Queensland Health

Healthy ageing

A strategy for older Queenslanders

Queensland Government

Healthy ageing: A strategy for older Queenslanders

Published by the State of Queensland (Queensland Health), 2019

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Introduction

A significant challenge for most contemporary health systems around the world is to adapt their health services to meet the needs of their ageing populations. While population ageing is largely a positive reflection on improved life expectancy, the phenomenon itself has significant implications for the health system and broader community services sector. The World Health Organisation's (2015) World report on ageing and health reports that ageing populations will have profound consequences for population health, health systems, the health workforce and health budgets; and equally profound changes to health systems, policies and services are required in response.

Historically, health services have been organised around a disease based, curative model designed to meet the needs of a younger patient profile. However, as our population ages and we continue to live longer, our health services will also need to change and adapt. Health and social issues for older patients are often more complex and likely to involve more than one condition requiring ongoing monitoring or treatment. New approaches are needed to meet the needs of older people, their families and carers, and to support healthy ageing as Queensland's population continues to age and live longer.

Across Queensland Health, work is already underway to develop, test and embed innovative service solutions for older people. Teams and individuals work every day to champion the improvement of health services for better health outcomes of their patients.

Healthy ageing: A strategy for older Queenslanders (the Strategy) aims to build on these initiatives and enable others by aligning the policy, planning, administration and service delivery activities of the public health system to create an environment in which the health and health services for older people are continually improving.

The overall objectives of the Strategy are to:

- Support healthy ageing
- Drive health service effectiveness through identifying priorities for service improvement and innovation in the delivery of health care for older people.

The Strategy is intended to provide a point of alignment for agencies within Queensland Health (the Queensland Department of Health and Hospital and Health Services (HHSs)) as they progress further planning and initiatives to guide the system towards the achievement of the outcomes and benefits identified in the Strategy.

International Policy Context	Queensland Policy Context	Queensland Health
WHO: Age-friendly cities	Queensland: an age-friendly community strategy	Older persons health strategy
Framework includes eight interconnected domains: • Community and health care transportation • Transportation • Housing • Social participation • Outdoor spaces and buildings • Respect and social inclusion • Civic participation and employment • Communication and information	The strategy applies the WHO age-friendly cities framework to the Queensland context using the same eight domains.	The strategy is a key action included in the Queensland: an age-friendly community action plan

Figure 1 Policy conext

Policy and planning context

The Strategy will support the whole-of-government agenda to create age-friendly communities. The Queensland: an age-friendly community strategy adopts the World Health's Organisation's age-friendly cities framework. The World Health Organisation's framework identifies eight areas that directly influence the quality of life and wellbeing of older people, including Community Support and Health Services. The Strategy will make an important contribution to the Community Support and Health Services area and the Queensland Government's age-friendly goals (Figure 1).

The Strategy expands on the vision of: 'By 2026, Queenslanders will be among the healthiest people in the world', as expressed in My health, Queensland's future: Advancing health 2026, as it specifically applies to older Queenslanders. This expansion extends to articulating strategic directions and system-wide actions aligned to the directions in that document:

- Promoting wellbeing: Improving the health of Queenslanders through concerted action to promote healthy behaviours, prevent illness and injury and address the social determinants of health
- Delivering healthcare: Improving access to quality and safe healthcare in its different forms and settings
- Connecting healthcare: Making the health system work better for consumers, their families and communities by tackling the funding, policy and delivery barriers
- Pursuing Innovation: Developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care.

The Strategy has been informed by and aligns with further policy commitments and strategies at state and national levels, including:

- National Strategic Framework for Chronic Conditions
- National Framework for Action on Dementia 2015-2018
- National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds
- National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy
- Queensland Health and Wellbeing Strategy
- Connecting Care to Recovery 2016-2021
- State-wide strategy for end-of-life care 2015.

While the focus of this Strategy is planning for the health and health services for older Queenslanders, it is recognised that planning for the health and wellbeing of this group requires collaborative planning. This includes planning with other providers of health and community services and with agencies, including local government, that have a role in addressing the social determinants of health and creating communities that encourage and enable older persons to participate in activities to optimise their own health, such as keeping active and connected with family and friends.

A particular interface is with the planning for the provision of aged care services including both community and residential aged care. While aged care services are a Commonwealth Government responsibility, supply and affordability issues in the aged care sector directly impact both sustaining older Queenslanders' health while living independently in the community and access to supported accommodation when independence is no longer an option.

The Queensland Government works closely with the Commonwealth Government to advocate for the affordability and supply of sufficient aged care places across Queensland. This includes participation in the Multipurpose Health Service Program that, supported by community members, establishes a partnership to deliver combined health and aged care services in small rural communities across Queensland.

Consultation

Input was sought from a broad range of stakeholders in the development of this Strategy. Health consumers, families, carers, clinicians, HHSs, industry bodies and other health services were asked for their views on what a health system that supports healthy ageing looks like, what the barriers are to achieving this system, and what the priorities should be in creating a system that supports healthy ageing.

Clinical input was received through HHS submissions and through the Statewide Older Persons Clinical Network and the Statewide Dementia Clinical Network, as well as other independent organisations and industry bodies. Consumer input was largely coordinated through HHS consumer networks.

The detailed written responses received from stakeholders informed the development of the strategic directions and actions. The consistent messaging across stakeholder groups, and the alignment of stakeholder views with evidence based literature, provides confidence that the strategic directions and actions will assist the Queensland Department of Health to deliver the objectives of the Strategy.

Queensland's age profile and future demographic projections

Queensland's population is ageing because of sustained lower fertility, increasing life expectancy and the movement of the large baby boomer cohort into the older age groups. In the ten years to June 2016 the older population of Queensland grew by 47.1 per cent (228,637 persons), greater than the national rate of 38.2 per cent (1.1 million persons) (Australian Bureau of Statistics (ABS), 2017a).

In 2016 there were more than 712,000 persons aged 65 and over, accounting for 14.7 per cent of Queensland's population. This figure is projected to rise to 1.01 million (17.7 per cent) by 2026 and 1.35 million (20 per cent) by 2036, as depicted in Figure 2.

The impacts of population ageing will not be experienced in a uniform manner across Queensland, with regions experiencing and projected to experience different rates of population growth. Across Queensland, the Metro-North, Metro-South, Gold Coast and Sunshine Coast HHS catchments are expected to experience the greatest absolute growth in older persons, with these areas expected to be home to more than 840,000 older Queenslanders by 2036. West Moreton, Torres and Cape and Central Queensland are projected to experience the greatest relative growth.

Figure 3 outlines the relative and absolute population growth in older persons projected in Queensland between 2016 and 2036. High absolute growth in older persons is expected to escalate health service demand due to the increased number of health conditions typically associated with ageing. The substantial relative growth in older persons expected in West Moreton and several of the more rural and remote HHSs is likely to alter the case mix for respective health services, calling for new models of care and resource capabilities.

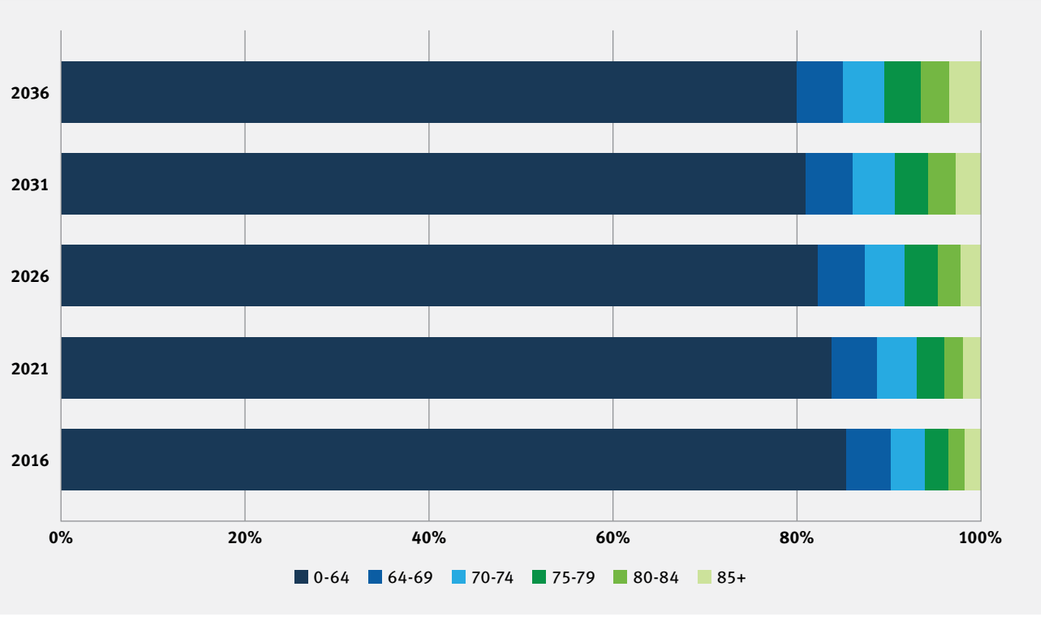

Figure 2 Projected changes in population distribution by age group, 2016 to 2036. Source: Queensland Health, 2015

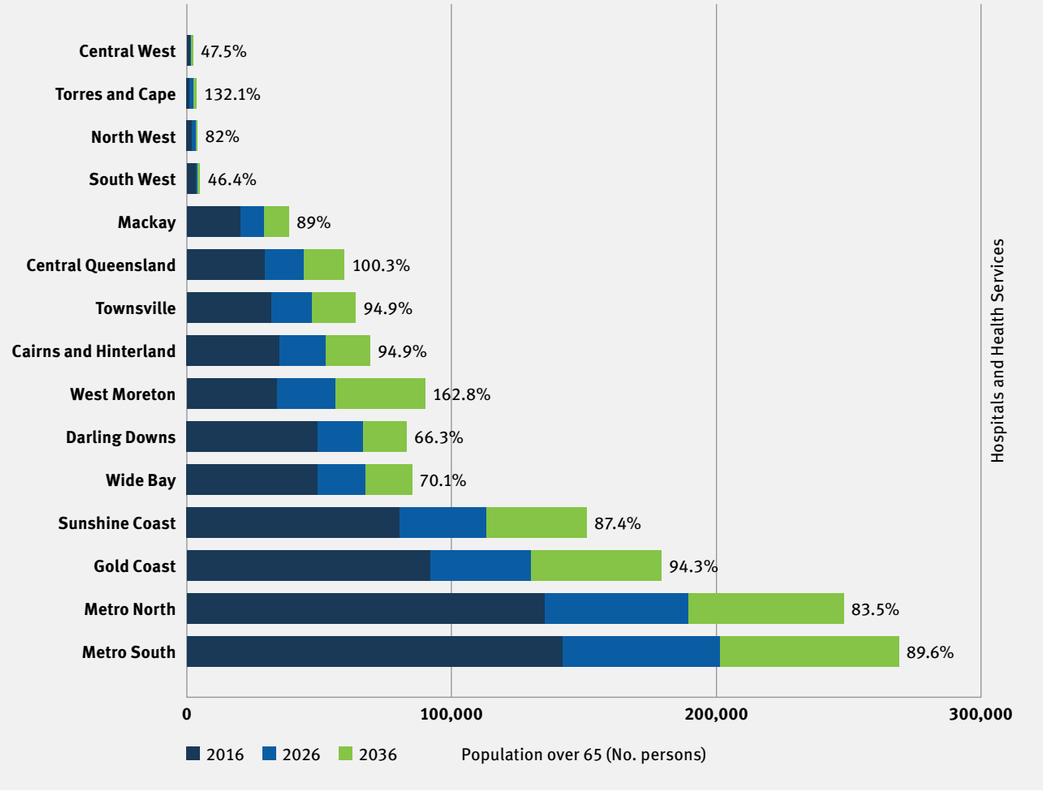

Figure 3 Growth in the number of persons over 65 by HHS, 2016-2036. Source: Queensland Health, 2015

Experiences of ageing and ageing trajectories

Disability, chronic conditions and frailty are the three predominant markers of inevitable health decline associated with ageing (Fried et al., 2004). Their often concurrent presence in older persons is an indication of health deterioration associated with declining functional ability and intrinsic capacity. When assessing the health of older persons, it is important to acknowledge these different yet overlapping conditions of ageing and how they come to impact optimal health and ageing trajectories (Fried et al., 2004). This consideration should inform the development of interventions and health services that aim to prevent or delay the initial onset of each of these conditions and, subsequently, delay the appearance of secondary conditions.

Vulnerability arises from interactions between advantages and disadvantages accumulated over their life stages and the experience of environmental and other threats in later life. Depending on the adequacy of the person's coping resources and their access to health services and care, they may experience better or worse outcomes.

Disability

Disability refers to intellectual, psychiatric, sensory/speech, acquired brain injury and physical limitations, restrictions or impairments which have lasted, or are likely to last, for at least six months and restrict everyday activity (ABS, 2016a). The likelihood of having a functional impairment increases with age, with 49.9 per cent of older Queenslanders having some form of reported impairment (ABS, 2016a).

The number of years lived by older people with disabilities, and the severity of disabilities as people age are important considerations in planning health and community support services. The most common forms of assistance required by older persons with disabilities include assistance with healthcare, household chores and property maintenance as well as mobility and transportation related support (ABS, 2016a). The increased requirement for assistance with everyday activities by older persons is also associated with an increased utilisation of residential aged care facilities by the older persons cohort.

Older persons who have dementia pose specific challenges in the health service context. Dementia broadly describes a group of neurodegenerative disorders that produce cognitive decline and impairment in function. In Australia, almost one in ten people over 65 have dementia with this rate increasing substantially to three in ten amongst those aged 85 and over (Brown, Hansnata, & La, 2017). This substantial disease burden makes dementia the leading cause of disability amongst older Australians and the third leading cause of overall disability burden nationwide (AIHW, 2012). Persons with dementia have more frequent hospitalisations, increased average lengths of stay, and are at increased risk of physical and cognitive deterioration and undernutrition during their stay in hospital (AIHW, 2012; Draper et al., 2011). This vulnerability makes this patient cohort a priority for care innovation.

Chronic health conditions are a major underlying cause of disabilities – particularly those disabilities acquired as people age (Fried & Guralnik, 1997; Fried et al., 2004).

Chronic conditions

Chronic conditions are strongly associated with increased health service utilisation, morbidity and mortality across all age cohorts, and represent a significant burden of disease amongst the older persons cohort. In 2014-15, the most common chronic conditions impacting older Queenslanders included sight problems (93 per cent), arthritis (44 per cent and a further 25 per cent had a back problem), deafness or ear problems (41 per cent), hypertension (37 per cent), high cholesterol (21 per cent), heart, stroke or vascular disease (27 per cent), diabetes (14 per cent) and cancer (9 per cent) (Queensland Health, 2018).

Defined as the concurrent presence of two or more chronic conditions, multimorbidity significantly increases with age and is more likely to affect women and persons of lower socioeconomic status (Batstra, Bos, & Neeleman, 2002; Fried et al., 2004). Further, particular chronic conditions are often risk factors or markers for one another. Multimorbidity is linked to a range of adverse health outcomes and is typically associated with a health burden significantly greater than the sum of each of the underlying conditions (World Health Organisation, 2015). It is estimated that 75.1 per cent of persons over the age of 65 and 83.2 percent of persons aged 75 years or over have two or more chronic conditions (Britt et al., 2015; Britt et al., 2008). Avenues for enhanced chronic disease prevention and management are hence integral to slowing, if not mitigating, the development of chronic conditions and multimorbid progression.

Frailty

Frailty is broadly understood to represent age-related reduction in reserve and resistance to stressors resulting in variable vulnerability to adverse health outcomes (Buchman et al., 2009; Lacas & Rockwood, 2012). At a functional level, physical frailty can be used to describe physiological vulnerability and functional decline which may result in dependence on others for the completion of instrumental activities of daily living (Fried et al., 2001). There is a significant correlation between progressive frailty and mortality (Buchman et al., 2009; Castro-Rodriguez et al., 2016). In the Queensland context, it has been estimated that there are approximately 150,000 frail Queenslanders over the age of 65 with a further 342,000 experiencing pre-frailty.

Appropriate screening for frailty accompanied by geriatric assessment and management has been identified as an effective measure in preventing and containing frailty at both the community and health system levels (Fried et al., 2004; Metzelthin et al., 2010). Growing evidence also indicates that maintenance of muscle mass and continued engagement in physical activity are preventative factors for frailty in older populations (Clegg et al., 2013; Peterson et al., 2009; Theou et al., 2011). Coupled with improved population health across the life course and interventions designed to mitigate and delay the onset of chronic conditions, the introduction of frailty specific interventions in the older age cohort may ensure more years are spent in good health, and that health and community services are more responsive.

Diversity within the older persons cohort

It is important to acknowledge that the older persons demographic is a heterogeneous group, meaning that all people will approach and experience ageing in different ways based on a combination of factors including health, family circumstances, culture and religion, socioeconomic status and locale. These underlying determinants of health shape health outcomes and ultimately determine the length and quality of life experienced by individuals, by influencing risk factors for disease development as well as access to and utilisation of health services (ABS, 2017b; Federation of Ethnic Communities' Councils of Australia (FECCA), 2015). It is important that the internal diversity of the older persons demographic is acknowledged and considered when determining the provision of appropriate services to foster healthy ageing and supportive end of life care.

Aboriginal & Torres Strait Islander Australians

Significant population ageing is projected across Queensland's Aboriginal and Torres Strait Islander population. In 2016, 14 per cent or 29,972 persons of Queensland's Aboriginal and Torres Strait Islander population were over the age of 45 (ABS, 2017b). This figure is projected to rise by 16.6 per cent to 46,141 persons by 2026. This escalation represents an ageing rate of 53.9 per cent, higher than both the Queensland and national averages of 47.1 per cent and 38.2 per cent respectively. Ageing within the Australia's Aboriginal and Torres Strait Islander community reflects improved population health outcomes - indicative of positive steps towards the realisation of the Council of Australian Government's target of closing the life expectancy gap within a generation (2006 to 2031). However, older Aboriginal and Torres Strait Islander people still typically have poorer health outcomes than their other Australian counterparts (Australian Association of Gerontology Aboriginal and Torres Strait Islander Ageing Committee, 2010).

The Australian Association of Gerontology Aboriginal and Torres Strait Islander Ageing Committee (2010) refers to an increase in the age cohort 45-64 years as 'young-old people', who have high mortality rates four times of other Australian's rate, and carry a higher burden of morbidity and disability including dementia. There is also a significant cohort 75 years and older who are referred as 'older-old people' with a mortality rate closer to other Australian people (1.3 times), but have higher rates of dementia and disability.

Heightened physical, cultural and financial barriers associated with Aboriginal and Torres Strait Islander persons accessing health services are well documented, and services that are community driven, flexible and allow for older Aboriginal and Torres Strait Islander people to age 'on country' are favoured (Bell, Lindeman, & Reid, 2015; LoGiudice, Flicker, & Smith, 2014). It is likely that the increased demand for health services associated with ageing will amplify current barriers and require adjustments to models of care allowing for the provision of timely culturally responsive and safe, quality health services (Australian Institute of Health & Welfare (AIHW), 2016).

Culturally and linguistically diverse older persons

More than 25 per cent of older Queenslanders (61,000 persons) are from culturally and linguistically diverse backgrounds (FECCA, 2015). Of this population, 10.7 per cent (more than 6,500 persons) were born in non-English speaking countries (ABS, 2011; FECCA, 2015).

Older persons from culturally and linguistically diverse backgrounds are more likely to experience difficulties in accessing health services including delayed presentation, poor system navigation and increased risk associated with misunderstanding and misdiagnosis. Such barriers are reflected in evidence of poorer health, wellbeing and social inclusion outcomes for older persons from culturally and linguistically diverse backgrounds, when compared with the Anglo-Australian population (FECCA, 2015). Older persons from culturally and linguistically diverse backgrounds are also more likely to experience socioeconomic disadvantage, which is also linked to poorer health outcomes (FECCA, 2015; Wilkins, 2007). It is, therefore, important that strategies aimed at improving health outcomes for older Queenslanders include provision of patient-centred and culturally competent care within the health system.

LGBTI diversity in the older population

Estimated to represent 11% of the Australian population, people identifying as lesbian, gay, bisexual, transgender or intersex (LGBTI) have diverse social, cultural, psychological, medical and care needs that overlap and influence their specific health needs and how they access services. Older persons identifying as LGBTI are an emerging cohort requiring attention due to past experiences of oppression, discrimination and limited recognition of their specific needs by service providers (Australian Government Department of Health and Ageing, 2012).

The National LGBTI Ageing and Aged Care Strategy published by the Australian Government Department of Health and Ageing in 2012, along with the LGBTI and Dementia Framework published by Dementia Australia, aims to ensure equitable acknowledgement, responsiveness and care is provided to LGBTI people, their families and carers as they age.

Older persons living in rural and remote communities

Older persons are more likely than younger persons to live outside of urban centres, with 40.1 per cent of older Queenslanders (286,230 persons) living in regional and remote areas compared with 36 per cent (1,490,535) of those under 65 (ABS, 2017a). Population ageing in regional and remote areas is significantly affected by the proportion and age structure of population migration. Regional and remote populations will age if a larger number of older persons move to the area, or if a significant proportion of younger people leave the area for education or employment opportunities. An example of this phenomenon is the considerable growth in the numbers of older persons projected across several regional and remote HHSs as previously depicted in Figure 3. Acknowledging the increased need for health services that is typically associated with ageing, older persons residing in remote and regional areas may face greater barriers in accessing health services.

Living arrangements of older persons

Living arrangements are an important underlying factor in the health and wellbeing of Queenslanders as they age (AIHW, 2007). While there is an association between age and living alone, more than half (58 per cent) of all older Australians continue to reside with a spouse or partner compared with just a quarter who live alone (ABS, 2017a). Those aged between 65 and 74 years of age are more likely to live with a spouse or partner (68 per cent), while those aged over 85 years of age are more likely than other age groups to live alone (35 per cent) (ABS, 2017a). Further, due to the lower life expectancy of men, women are also far more likely to live in lone person households, with close to a third (31 per cent) of older women living alone compared to just one fifth (18 per cent) of older men (ABS, 2017a).

Older persons living alone are at risk of experiencing loneliness and social isolation (AIHW, 2007). There is also a negative association between living alone in older age and a range of health conditions (Kharicha et al., 2007; Thompson et al., 2018). Due to this heightened vulnerability, older persons living alone are more likely to require outside assistance during periods of ill health and, without such, are likely to experience poorer health outcomes (AIHW, 2007).

Access to secure and appropriate housing has a substantial impact on the health and wellbeing of Queenslanders as they age, and many older persons express a desire to 'age in place' (Queensland Department of Housing and Public Works, 2016; Queensland Treasury, 2014). Most older persons reside in private residences while just 5.7% live in non-private dwellings (ABS, 2017a).

Older persons living in residential aged care facilities

Amongst those living in non-private dwellings, the most common form of accommodation is residential aged care. As outlined in Figure 4, Queensland aged care data indicates that use of residential and home-based aged care support increases substantially with age. The majority (39.8 per cent) of Queensland's 47,000 residential aged care residents are over the age of 85 (AIHW, 2018).

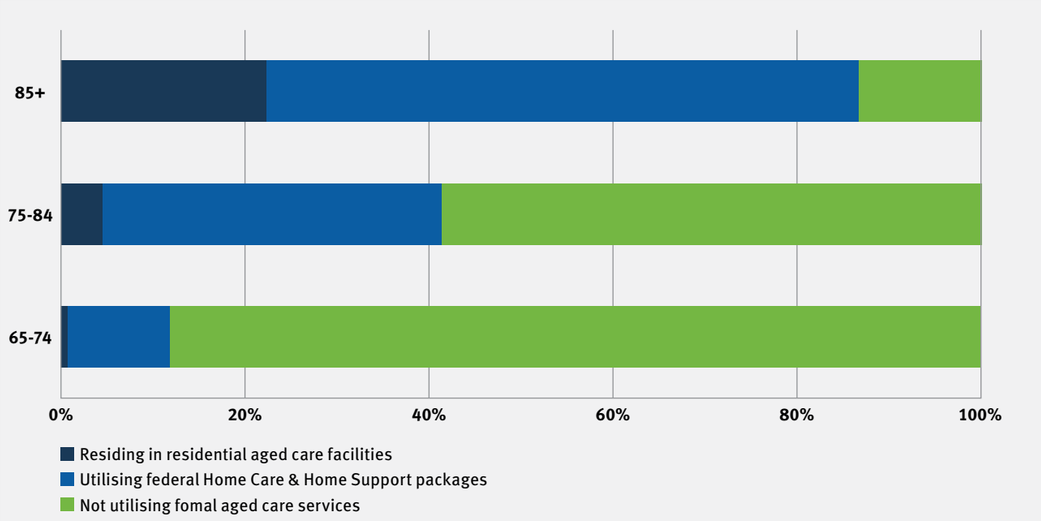

Figure 4 Older Queenslanders' utilisation of Commonwealth aged care support services by age group. Source: AIHW (2018)

Ageing and lower socioeconomic status

Lower socioeconomic status is typically associated with a greater risk of poor health, higher rates of illness, disability and premature death (AIHW, 2016). Those who have lived through periods of lower socioeconomic status are less likely to experience healthy ageing, which may further ingrain socioeconomic compromise and its impact on health and wellbeing.

Older persons experience an increased vulnerability to poverty, housing stress and homelessness (AIHW, 2017; Queensland Department of Housing and Public Works, 2016), largely because of the fixed income associated with retirement (Australian Council of Social Service, 2016; Wilkins, 2016). Older demographics that are most at risk of poverty, concurrent housing stress and homelessness include women, people who have not achieved outright home ownership at retirement age, and those who are unable to source or afford support or home modifications required to allow them to 'age in place' (Queensland Department of Housing and Public Works, 2016).

Older people who are carers

An important contribution made to families and communities by many older Queenslanders is their commitment to caring for their spouses or partners, children or their own parents (AIHW, 2017). There are an estimated 618,000 older carers in Australia (18 per cent of older persons) (ABS, 2016). Older carers are over-represented within the informal carers cohort, with the demographic representing 22.9 per cent of Australia's 2.7 million carers (ABS, 2016). The proportion of the older population who are carers is even higher amongst culturally and linguistically diverse groups where individuals are likely to preference family support and caring responsibilities over external assistance (FECCA, 2015).

The time, costs, physical and emotional exertion associated with providing ongoing care can take a toll on care providers, with the demands often linked to experiences of social isolation and limited engagement in external pursuits, particularly for the third of older carers who are the primary carers for their care recipients (ABS, 2016). Older carers also may experience stress and anxiety associated with the decline in their own health and subsequent considerations of the future needs of those they care for (Bellamy et al., 2014). Many older carers (41 per cent) have assumed long-term carer roles (ABS, 2016), which are associated with amplified social, emotional, physical and economic challenges (Carers Australia, 2010). These challenges coincide with the unique physical, social and emotional challenges presented by older carers' own experiences of ageing.

Aged care in Queensland

The scope of this Strategy includes the full health system across all service settings and providers, including Commonwealth Government subsidised aged care services and primary health care providers. In 2017, 32 per cent of Queenslanders over 65 years of age received Commonwealth subsidised aged care services. The remaining 68 per cent lived independently in the community and may access acute health services or primary health care.

The Commonwealth Government is responsible for the legislation, regulation and funding of aged care services for people aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people). Queensland Health is an Approved Provider under the Aged Care Act 1997 (Cth.) for State operated aged care services.

The Commonwealth Government operates seven aged care programs:

- The Commonwealth Home Support Program (CHSP) provides entry-level support for older people who are able to continue living independently in their own homes with assistance
- Home care packages provide more complex support for older people who are able to continue living independently in their own homes with assistance
- Residential aged care provides a range of care options and accommodation for older people who are unable to continue living independently in their own homes. Residential Respite Care also provides short term planned or emergency residential aged care
- Transition Care provides short term, goal oriented and therapy-focused care for older people after hospital stays either in a home or community setting or in a residential aged care setting
- The Multi-Purpose Health Services Program is a joint initiative of the Commonwealth Government and state governments and provides integrated health and aged care services for small rural and remote communities either in a residential, home or community setting
- National Aboriginal and Torres Strait Islander Flexible Aged Care provides culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to home and community and are mainly located in rural and remote areas. The service providers deliver a range of services to meet the needs of the community, which can include residential, home care or community services
- The Short-Term Restorative Care (STRC) Programme is an early intervention programme that aims to reverse and/or slow 'functional decline' in older people and improve wellbeing through the delivery of a time-limited (up to 56 paid days), goal-oriented, multi-disciplinary and coordinated range of services designed for, and approved by, the client. STRC services may be delivered in a home care setting, a residential care setting, or a combination of both.

Queensland Health operates 16 residential aged care facilities, across seven HHSs, with 1,112 places. This represents approximately three per cent of residential aged care places in Queensland. The remaining 97 per cent of places are provided by non-government organisations.

Partnerships with private health service providers, including private providers of Commonwealth subsidised aged care services, have been identified in the Strategy as critical to driving system alignment and developing older person-centred integrated models of care.

Designing health systems to encourage healthy ageing – a World Health Organisation approach

The World Health Organisation (2015) promotes a public health framework for healthy ageing (Figure 5) and defines healthy ageing as "the process of developing and maintaining the functional ability that enables well-being in older age". The framework divides healthy ageing into three phases and maps functional ability and intrinsic capacity across the life course.

Intrinsic capacity refers to all the physical and mental capacities an individual can draw on; functional ability is the outcome of the interaction between the individual's capacity and their environment. When intrinsic capacity decreases with age, the older person's physical and social environments have a greater role in maintaining functional ability.

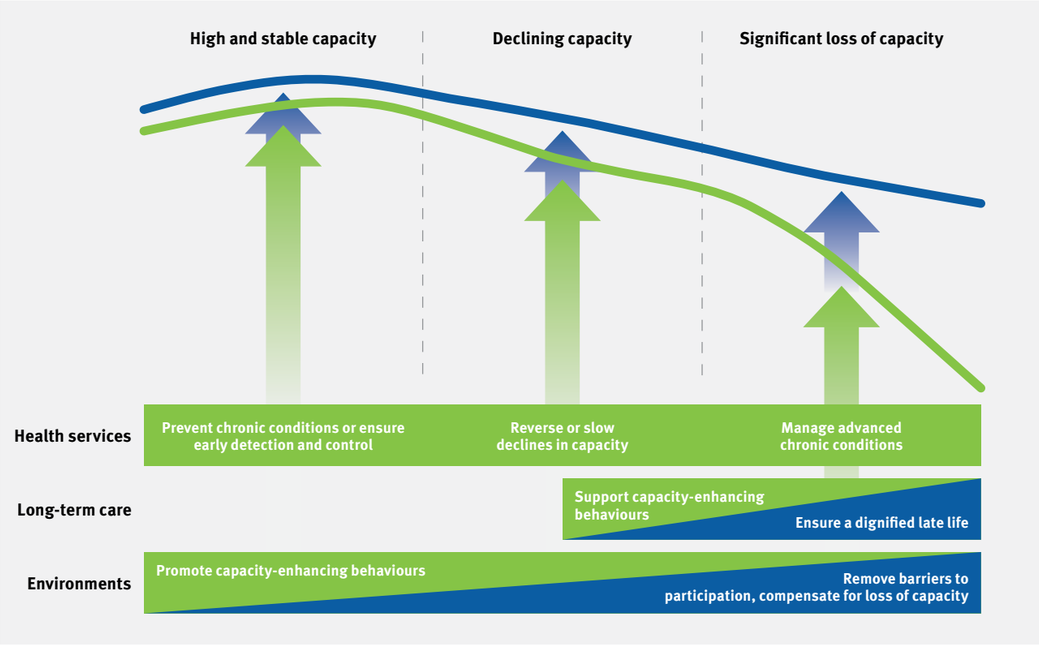

Figure 5 The World Health Organisation's (2015) public health framework for Healthy Ageing

Utilising this framework for understanding how health systems can support healthy ageing, the World Health Organisation suggests that the central goal of a health system is to optimise a person's intrinsic capacity across the life course. Health systems designed to support healthy ageing should place the older person at the centre of service delivery with this goal, wrapping system alignment, integrated care and individualised interventions around them (Figure 6).

To deliver on stakeholders' vision and priority areas for the Queensland health system and services, the Strategy will adopt World Health Organisation's approach for designing health systems to encourage healthy ageing. The vision and priority areas identified by stakeholders can be realised through: aligning the health system to the needs of older people; applying models of person centred integrated care; and adapting interventions to the individual and their level of capacity with the goal to optimise their intrinsic capacity.

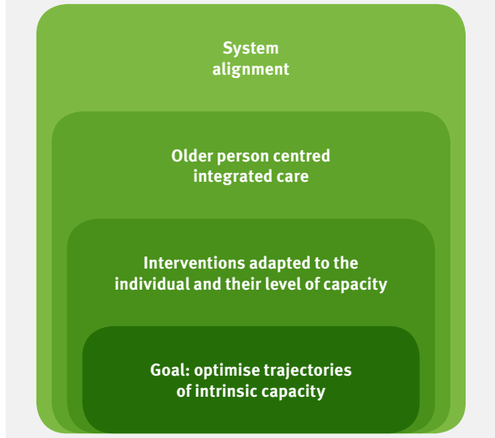

Figure 6. Designing health systems to encourage healthy ageing - World Health Organisation (2015)

A health system in Queensland that supports healthy ageing

The vision you shared with us

In the consultation process, older people, their families and carers, clinicians and other health service providers were asked what a health system that supports healthy ageing looks like. Here's what they said...

Values and respects the older person

"The quality care of the older person is core business" (Hospital and Health Service)

Focuses on prevention and health promotion and targets the social determinants of health

"What a health system is could be broadened in line with contemporary trends to potentially encompass addressing the social determinants of health" (Hospital and Health Service)

Recognises that healthy ageing includes physical and cognitive decline, terminal illness and dying

"Ageing is a normal and valued part of the life course" (Statewide Clinical Network)

Builds the capability of the healthcare workforce in the care of older people

"Healthcare workers are trained in the care of older people..." (Hospital and Health Service)

Builds older persons' capacities to stay independent, well and active in their communities

"A health system focused on health (not just treatment)" (QLD Department of Health)

Supports families and carers and older persons' broader support networks

"A person receiving care exists within a support network that includes family, friends, informal and formal community connections and professional care" (Clinician)

Delivers care in the home or community

"Older people should receive their health/palliative care in/or as close to their home as possible..." (Primary Health Network)

Supports vulnerable populations and ensures equitable health access

"It is important that all older people have access to the health services they need, when they need them, regardless of where they live..." (Peak Body)

Enhances health literacy and community awareness

"Increasing health literacy skills of older people and carers/ families to research and express these needs and preferences" (Consumer)

When clinical care is required, it is older person centred and integrated across care settings and teams

"Hospital and Health Services are organised as older person health services with appropriate Key Performance Indicators" (Clinician)

Provides a physical environment that enables access and quality care of the older person

"Age friendly hospitals should also incorporate universal design principles..." (Statewide Clinical Network)

The priorities you identified

Stakeholders were also asked what the key strategic priority areas are for improving health services for older people and supporting healthy ageing. Here's what they said the priorities should be...

Staying in good health for longer – Build older persons' capacities to stay independent, well and active in their communities

"Development of strategies to enable older people to continue to make a contribution to society for the remainder of their lives..." (QLD HHS) The health system plays a critical role in supporting older people to maintain their independence, social connectedness and continue to do the things they value. This requires that health services both consider the social forces that impact older persons' wellbeing and play a greater role in addressing the social determinants of health. Health services should build and support the self-sufficiency and functional ability of the older person, enhancing opportunities for self-care or assisted self-care. Capacity building should also focus on the patient's family and carers and broader care network. Relationship centred care or network centred care principles should be embedded in service delivery. To support people to stay independent, a health system should focus on healthy active ageing through the delivery of preventative care programs delivered in partnership with primary care providers and the community. Healthy active ageing and health promotion programs should also aim to enhance ageing literacy and define what healthy ageing and good mental health are.

Person-centred care for older Queenslanders – Adopt holistic person-centred care for older people in hospitals and other care settings

"Use of telehealth to review older persons in their homes or nursing homes where they feel safe." (QLD HHS) To improve health services for older people and support healthy ageing, the health services should adopt older person-centred models of care. Health services should be designed around the needs and preferences of the older person, their families and carers, and be integrated across services and settings. Models of care should empower the patient and carers to actively participate in care and decision making. Good models of care include planning for increased dependence, managing transition states and end-of-life-care. Models should ideally be community driven, co-designed by consumers and culturally appropriate. Stakeholders have highlighted the importance of older person-centred models of care being holistic and extending beyond the medical model to a biopsychosocial model, where cognitive function and the person's broader social support networks are known and considered in the person's care. Older person-centred models of care need to be supported by good leadership and governance where older person-centred health services are core business and KPIs drive innovation, safety and quality. Workforce, infrastructure and information and communication technologies are key enablers for assisting health services to successfully implement and sustain older person-centred models of care.

Integrating health and other support services – Adopt integrated models of care to deliver more acute and sub-acute health services in the home and community

"The preference for consumers to remain within their own home environments with modifications/supports as required is expected by ageing consumers." (QLD Department of Health) Stakeholders identified that a priority for the health system to improve health services for older people is to prioritise acute and sub-acute outreach services in the home and community, in partnership with the primary care sector. The preferences of consumers are to 'age in place' and, as such, older people expect to receive the support and services they require in the home and community as they age. Helping older people to age in place and stay active and well in their communities will require innovative funding and service models that may need to focus on components of the care network rather than directly on the patient. Stakeholders said that these priorities should focus on strengthening health equity across population subgroups and geographical locations.

Strategic directions, outcomes and actions

Strategic direction 1: Staying in good health for longer

A health system that supports healthy ageing should seek to influence the social and environmental determinants of health and understand the needs of older people within this broader context. The World Health Organisation (2017) defines the social determinants of health "as the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life." A health system that supports healthy ageing works across governments and communities to ensure that the conditions in which people live positively influence their health outcomes. A focus of a health system should also include preventative healthcare, including early detection and promoting age-friendly environments and healthy behaviours in partnership with primary care providers and the community.

Benefit

Older Queenslanders enjoy improved health and quality of life.

Indicators of success

- Higher prevalence of healthy behaviours among people aged 45-64 years, and 65+ years.
- Improved self-reported health for people aged 65+ years.
- Ability to build and maintain relationships with family, friends and broader social connections.

Actions

- Implement universal and targeted prevention strategies to improve and sustain health and wellbeing across the life course, particularly for people of middle-age, to slow declines in capacity. • Encourage and support older people to have active and healthy lives through enhanced knowledge and skills, and by creating environments that support healthier choices.

Strategic direction 2: Person-centred care for older Queenslanders

Providing person-centred care to an older patient demographic will require the development of care pathways and collaborative service arrangements that span the health care continuum and extend to other community and aged care service providers. The concept of person-centred care also requires that the patient, and by extension their informal care network of family and friends, is and should be engaged as an active partner in care. Actions will include enabling patients' participation through supporting self-care and the ability to navigate health and related care systems.

Benefit

Older Queenslanders have improved outcomes and experience of healthcare.

Indicators of success

- Patient and carer experience – self reported.
- Right Care – evidence based, best practice.
- Fewer adverse events and complications of care.
- Timely Care – care within clinically recommended timeframes.
- Accessible Care – flexible and responsive to patient need.
- Increased number of innovative models of care implemented.
- Increased number of patients being returned to their own home.
- More in-reach in out of hospital settings.
- Slower growth of older persons attending at emergency departments and being admitted to hospital.
- Reduced avoidable delays in leaving hospital to avoid deconditioning.
- Reduced length of stay in hospital.
- Increased number of completed Advance Care Plans.

Actions

- Promote the quality care of older people as core business.
- Expand models of care, such as innovative emergency and hospital service delivery models to minimise avoidable delays in timely treatment and discharge from hospital.
- Develop and utilise quality of care indicators and evidence based best practice guidelines to monitor and drive improvement.
- Investigate and expand the number of home and community based services.
- Expand the use of evidence-based decision-support tools to assist patients, and their carers and families, to actively participate in decision-making about their care.
- Develop workforce capabilities and models of care to older persons with cognitive impairment including dementia.
- Implement enhanced in-reach and out-reach services to support patients from residential aged care facilities to avoid unnecessary transfer to hospital.
- Enable elderly patients to be engaged in decisions regarding their healthcare.

Strategic direction 3: Integrating health and other support services

A priority for the health system is to work in partnership with other providers to ensure older Queenslanders have a 'no wrong door' experience as they transition between the public health system, aged care services and community based support services. To make this happen we will need a systems approach which supports integration and focusses on addressing funding, policy barriers and the way we share information with other providers.

Benefit

Older Queenslanders experience connected care and support across the health, aged and community services sector.

Indicators of success

- Reduced rates of potentially preventable hospital admissions.
- Patient and carer experience of connectivity of services – self-reported.

Actions

- Extend case management, coordination and navigation services to enhance self-care, service accessibility and utilisation for older persons with multiple health conditions.
- Expand partnerships to plan and coordinate older persons' health and community support services.

Implementation and evaluation

Health system

The aim of this Strategy is to set the direction for Queensland's health system as a whole to align efforts and inform investment decisions across public, private, community and non-government health sectors. The Strategy signals the Department of Health's intent and focus for delivering health services over the next five years to achieve the vision for older people's health services as described by consumers, families, carers, clinicians and health service providers.

Department of Health

The Department of Health as system manager will focus on ensuring the functions of the Department are aligned to achieve the priorities and strategic directions identified in the Strategy. Department of Health functions that will be aligned to enable implementation of the Strategy local levels include:

Health Service Policy:

Develop strategic partnerships across all levels of government to align policy and planning to support integrated/networked care and health promotion for older persons in Queensland, across health, ageing and social sectors.

Health Service Planning

Plan for health services at the system and local levels to ensure equitable access to and sustainability of health services for older persons living in all areas of the state.

Clinical Excellence and Innovation

Enable clinical innovation and research to address priority clinical needs for older Queenslanders: frailty, management of patients with multi-morbidities, rehabilitation and reconditioning, palliative care.

Performance

Transition to outcome-based measures of success to incentivise and reward services for achieving good health outcomes for older persons.

Funding and Purchasing

Increase flexibility to better enable health services to design and deliver care in ways that best meet the needs of older people, including removing disincentives for partnerships across sectors and delivery of care in the most appropriate settings.

Workforce

Increase health workforce awareness and expertise in relation to the health and wellbeing of older persons to improve the responsiveness and quality of care provided; workforce redesign to meet the health service needs of an older population.

Infrastructure

Design or modify physical environments (and processes) aimed at making health service environments safe and easy to navigate for older persons and their carers.

eHealth and Digital Technologies

Facilitate information systems and technologies that support integrated care across settings and sectors.

Local Hospital and Health Services

At local levels, the aim of the Strategy is to guide HHS planning, investment and service delivery models for older persons' health services. The Strategy describes the vision and priorities for older persons' health over the next five years and expectations for service delivery. HHSs play an integral role in leading their local health service system in realising the vision.

Evaluation and review

The Department of Health is developing a results management approach to evaluate and review the Strategy. This approach will identify specific measures against each strategic direction as part of ongoing internal monitoring and reporting.

Evaluation and review will be further supported through ongoing scanning of current and planned activities that contribute to achieving the strategic directions of the Strategy.

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