

Age-friendly health services in South West Queensland



A manual of possibilities

How to use this manual

Age-friendly communities are a priority of the World Health Organization (WHO) and are a specific priority in Queensland.

A series of tools, resources and research exists to guide age-friendly action in Queensland communities.

This guide provides an overview of this information.

The steps and checklist provided can be adapted by Queensland health and community services to be locally relevant and locally driven.

They are useful for strategic planning, specific projects and service level planning.

This draft manual has been developed by QUT as part of a funded project through the Department of Communities, Disability Services and Seniors.

It is designed as an information manual and checklist for regional Queensland.

It is part of a series of future steps in building age-friendly and healthy communities in Queensland.

Comments on this draft manual are welcome. The draft comment period is October 2019.

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The WHO describes age-friendly places as providing encouragement for active ageing with opportunities for health, participation, security and enhanced quality of life

(WHO, 2007)

To help achieve this, eight key areas are identified including:

1. transportation
2. housing
3. social participation
4. respect and social inclusion
5. civic participation and employment
6. communication and information
7. community support and health services
8. outdoor spaces and buildings.

(WHO, 2007:9)



What are the principles and components for developing, implementing and evaluating age-friendly health services?

Health services provide an essential part of any community. Guidelines, tools and resources regarding healthy cities are generally focused on urban, developed areas. However, there is an absence of resources for regional and rural areas.

An overview of principles and tools available for health services is provided here.

Global and international tools

The WHO outlines key areas for consideration, based on a series of international consultations, for age-friendly health and community services.

A checklist is provided by the WHO (2007) and includes:

Accessible care

♦ Areas included under this theme include:

- location and accessibility
- transportation
- availability of services for emergency care.

Checklist items include:

- distribution of health and social services
- purposeful dwellings for older residents including residential aged care and nursing homes located close to health and social services
- services are accessible for people with disabilities
- information is clear
- the services are delivered within minimal bureaucracy
- there is respect for older people from all staff
- economic barriers are reduced
- for the end of life, burial sites are designed with adequate access.

Offer of services

♦ The range of health services is adequately offered:

- there is home care available
- the needs and concerns of older people are addressed through services
- staff have training and skills in age-friendly health services.

Voluntary support

♦ That volunteers are supported to assist older people in the community.

Emergency planning and care

♦ That the needs of older people in emergency care are accounted for.

In addition, the WHO has outlined a priority for universal health coverage and ageing (WHO, 2019).

This includes:

- ♦ organising services to respond to older people's diverse capacity, needs and preferences.
- ♦ extending coverage of services to older people.
- ♦ ensuring coverage includes interventions that are key for maintaining intrinsic capacity and functional ability of older people (assessment and care plans, restorative surgery, assistive devices, functional nutritional supplements, multimodal physical exercises and long term care).
- ♦ developing sustainable financing mechanisms to protect from undue financial burdens (WHO, 2019).





Key recommendations

The WHO (2018) outlines a series of three key recommendations for improved integrated care for older people. These are:

1. Use case management strategies:

- ◆ including comprehensive assessments
- ◆ setting care goals with the older person
- ◆ develop and use integrated care plans
- ◆ provide systematic self-management support
- ◆ provide regular and sustained follow-up.

2. Implement evidence-based clinical interventions tailored to level of intrinsic capacity:

- ◆ enable high and stable levels of capacity including risk prevention, improving capacity, addressing acute problems quickly and adequately and detecting and managing non communicable chronic diseases early
- ◆ delay declining capacity: delay, slow or partly reverse declining capacity through targeted early intervention including exercise, nutrition and chronic care of multiple conditions

- ◆ compensate for loss of capacity: by enabling clinical interventions to recover and maintain capacity whilst social and rehabilitations services can help to prevent care dependency and reduce avoidable hospital admissions.

3. Work collaboratively with other providers:

- ◆ health care providers must collaborate with each other for collaboration, communication and coordination.

Primary health care settings can:

- use multidisciplinary teams
- share information across providers, settings and time
- implement active case finding
- community and home based care
- engage communities
- develop and train a strong workforce.

(WHO, 2018)

Achieving universal health coverage

Part of achieving universal health coverage includes integrated primary health care. As part of a technical series, the WHO produced guidelines to realign primary health care to respond to population ageing (WHO, 2018).

These guidelines outline a series of points for consideration in Queensland:

- ♦ older people's health needs are diverse
- ♦ a person's intrinsic capacity (their physical and mental capacities) declines over time and the health system must recognise and cater for this
- ♦ a fragmented health care system needs to be replaced by a person-centred system
- ♦ comprehensive assessments need to be undertaken of the health and social needs of older people
- ♦ communities, families and individuals need to be engaged and empowered in the management of their health and part of their health systems
- ♦ information and communication technology can assist in training health care workers to provide personalised care
- ♦ historically, health systems were set up for curative care with a biomedical approach yet population demographics have changed and there is a lack of protocols and clinical guidelines for managing multi morbidity, "non clinical" issues such as urinary incontinence and frailty, and early markers of decline such as reduced muscle strength are not clinically identified
- ♦ one major challenge work wide is the fragmentation of health and community service providers who manage an older person's health. There is a lack of communication and coordination and this can cause major stress and responsibility on the older individual.

A study by Menec et al (2015) consulted experts to identify key themes for rural community age friendliness.

This included:

- ♦ the importance of local leadership and champions
- ♦ engaging older adults and the community as a whole
- ♦ building on existing resources and celebrating successes
- ♦ integrating age friendliness with other initiatives
- ♦ building partnerships
- ♦ enhancing communication
- ♦ an ageing population can bring new opportunities
- ♦ addressing ageism
- ♦ top-down and bottom-up approach
- ♦ understanding the local context as well as broader policy context
- ♦ advocacy and promotion.





What else is happening in Queensland?

In Queensland, the Age-Friendly Community Strategic Direction Statement outlines priorities consistent with the WHO direction including community supports and health services.

The accompanying action plan outlines a series of strategies under community supports and health services.

This includes:

- ◆ the Queensland Health Advancing Health 2026 strategy
- ◆ consumer-centred health care by engaging with older people through Health Consumers Queensland
- ◆ an older person's state-wide health policy and health services plan
- ◆ a survey of hospital and health services to provide age-friendly hospital services
- ◆ an integrated care fund
- ◆ grants to support long-day respite for carers special to people with dementia and neurodegenerative conditions
- ◆ expansions of the elder abuse prevention unit helpline and seniors legal and support services
- ◆ a review into prevalence and characteristics of elder abuse
- ◆ respond to the parliamentary enquiry into existing financial protections for Queensland's seniors
- ◆ public safety and crime prevention
- ◆ education resources and promotion of awareness of financial elder abuse
- ◆ fund programs to address elder abuse in culturally and linguistically diverse communities (Queensland Government, 2016).

Age friendliness of health services

A Queensland Health survey of older-person friendliness of hospitals was based around six key themes:

- ◆ clinical and executive leadership
- ◆ respected and involved consumers
- ◆ skilled and compassionate staff
- ◆ evidence-based assessment and management
- ◆ connected systems
- ◆ well-designed physical environments.

(Queensland Health Clinical Excellence Division 2016)

The survey engaged clinical and executive leaders across Queensland hospitals. The survey found availability of services and connections to post-acute community providers, legal and ethical principles, processes for screening, prevention and management of complications including falls, pressure injuries, adverse drug events and malnutrition and some specialist geriatric units.

Opportunities for improvement highlighted in the report include:

- ◆ clinical and executive leadership and systems to monitor care of older people
- ◆ engagement with consumers in planning and evaluating older person-friendly care
- ◆ orientation and training of clinical and non-clinical staff in older-person care including consistent education
- ◆ improving screening, management and monitoring of functional decline, delirium and depression
- ◆ closer links with residential aged-care and community services for communities and alternative care pathways
- ◆ integrated risk assessment and team-based care planning
- ◆ use of older-person friendly design principles in construction, refurbishment and equipment purchased for the hospital.

(Queensland Health Clinical Excellence Division 2016)



In addition to the points in this manual a series of guidelines are offered globally to help create age-friendly health and community services.

These include:

- ◆ ramps and safe footpaths entering and exiting the building
- ◆ transport options
 - community buses, public transport depending on mobility aids used
- ◆ age-friendly parking
 - Close, shaded, wide carparks including wheelchair access
- ◆ home visit services
 - for those bed ridden or not able to travel to health care services in person
- ◆ information available
 - readable signage
 - information kits in legible and well-sized text
 - magnifying glasses with written materials onsite
- ◆ physical environment
 - places to sit
 - priority services
 - easily accessible toilets
 - drop off services
 - wide aisles for walkers and wheelchairs.

The information in this kit has provided an overview of elements of age-friendly communities and health services.

What's next?

You can use this information in whole or part to guide your health service's strategic planning, local-level planning, service planning or specific projects.

QUT is keen to develop a series of case studies to showcase age-friendly action and build a community of practice to share ideas and Queensland-based knowledge.

Email us for more information at quthealthycommunities@qut.edu.au





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