive experience for both.

In some Compassionate Communities, OTs, physiotherapists and nurses teach community members (volunteers or paid personal care staff) to do some tasks that family members often need to take on in a chronic or terminal care situation. An example of this is the "Just in Case Box" (JICB) project in Hobart. The JICB was developed to assist people to die at home, if they wished. Equipment (including syringes, morphine, dressing pads and other materials) is provided to the primary carer, who receives one-on-one training from an RN in use of the equipment. It is for use in an emergency; if a nurse or GP cannot get to the patient's home, the carer can receive instructions by phone in what to do and how to do it (having been previously trained to do so). This project allowed many more people to die at home than would have otherwise been able to.

Community Connectors are also an important part of a Compassionate Communities approach: One of the major concerns expressed by Woodenbong community members at the meeting on 20th May was the lack of information about services and how to access them (as noted at the beginning of this report). Community members who interact with the wider community regularly can be trained to be Community Connectors: e.g., hairdressers, the mail delivery person, pharmacy staff, golf and bowling club members, church congregation members. Community Connectors help friends, family, clients and neighbours find support in their own community. They can be very good at "joining up" local communities and providing a bridge between local people and health and wellbeing services.

Telehealth/Home Monitoring: A number of service providers now offer this service. Telehealth/ home monitoring has big benefits for people living out of the larger residential areas; as well as vital signs being regularly monitored by an RN, people can have allied health and specialist consultations without leaving their own home and can also join “virtual seniors centres” to enhance information sharing and social connections. An advantage that the Kyogle LGA, including Woodenbong, has is very good 4G network coverage³.

In 2014, Cartwright Consulting evaluated a telehealth project with 4 groups of older Aboriginal people in NSW and Qld; most were comfortable using mobile phones but had not used an iPad previously. All except one only required two training sessions and one had a third session. The project increased access and choice for the older Aboriginal people, provided greater security and reduced hospital admissions, both emergency and longer-term, and also had a positive health education impact.

At the recent Woodenbong community meeting, quite a high percentage of the attendees said that they do not have a computer or iPad; however, under a telehealth project, an iPad would be supplied and the client would be trained in its use. It might also be worth asking senior students in the Woodenbong school if they would be prepared to assist older people to learn computer/ iPad skills, as a community service contribution.

³ **NOTE:** On 3/6/19 Professor Cartwright was told by the Associate Director of Aboriginal Health, that the NNSWLHD has just commissioned a Telehealth project for Muli Muli.

MODEL 3:

Clinical services would continue to be provided under the current arrangements, at the Urbenville MPS, by 6-weekly visits from MPS Community Nurses to Woodenbong, and by a small number of Community Aged Care Service providers. The Compassionate Communities approach would be implemented to improve provision of non-clinical services, to supplement those provided by Community Aged Care Service providers.

We note that a recent meeting between the WPA, Urbenville MPS staff and staff from Northern NSW Local Health District was very positive, resulting in an agreement to continue working together, with more community nursing services being provided in Woodenbong than has been the case recently. However, the proposed additional services are for a community nurse to come to Woodenbong every six weeks; this would not meet all of the needs identified to date.

In this Model, clinical and allied health services in Woodenbong would be provided from the Urbenville MPS and/or by other approved providers, or by local residents with the appropriate clinical skills, identified through a community survey (see below). These (local resident) service providers would be self-employed and charge on a fee-for-service basis, or could be employed by a service provider. Non-clinical services, e.g. home care, personal care, home maintenance and transport, would be supplied by current service providers and, where possible, by members of the Woodenbong community, in both paid and voluntary capacities. (See Compassionate Communities, above).

MODEL 4:

Council calls for Expressions of Interest from established Community Aged Care service providers who have the organisational and staff structures to provide relevant services across the LGA, to be on a list of relevant service providers for the area.

Essential components of the EOI would include extensive telehealth programs, willingness to employ local community members with the relevant skill levels for clinical and non-clinical care provision, a thorough understanding of, and commitment to the Quality and Safety Commission regulatory requirements, including the 8 new Quality Standards, a thorough knowledge of the Northern New South Wales region and the associated challenges of a widely dispersed community. An acceptable option could be a brokerage service to ensure client needs are met by the most appropriate service.

PROs:

Both Model 3 and Model 4:

- Developing a Compassionate Community in Woodenbong would build on and systematise the existing community strength and cohesion. This could be extended to the other 5 villages if residents of those villages wanted it.
- Telehealth is increasingly being used to provide services to people in rural areas, allowing many to stay at home to the end of their life, which they could otherwise not do. It also supports carers by providing carer-education and social connection.

Model 3:

- If better services are provided to Woodenbong by Urbenville MPS, and more local residents become involved in providing care in paid or volunteer capacity, this could address some of the service gaps that currently exist.

- Providing employment opportunities to local people, including young people, would enhance the strength of the community and potentially encourage more young people to stay in the area.

Model 4:

- If this model is adopted for the whole LGA, it would remove the burden of service provision from Council and the WPA, allowing the latter to support the development of the Compassionate Communities model in Woodenbong.
- Residents would have access to a much broader range of services, including technology options, from highly experienced and innovative service providers.
- Potential employment opportunities for local residents is part of this option.
- Residents would not be restricted to receiving services from one of the listed providers; they would still be free to receive services from their current, or any other, provider.

CONs

Model 3:

- Increase in services proposed at the meeting between the WPA and NNSWLHD/MPS would still be inadequate to meet the needs already identified in Woodenbong and surrounding areas.

Model 4:

- A major effort would be needed to include the NNSWLHD/Urbenville MPS and the Far North Coast PHN in discussions about this option, otherwise there could be resistance and push back to it.

Indicative costs:

- **Compassionate Communities:** The main cost for this would be a part-time Community Development Worker; estimate around \$45,000 per year including on-costs, plus use of a vehicle. It may be possible to apply for a grant for this position through the FNC PHN or through the CHSP program for a pilot study (it has been reported that this program has discretionary funds available).
- **Telehealth:** This would depend on how it was provided: If the service was offered by an approved provider, there should be no cost to Council; costs to individuals would depend on the level of service they receive and whether the service would be paid for from their CHSP or Home Care Package, or privately.
- Costs relating to calls for Expression of Interest to be on a list of available providers.

Recommendation 6: (For both Model 3 and Model 4). That Council progresses a Compassionate Communities project.

Recommendation 7: (For Model 4). That Council develops a list of required services and conditions, including ability to provide telehealth and willingness to employ suitable local people, and calls for Expressions of Interest from Community Home Care Service providers to be on a list of available providers for the LGA. Short-listed providers could be invited to do a presentation of what they can offer to Council, the WPA and other relevant organisations in the LGA, e.g., NNSWLHD and the Far North Coast PHN, and to community members

NEXT STEPS

The first step in developing any of the Models above would be a community survey/resource mapping exercise, either just in Woodenbong or across the whole LGA, This would provide a comprehensive picture of the current aged care service needs of residents and provide a platform from which to undertake ageing-related strategic planning in the Shire.

The survey would aim to identify:

- community members who have qualifications including nursing (at Registered Nurse, Enrolled Nurse or Assistant In Nursing levels), allied health (e.g., physiotherapy, occupational therapy, diversional therapy, social work, exercise science) and/or Certificate 3 or 4 in Aged Care or Home and Community Care (i.e. personal carers). These community members would be asked if they wanted paid work and if so, how many hours per week they would be available for.)
- community members, including young people, who do not currently have qualifications but would be prepared to undertake a short training course in Aged Care or Home and Community Care. (Note: the currently available Aged Care or Home and Community Care courses provided by TAFE or other Registered Training Organisations (RTOs) take around 7 months to complete; most seem to be available on-line with around 120 hours of industry placements (practical component) but it may be possible to find a RTO that would run such a course in Woodenbong if there were sufficient numbers of people interested. Cost of courses could be offset by government subsidies for some trainees).
- community members who could offer other skills, e.g., home maintenance, gardening, meal preparation, transport to medical appointments or shopping, on a paid basis.
- community members who are prepared to do some voluntary work. (See Compassionate Communities, below).

The survey would also map out:

- who is currently receiving any formal support services, from whom and at what level;
- who is being supported by family and/or friends
- who is in need of services and whether or not they have had an ACAT assessment re eligibility for a Community Home Care Package
- what the major gaps in service provision are; and
- what the main barriers are to residents being able to stay at home until they die.

A survey, either just in Woodenbong or across the LGA, would require a consultant to develop, administer and analyse it, and to report back to Council. (If requested by Council as a further step in this project, Cartwright Consulting could undertake the survey). An on-line version could be offered for residents who prefer that.

Note: Advice from Kyogle Council Strategic Development Coordinator raises concerns about the feasibility of conducting a survey; over the past 10 years, surveys conducted by Council have had diminishing response rates, with the most recent survey only receiving 230 completed surveys from a distribution of 3,500 surveys. An alternative approach might therefore be required, e.g., speaking with people in public places, such as the Library, Pharmacy, Pit Stop Café, craft group at the Woodenbong Gold Club and other venues recommended by local people, in Woodenbong, Urbenville and in Kyogle township, and asking a small number of questions. Another option could be an Aged Care Expo, with services providers invited to participate.

Following the data-gathering exercise (in whatever format that occurs), the Community Development Worker would contact anyone who expressed interest in being involved in a Compassionate Communities approach. The CDW would establish a database of both paid and volunteer community members, with number of hours and times available and the range of tasks each person is willing to undertake. For those who are seeking paid work, they would need to provide hourly rates and evidence of current relevant insurance.

The CDW would contact community members who are currently receiving or needing care and identify whether they need more support, and if so, with what, and whether or not they are open to accepting community support (from paid or volunteer community members).

In summary the current availability of community aged care in Woodenbong is insufficient to meet the growing needs of the population. Action is needed to address housing, transport and communication issues, with a combination of a Compassionate Communities approach, use of telehealth and enhanced provision of clinical services.

Presentation of Draft Report to Kyogle Councillors Workshop

Regular workshops are held at the Kyogle Council Chambers to discuss current issues in the LGA. Councillors were sent a copy of the Draft Report from this project and Professor Cartwright was invited to a Councillors workshop on 22 July 2019, to present the report and discuss the findings. Councillors were invited to comment on the presentation and several took the opportunity to do so.

At the request of the Councillor Lindsay Passfield, Councillor for the Woodenbong area of the LGA, Professor Cartwright had contacted Kevin Hogan, the Federal member for the Kyogle area, outlining the housing for seniors and transport problems. He suggested applying for a grant for the Senior's Housing project, noting that in this year's budget the Government recommitted funding towards the Building Better Regions Fund (BBRF). Kevin provided the following additional information:

Within the BBRF, the Infrastructure Projects Stream supports projects which involve the construction of new infrastructure, or the upgrade or extension of existing infrastructure that provide economic and social benefits to regional and remote areas. The minimum grant amount is \$20,000, the maximum grant amount is \$10 million. For most projects grant funding will be up to 50 per cent or up to 75 per cent of your eligible project costs.

It is expected the next round of the BBRF will open in the coming months. Details about the BBRF can be found at the following link:

<https://www.business.gov.au/Assistance/Building-Better-Regions-Fund/Building-Better-Regions-Fund-Infrastructure-Projects>

As transport is a State issue, he recommended contacting Transport NSW in relation to this. Council may wish to pursue this issue.

This final report now completes Cartwright Consulting's deliverables for this project.

APPENDIX 1: Project Deliverables as per Agreement, and Action Taken

Deliverable 1 – Meet with Kyogle Council staff and Woodenbong Progress Association representatives to confirm scope of the project and agree the project plan; establish contact and reporting protocols.

- Professor Cartwright met with Mr Chris White, Director Planning and Environment, and Ms Suzie Coulston, Strategic Initiatives Coordinator, on 7th May (their earliest available date) and confirmed the scope of the project and agreed the project plan. Professor Cartwright attended a meeting of the Woodenbong Progress Association (WPA) that evening, outlined her brief from Council and listened to the views of WPA members.

Deliverable 2 – Review previous reports, documents and surveys provided to the project team at project inception.

- Professor Cartwright was provided with a range of documents and reports by Council staff, which assisted in informing a more complete understanding of the LGA, the 6 villages and some of the associated challenges for provision of aged services.

Deliverable 3 – Undertake a rapid analysis of available administrative data

- In addition to the documents obtained and examined by Professor Cartwright, A/Professor Shaw accessed the most recent Census data for Kyogle and Woodenbong and also attempted to identify how many recipients of the Woodenbong area were receiving either Commonwealth Home Support or Home Care Packages. Advice she received from the FOI Officer in the Department of Health was that such a request would take at least eight weeks but would probably not be provided at the village level because of privacy concerns. A search of the MyAgedCare website indicated that there were 74 aged care service providers whose stated area of coverage included Woodenbong. However, the majority of these were not based anywhere near Woodenbong and we have not yet established who is providing services to that village, apart from Australian Unity, Hammond Care, HART Transport and the Urbenville MPS (see summary of survey from community meeting, Task 4).

Deliverable 4 – Meet with Woodenbong community members and services providers to hear first-hand about their needs and aspirations (to be organised by the WPA)

- Professor Cartwright attended a community meeting at the Woodenbong Golf Club on 27th May, organised by the WPA. After an introduction by Christine Reid (President WPA) and Councillor Lindsay Passfield, Professor Cartwright gave an overview of her brief for the project and invited community members to share their views about aged care provision in the Woodenbong area. A brief survey was also distributed and a summary of the meeting and survey results is appended (see Appendix 1).

Thirty-six community members attended this meeting; while they provided valuable information, to obtain more in-depth information about service providers and current needs in the community, a whole-of-Woodenbong (or whole of Kyogle LGA) postal survey, or other data gathering exercise, is needed. While that is not part of the current brief in relation to cost or timeline, we would be prepared to do such a survey in August and September, if Council wishes that to be done.

Deliverable 5 – Develop a potential third model of service delivery to be considered, in addition to a model with the WPA as the service provider and the model of a partnership between the WPA and Council. (Note: Task 7 was undertaken in conjunction with Task 5).

Deliverable 7 – Evaluate the pros and cons of the three delivery models as well as the risks, indicative costs and opportunities for Kyogle Council and the WPA.

- A Models Document was developed which outlined some of the major service provision gaps and issues, proposed some possible responses to those; then outlined two additional Models of service provision (rather the one requested), in addition to the options of the WPA becoming a service provider and Kyogle Council becoming a provider. All 4 models were then evaluated and the pros, cons – including risks, and indicative costs described, and recommendations made in relation these Models. The Models document was sent to Council on 7 June. (See Appendix 2)

Deliverable 6 – Meet with Council staff, WPA representatives, key stakeholders and staff of any relevant government department to gain their feedback about the proposed third model.

- Cartwright Consulting is in discussion with Council about the best way to proceed with this.

Deliverable 8 – Prepare and provide Draft Report to Kyogle Council and WPA.

- This document fulfils the requirements of that Task.

Deliverable 9 – Following feedback on Draft Report, amend as required and Provide Final Report to Kyogle Council and the WPA

- Feedback on the Draft Report, following its presentation by Professor Cartwright to a Kyogle Councillors' workshop on 22 July 2019, was incorporated into this Report, which is now finalised, fulfilling the requirements of that Task.

APPENDIX 2: Summary of the Survey undertaken at the Woodenbong Community Meeting held at the Woodenbong Golf Club on Monday 27th May 2019.

The meeting was organised by the Woodenbong Progress Association; 36 people attended and 30 completed a brief survey developed by Professor Cartwright which produced the following results:

- Age Groups: 30-49 x 1; 50-59 x 3; 60-69 x 8; 70-79 x 7; 80-89 x 9; 90+ x 2
- Gender: Female x 25; Male x 5
- 9 attendees live alone; 20 do not and 1 did not answer the question
- 17 respondents lived with people aged from 61-90+
- Only 3 people are currently receiving services from an aged care provider (house cleaning and transport) and 1 is paying privately for help in the house and garden
- 6 people are receiving support with house cleaning, gardening, transport and social support from family and friends
- 5 people indicated that they need assistance/more assistance with house cleaning, gardening, transport, shopping and social support and 1 said that there is a desperate need for the community nurses to provide wound care in people's homes.
- 4 of the meeting attendees currently care for an older person or a person with a disability

Meeting attendees were then asked: What do you think is needed in the Woodenbong area to assist people to live in their own homes to the end of their life? (Please list anything you think is needed): The following is a summary of their responses:

- 12 said "More visits from community nurses, including at home":
 - For people needing assistance & living alone
 - For those receiving chemotherapy
 - Daily (x 2) – to check on older people
 - To assist with wound dressing
 - Desperately needed
 - Someone to care for people with cancer so they can stay at home to the end of life (x 2) (included medications supervision; home renovations for disabled people; showering, exercise/fitness venues)
- 7 said More information/on-going information/communication about services available and how to access it/more aged care information including steps to access home care packages. (Note: There was a lot of discussion about this topic)
- 7 said Home Care/cleaning ("More local people employed to help the elderly stay home, help with gardening and house cleaning, not just a quick vacuum & washing")
- 6 said More Community Transport – including to Urbenville for doctor & hospital/ an extra Community car. (Several people said that when they try to book a seat in the community care, it is always booked out)
 - Meals on Wheels x 3; meal preparation x 2
 - Lawns, gardens x 3
 - Home Palliative Care x 3
 - An increase in services we already have x 2
- And 1 each of the following:
 - More aged care packages

- Paid support workers
- Paid diversional therapist
- Community Help
- People and workers/ more workers/Government needs to release money so people can get services.
- Small units in town that can be bought or rented⁴/ Transitional aged care accommodation – 1 or 2 bedrooms, carport, on-site caretaker for garden, lawn & maintenance.
- A good home care facility, run by locals for locals
- Local community to visit at home.

⁴ Although not reflected in the survey, there was a lot of discussion during the meeting about the need for single units for people who live alone and are finding that difficult. There was some consensus that a small cluster of 4-6 units in Woodenbong was urgently needed. One suggestion was that if the building contained an extra room, that could be used as a community room or a place for health/allied health services to be provided.