



Torres Strait and Northern Peninsula Aged Care Master Plan 2014-2034

Prepared for the Department of Social Services

12 September 2014

Purpose of report and general use restriction

This report is prepared solely for the use of the Department of Social Services. This report is not intended to and should not be used or relied upon by anyone else and we accept no duty of care to any other person or entity. The report has been prepared for the purpose of assisting the Department of Social Services to establish a sustainable and optimal plan for the provision of aged care services in the Torres Strait. You should not refer to or use our name or the advice for any other purpose.

© 2014 Deloitte Touche Tohmatsu

Liability limited by a scheme approved under Professional Standards Legislation.

Foreword

Growing old is more than just aged care.

We deeply respect our Elders and value their contribution, and must ensure that aged care services are delivered in a way that recognises that, and in the ethos that in growing old our Elders can pass on their wisdom and culture to the next generation.

We have a health, ageing and community care system that, with focussed and determined effort, can be a driving force behind improvements in access to culturally appropriate aged care, integration and cooperation between service providers, and increased access to employment and economic advancement opportunities for our communities.

To do this, we all have a role to play. We must take responsibility for driving the implementation of this Master Plan – recognising the support from the Australian and Queensland Governments to assist us, and the invaluable role that service providers and families play in caring for our Elders. But ultimately, it is up to us.

As the local representatives of our communities across the Region, we commend this Aged Care Master Plan to our people, the Australian and Queensland Governments and relevant stakeholders as the means to improve access to aged care in the Torres Strait and Northern Peninsula Area.



Cr Bernard Charlie
Mayor, Northern Peninsula
Area Regional Council



Cr Napau Pedro Stephen
Mayor, Torres Shire
Council



Cr Fred Gela
Mayor, Torres Strait Island
Regional Council



Mr Joseph Elu
Chair, Torres Strait
Regional Authority

Executive summary and recommendations

Overview

The Torres Strait and Northern Peninsula Aged Care Master Plan sets out the vision for the delivery of aged care services across the Region from now until 2034. It is the first step in addressing many of the key challenges of delivering aged care services in a very remote, large geographic area with a dispersed population with specific cultural needs.

The Aged Care Master Plan identifies the need to work towards integrated aged care delivery that meets the community's needs and preferences in the delivery of aged care, and recognises the complexities of the system and the environment in which it operates.

In addition to specific improvements in aged care, the Master Plan outlines opportunities to achieve broader social and economic outcomes through the development of a sustainable and capable local workforce, increased workforce participation and the flow-on benefits to the community.

It also recognises that aged care services operate as part of a broader health and community social services system, and the need for seamless interface points between primary and acute health care, disability services, aged care and other community support services. In addition, there are a number of key enabling factors that are seriously challenged in the Torres Region, given its remoteness— such as transport, housing, water, power and telecommunications – that are recognised as critical to the implementation of the future aged care vision for the Region.

Respecting and reflecting the uniqueness of Torres Strait and the NPA

The Torres Strait Region (defined as the area covered by the Torres Shire Council, Torres Strait Island Regional Council, and the Northern Peninsula Area Regional Council) has a relatively small population of 10,518 people that live across 18 islands in the Torres Strait, and five communities in the Northern Peninsula Area.

The Torres Strait islands are spread across a geographic area approximately 48,000 square kilometres in size while the NPA is located at the very northern tip of mainland Australia – approximately 1,000 kilometres north-west of Cairns (equivalent to the distance between Brisbane and Sydney).

Its dispersed population and very remote location gives rise to a number of challenges experienced by many rural remote communities – particularly important for the provision of health and social services – including:

- Availability and cost of suitable transport options
- Access to affordable, appropriate housing for residents and staff
- Access to reliable water and power supplies
- Access to reliable telecommunication services.

The Torres Strait Region is particularly unique in that it shares an international border with Papua New Guinea. The porous border between PNG and the Torres Strait results in significant challenges including the potential spread of highly infectious diseases, and increased pressure on all services and infrastructure in the Region.

Recommendations

1. That the unique needs and characteristics of the Torres Strait Region (including the NPA) are acknowledged and recognised in the implementation of the Aged Care Master Plan as well as related health, disability and community services.
2. That by December 2014, relevant Australian and Queensland Government agencies advise on how specific enabling challenges critical to achieving the Aged Care Master Plan are being addressed:
 - Transport – improve transport for residents and providers of services in the Torres Strait region to support improved access to services
 - Housing – improve access to culturally appropriate, flexible and affordable housing options for residents and service providers
 - Water and Power – secure access to safe and sustainable water and power supplies for all communities
 - Communications – address communication black spots that impact on the delivery of services and enable critical telehealth and mobile health services

Executive summary and recommendations

Respecting and reflecting the uniqueness of Torres Strait and the NPA (cont.)

3. That relevant Australian and Queensland Government agencies address the implications of the close proximity of the Torres Strait Region to Papua New Guinea and the porous border on aged care and related health, disability and community service provision and infrastructure. This should be underpinned by the *Torres Strait Treaty* and through its governance processes.

Realising potential - economic participation and employment

Both the Australian and Queensland Governments place a high priority on maximising the economic participation of Aboriginal and Torres Strait Islander people and the potential of regional areas. These themes are referenced in the Australian Government's *Indigenous Advancement Strategy*, and the *Green Paper on Developing Northern Australia*; and the Queensland Government's *The Queensland Plan*.

The lack of a skilled workforce is a limiting factor in realising the full potential of the Australian Government's current investment in aged care. Unemployment rates in Torres Strait and NPA are between 8-10% with a further 1,250 participating in Regional Jobs Creation Programmes (of which 140 have been placed in employment).

According to the Queensland Government Statistician's Office there were 684 health care and social assistance jobs in Torres Strait and NPA based on the 2011 Census. This is the second largest sector behind the public administration and safety sector for the region. The Aged Care Master Plan is expected to increase employment opportunities in the region through better use of existing resources and projected growth in services.

The Aged Care Master Plan presents an opportunity for the Torres Strait Region and NPA to develop a health and community services sector with increased local employment opportunities with private and non-government organisations, recognising the synergies and related opportunities in areas including health, disability and community services.

Recommendations

4. That TSRA and Local Government authorities work with relevant Australian and Queensland Government agencies and aged care providers to advance strategies relating to economic development and local employment opportunities in health and community services in the Region through processes such as the Australian Government's northern development agenda and the *Queensland Plan*.
5. That TSRA and Local Government authorities work with relevant Australian and Queensland Government agencies and the aged care, health, disability and community service sectors to develop a comprehensive workforce capability and development plan for the Torres Strait.
6. That TSRA and Local Government authorities work with aged care and related health, disability and community organisations to implement the comprehensive workforce plan.

Torres Strait and NPA leadership and integration – strong governance

To capitalise on the potential presented by the Aged Care Master Plan to achieve better integrated health and community services and broader outcomes in the form of economic development and workforce participation, strong regional leadership and governance is essential.

Implementation of the Aged Care Master Plan is a significant body of work that holds real value for the Torres Strait and NPA communities now and into the future.

While the Department of Social Services and other Australian and Queensland Government agencies should support and (where necessary) participate in these opportunities, strong leadership and governance at a regional level are pivotal to realising the benefits.

Executive summary and recommendations

Torres Strait and NPA leadership and integration – strong governance (cont.)

Recommendations

7. That within 3 months, the TSRA and Local Government authorities establish a “Health, Ageing and Community Services Partnership Committee” (the Committee) to provide the regional leadership and ownership necessary to implement the Aged Care Master Plan.
8. Leaders of the Torres Strait and NPA should determine the composition and scope of the Committee and should recommend it to relevant Australian and Queensland Government agencies. As a minimum – to give effect to the Aged Care Master Plan – the Committee should comprise membership from the three Councils representing the community, providers of aged care, the Torres and Cape Hospital and Health Service and other relevant Australian and Queensland Government agencies.
9. As a minimum, the Committee should have responsibility for supporting the coordination, sharing of data and planning of aged care and related health, disability and community services in the region; and overseeing the implementation of the Torres Strait and Northern Peninsula Aged Care Master Plan.

Culturally appropriate aged care

Aged care in the Torres Strait and the NPA should be delivered in a way that recognises and values the contribution of the Elders of Torres Strait and the NPA and the ethos that in growing old, individuals are filled with wisdom and have not only made a great contribution to community but that the value of the contribution continues to increase.

Recommendation

10. The Committee should guide providers of aged care in relation to community expectations and needs in terms of culturally appropriate aged care.

Better utilisation of current aged care investment

Aged care services in the Torres Strait and NPA currently experience mixed levels of utilisation. In particular, Home Care Packages and HACC services are under-utilised, or provide a different mix of service types to that expected by the community.

There are many likely causes for this, including:

- The ability to attract and retain a skilled workforce
- The availability of quality, affordable housing for the workforce
- Limited access to training and professional development, including minimum competency requirements
- High turnover of staff, and the cost of employing and orientating new staff
- The cost and availability of appropriate transport.

Improving the utilisation of existing aged care services is an important first step in implementation of the Aged Care Master Plan, before being able to achieve growth in aged care services in the future.

Recommendations

11. That the Committee work with aged care service providers to immediately address the under-utilisation of existing approved aged care services. This should have a specific focus on improving access to Home Care Packages operated by the Councils.
12. That the Committee work with aged care service providers to immediately address the misalignment between the current mix of services approved to support individuals within the community to stay at home, the services actually delivered and, looking forward, any changes needed to provide the services actually required to support individuals within the community to stay at home. This should have a specific focus on the appropriate mix of HACC service types.

Executive summary and recommendations

Better utilisation of current aged care investment (cont.)

13. That the Department of Social Services ensures the specific needs of the population of Torres Strait and the NPA (with its geographically dispersed and very remote population, and challenges in accessing aged care) are factored into the roll out of aged care reforms. The Mayors strongly advocate for face-to-face assessment of individual's needs including for services delivered through the Commonwealth Home Support Programme and that individuals require proactive coordination of their assessed care needs given their low level of aged care literacy.

Improved infrastructure

Infrastructure is a critical enabling support for the delivery of quality, safe and sustainable aged care services. There are a number of infrastructure priorities in the Torres Strait Region to be addressed including the condition of the Star of the Sea residential aged care facility on Thursday Island; the availability of appropriate infrastructure in the NPA region; and the availability of quality, affordable staff housing.

In 2012, a condition assessment of The Star of the Sea residential aged care facility on Thursday Island identified issues including a range of non-compliant infrastructure, safety and quality issues and significant backlog maintenance. In addition, a large portion of the existing buildings do not have the capacity to care for aged care recipients with complex, high care needs.

Improvements to the availability of quality staff housing are also a critical enabling support that will improve the ability for service providers to attract and retain an appropriate workforce.

Recommendations

14. That the approved provider of the Star of the Sea residential aged care service on Thursday Island, address the priority infrastructure concerns at the facility to meet contemporary aged care standards and accreditation requirements; increase capacity for provision of services to meet complex needs of aged care recipients (noting the preference of people of Torres Strait to remain at home for as long as possible); and improve safety for residents, staff and visitors – including through approved funding processes.
15. That by December 2014, the Torres and Cape Hospital and Health Service advise the Department of Social Services of a specific strategy to establish a multipurpose service at Bamaga to improve access to aged care services for the growing needs of the Northern Peninsula Area, in line with established processes for approval of multipurpose services.

Executive summary and recommendations

Future of aged care in Torres Strait and the NPA

Projected population growth in Torres Strait and the NPA will, over time, warrant the growth of aged care services in the region. Growth of aged care should be preceded by measurable progress in factors such as:

- regional workforce development
- improved utilisation of current resources
- strong governance and productive collaboration
- integration of aged care with health, disability and community services at a regional level
- improved infrastructure.

Addressing these issues should provide an environment conducive to approved providers of aged care in the Torres Strait and the Northern Peninsula Area taking advantage of any growth funding arrangements, and opportunities to apply for funding or places through the Australian Government's aged care programmes.

In addition, this should include utilising broader opportunities (including through Australian and Queensland Government programmes) to build an integrated system across aged care, health, disability and community services.

Recommendations

16. That the Committee be responsible for tracking and reporting publicly on progress with:

- regional workforce development
- improvement in utilisation of current resources
- strong governance and productive collaboration
- integration of aged care with health, disability and community services at a regional level
- improvement in infrastructure.

17. That the Committee take responsibility for actively reviewing the needs and demand for aged care services.

18. That within 2 years, the Committee develop a plan to achieve integrated aged care delivery in the Torres Strait and NPA region that aligns with the aged care reform agenda. The plan should at least detail how it intends to achieve the following:

- the provision of a mix and volume of services that aligns with the community's identified preference to age in place
- improved access to information about the availability of aged care services using appropriate, relevant formats and communication channels
- as part of the implementation of the Aged Care Gateway, culturally appropriate aged care assessment and processes that better link services will be established
- in the context of the broader recommendations about developing and implementing a regional aged care workforce development strategy, a sustainable aged care workforce is achieved through establishment of a formal mechanism for accessing training; sharing of workforce and associated resources across providers (including other health and social services); and strategies to improve practical workforce issues such as accommodation and remuneration
- also in the context of the broader recommendations above developing and implementing a regional workforce development strategy, a formal mentoring and development program is established to build the leadership and management capability of the local workforce
- an appropriate group of qualified, capable and viable service providers with a focus on providing aged care services.

19. The Implementation Plan for integrated aged care delivery should reflect the interfaces with other systems including health, disability and community services and lead to a more robust and integrated aged care, health, disability and community services system.

Executive summary and recommendations

Funding

At the commencement of this project, the Department of Social Services and the Steering Committee noted that any recommendations for additional aged care investment in the region would need to be considered through established funding processes.

Recommendations

20. That approved providers of aged care in the region utilise established funding processes to apply for funding for increased services
21. That the TSRA utilise established Australian and Queensland Government grant funding processes and/or existing allocations to establish and operate the Committee.

Table of contents

1	Introduction	11
2	Current State Assessment	14
	<i>Overview</i>	15
	<i>Aged care policy context</i>	16
	<i>Service need</i>	17
	<i>Aged care services</i>	21
	<i>Service delivery challenges</i>	23
3	Future state	27
	<i>Demand for aged care</i>	28
	<i>An aged care system for the future</i>	32
	<i>A way forward</i>	36
4	Recommendations and conclusions	39

Executive summary

1 Introduction

1 Introduction

Overview

Aged care in the Torres Strait Region – made up of Torres Shire Council, Torres Strait Island Regional Council, and the Northern Peninsula Area Regional Council – comprises a mix of residential and home based aged care services, delivered through a network of six service providers. This includes assessment, residential, home aged care packages and community based care services. The six service providers in the region include local community organisations, Councils, a large ‘off island’ aged care provider, as well as the local Queensland Hospital and Health Service.

Together, these services aim to meet the aged care service needs of the population aged over 50 years within the Torres Strait Region.

The Torres Strait Region (defined as the area covered by the Torres Shire Council, Torres Strait Island Regional Council, and the Northern Peninsula Area Regional Council) has a relatively small population of 10,518 people that live across 18 islands in the Torres Strait, and five communities in the Northern Peninsula Area. The Region is classified as ‘very remote’ and the majority of residents are Aboriginal and Torres Strait Islander people.

The Torres Strait islands are spread across a geographic area approximately 48,000 square kilometres in size while the NPA is located at the very northern tip of mainland Australia – approximately 1,000 kilometres north-west of Cairns (equivalent to the distance between Brisbane and Sydney).

Its dispersed population and very remote location gives rise to a number of challenges experienced by many rural remote communities – particularly important for the provision of health and social services – including:

- Availability and cost of suitable transport options
- Access to affordable, appropriate housing for residents and staff
- Access to reliable water and power supplies
- Access to reliable telecommunication services.

The Torres Strait Region is particularly unique in that it shares an international border with Papua New Guinea. The porous border between PNG and the Torres Strait results in significant challenges including the potential spread of highly infectious diseases, and increased pressure on all services and infrastructure in the Region.

Deloitte acknowledges the input and the leadership provided by the Mayors of the three Councils, and the Chair of the Torres Strait Regional Authority who represented their local community on the project Steering Committee.

Scope

Deloitte has been commissioned by the Australian Government Department of Social Services to develop a Master Plan for aged care in the region into the future. The overarching objective of the Master Plan is to outline a clear vision for aged care services in the Torres Strait Region which are sustainable, cost effective, viable and culturally appropriate.

The scope of the Master Plan is to:

- Optimise the delivery of aged care services in the Torres Strait Region
- Be delivered within the existing recurrent funding envelope (noting funding for future growth in demand would be sought through normal government budget processes)
- Provide an appropriate mix of service types and places to meet community expectations
- Detail an appropriate governance structure
- Have regard to the aged care reform agenda and legal requirements
- Be reflective of responsibility of all levels of government and providers of aged care services.

The scope of this project did not include consideration of an alternative site for the residential aged care facility, Star of the Sea, on Thursday Island. It should however be noted, that extensive consultation with service providers, Mayors, Councils and other stakeholders did not identify a preference for relocation of the Star of the Sea from its current site. This was confirmed by the Steering Committee on 3 September 2014 where members, including Mayor Stephen and Mr Elu, supported the current placement.

1 Methodology

Methodology

The approach to the development of the Aged Care Master Plan has included three phases:

1) Current state analysis

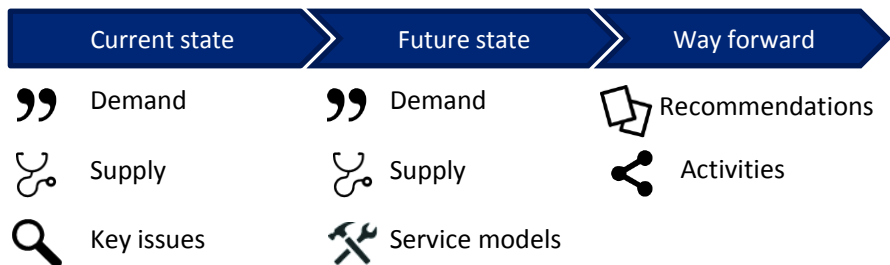
This included an analysis of available demographic and epidemiological data that drive demand for aged care; and a mapping of current services and delivery arrangements. From this demand and supply analysis, the key issues and challenges associated with current service delivery arrangements were identified.

2) Future state analysis

This phase involved projecting future demand and supply of aged care based on demographic changes and aged care need. In order to achieve this the aged care system for the future is defined in terms of broad outcomes and potential responses.

3) A way forward

A high level roadmap, outlining key recommendations which will guide the pursuit of the optimal service mix and volume, service delivery model, and workforce planning.



Stakeholder consultation

A comprehensive stakeholder and community consultation process was undertaken to inform the development of this Master Plan.

Numerous opportunities for stakeholders to provide input into the master plan were facilitated. Seven separate trips to the Torres Strait Region were made, involving 30 separate consultations. The following stakeholders were consulted as a part of this process, throughout each of the three phases:

- Torres Strait Regional Authority
- Torres Strait Island Regional Council
- Torres Shire Council
- Northern Peninsula Area Regional Council
- Far North Queensland Medicare Local
- Local community
- Queensland Government and Australian Government agencies
- Current providers of aged care services in the Torres Strait Region, including St John’s Community Care, Blue Care, and the Torres Strait Home for the Aged Association
- Torres and Cape Hospital and Health Service.

Mayor Charlie, Mayor Gela and Mayor Stephens were all included on the project steering committee as a conduit to comprehensive community engagement.

Assumptions

This Project is dependent on the following broad assumptions:

- Our approach and analysis outlined has been reliant on the Department of Social Services (DSS) providing information and inputs as required and has assumed these to be correct and true.
- Due to data limitations and availability of evidence, where possible this project has also relied on data and information from similar services and projects currently held by / available to Deloitte
- The population analysis primarily draws upon data from the Queensland Government Statistician’s Office (QGSO)
- Advice on legislation and regulation has been provided from a policy and practical perspective only
- No assessment has been made of data quality.

2 Current state assessment

2.1 Overview

Key points

- There is a strong community preference in the Torres Strait and Northern Peninsula Region to 'age in place' – staying at home as long as possible cared for by their families
- There are six aged care service providers who deliver aged care assessment, residential and community aged care services; as well as home and community care (HACC) services
- All services are located on Thursday Island with the exception of one HACC provider in the NPA and the TSIRC service provided from Hammond Island. The current mix of services do not necessarily align with the community's preference to remain at home as long as possible
- There is modest population growth in the population aged 50 years and over in the Region; with the highest growth in this age group expected to occur in the Northern Peninsula Area
- A number of significant challenges exist in the delivery of aged care services in the Region which are associated with the extreme remoteness of the Torres Strait Region
- Specifically, these challenges include fragmentation of services, a lack of coordination between services, difficulty attracting and retaining a workforce, and the high cost of service delivery

Overview

Aged care services in the Torres Strait Region are primarily provided from Thursday Island – with residential aged care, community aged care packages and home and community care services delivered by six service providers. This section provides an overview of aged care services in the Torres Strait Region, including population demographics and other factors influencing demand; the current supply of aged care services; and specific challenges facing the delivery of aged care in the Torres Strait Region.

This section provides analysis of population and demographic data, service activity and funding reports, and the outcomes from consultation with stakeholders. The analysis exists within the context of significant aged care reform in Australia, with a much greater focus on placing the consumer at the centre, with the resources to choose their care needs.

Aged care needs in the Torres Strait

Older Aboriginal and Torres Strait Islander people have greater levels of socioeconomic disadvantage and poorer health than non-Indigenous Australians. This disparity is accentuated in populations living in rural and remote areas such as the Torres Strait (Productivity Commission, 2011). In accordance with these differences, the demand and need for aged care by older Aboriginal and Torres Strait Islander people also differs from that of their non-Indigenous Australian counterparts.

Older Indigenous Australians – along with their families and communities – commonly hold a preference to be cared for in their communities where they are close to family, and where they can die on their land (Productivity Commission, 2011). This preference was a key theme from consultations completed as part of the development of the Master Plan. This is also consistent with the direction of recent aged care reforms which emphasise the importance of the choice to age in place. A large proportion of Indigenous communities in the Torres Strait are located in very remote locations, which has implications for the availability and viability of services to support the community's preference to age in place.

Key factors influencing aged care need and service delivery in the Torres Strait Region includes:

- Policy context, specifically, aged care reforms
- Service need
 - Geography
 - Population (by age group and Indigenous status)
 - Life expectancy
 - Burden of disease
- Access and availability of services
 - Types of services required in the region
 - High costs associated the provision of culturally appropriate care
 - High costs of healthcare in remote locations.

2.2 Aged care policy context

Productivity Commission – Caring for Older Australians

In 2011 the Productivity Commission released its report on Caring for Older Australians. The report identified issues in the system including difficulty navigating the aged care system; limited services; lack of consumer choice; variable quality; inconsistent and inequitable coverage of needs; pricing; subsidies; and workforce shortages.

The Productivity Commission identified three culturally important issues in the delivery of aged care services for Aboriginal and Torres Strait Islander people:

- Many do not want to leave their community to receive care
- There is a resistance to partake in formal aged care employment due to the communal nature of many cultures
- Some Aboriginal and Torres Strait Islander groups have a preference for intimate contact to be delivered by someone of the same gender or clan

Additional issues in the provision of aged care services for Aboriginal and Torres Strait Islanders included:

- Attracting and retaining an Indigenous workforce to deliver culturally appropriate care
- Use of culturally appropriate assessment tools
- Support to develop service capacity appropriate to meet their specific needs.

The Productivity Commission noted the critical role aged care plays in the broader community, as Elders often have a central role in the community and influence decision-making, community development and stability. It also noted the necessity of appropriate and extensive consultation when implementing aged care programs for Aboriginal and Torres Strait Islanders, with the Consumers' Health Forum noting: *"Rural consumers stressed that programs for older indigenous people must involve known and trusted community members in their development and involve local indigenous workers in their implementation"* (Productivity Commission, 2011 pp 261)

National aged care reforms

Australia's aged care sector is undergoing reform, with a much greater focus on placing the consumer at the centre, with the resources to choose their care needs. The aged care reform agenda focuses on delivering:

- More choices for people to stay at home longer and for carers to access respite and support
- Greater access to aged care services in regional, rural and remote areas
- A stronger aged care workforce
- Training for aged care staff to be sensitive to the needs of diverse groups
- A new aged care system including an Aged Care Reform Implementation Council to drive and foster reforms, and an Aged Care Financing Authority
- A new Aged Care Gateway to help older Australians find and access the services they need
- A single body responsible for the accreditation and quality review of aged care and home care services
- Stronger controls to handle consumer complaints.

Government expenditure

Aged care is costly to provide – in 2011-12, the Australian Government spent \$12.8 billion on aged care, of which 18.9% was in Queensland (\$2.4 billion) (AIHW 2013). Expenditure is likely to increase due to a combination of factors, including a growing older population and increased life expectancy.

Between 2003 and 2033 it is anticipated health and high-care residential aged care expenditure will increase by 189%. Of this, the high-care component is estimated to increase by 295% (AIHW 2008). This also represents an increase in the proportion of GDP spent on aged care from 0.71% in 2006-2007 to 1.57% by 2036-2037 (Productivity Commission 2008).

2.3 Service need – geography and economy

Geography of the Torres Strait Region

The Torres Strait consists of 18 islands and five Northern Peninsula Area communities. The population is distributed across an area of 48,000km². Islands can be divided into five traditional clusters as illustrated in Figure 2.1

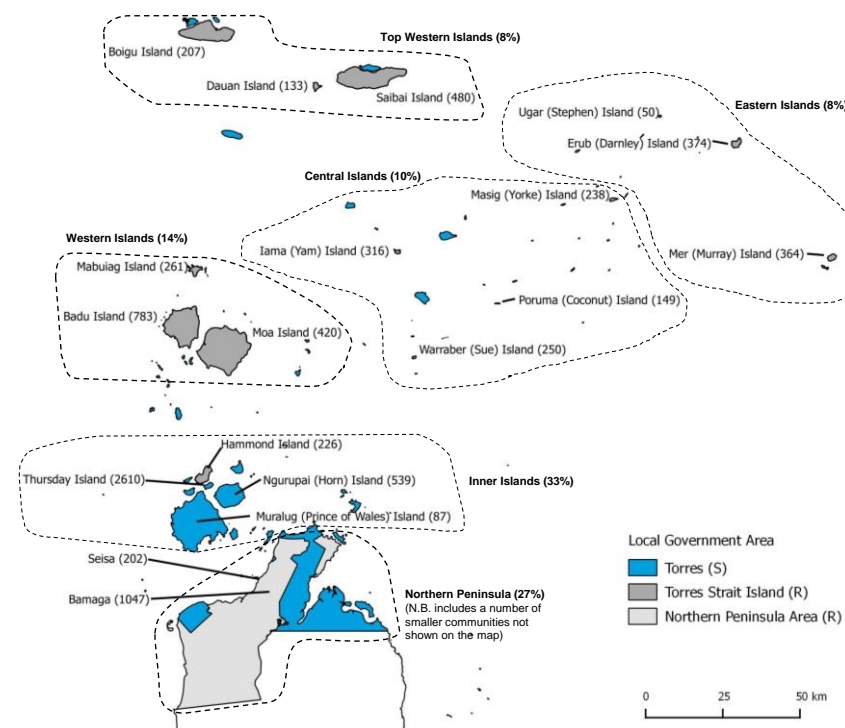
The analysis contained in this report, however, makes reference to three regions, divided by Local Government Area (LGA) boundaries; namely, Torres Shire Council, Torres Strait Island Regional Council and the Northern Peninsula Area Regional Council as outlined in Table 2.1.

The three LGA's are part of the wider Far North Aged Care Planning region and are classified as 'very remote' by the Australian Spatial Geographic Code.

Table 2.1. Local Government Areas in the Torres Strait Region

LGA	Land area	Areas included
Torres Shire Council	886km ²	Thursday (Waiben) Island, Horn (Ngurupai) Island, and Prince of Wales (Muralag) Island
Torres Strait Island Regional Council	491km ²	Badu, Boigu, Erub, Dauan, Hammond, Iama, Masig, Mer, Mabuiag, Moa (Kubin and St. Pauls Communities), Poruma, Saibai, Ugar and Warraber Islands
Northern Peninsula Area Regional Council	1,061km ²	Bamaga, Ulmagico, Injinoo, New Mapoon and Seisia

Figure 2.1 Five clusters of Torres Strait Region



Source: ABS (2011)

The residents of the Torres Strait Region are also among the most disadvantaged in Australia. The Socio-Economic Index for Areas (SEIFA) - a measure of relative socioeconomic advantage and disadvantage by geographic region – indicates that populations resident in the three LGAs in the Torres Strait Region are among the bottom 20% of disadvantaged Australians (ABS, 2011). Indeed, populations in the TSIRC and NPARC are among the bottom 10% of disadvantaged Australians (ABS, 2011). This takes into account income, education, employment, occupation, housing and other miscellaneous indicators of relative advantage or disadvantage, all of which contribute to and are interrelated with health outcomes and life expectancy.

2.3 Service need – population

Population size and growth over time

The estimated resident population of the Torres Strait Region was 10,518 people in 2011 (QGSO, 2011). The table below provides a summary of this population data in the Torres region by LGA.

Table 2.2 Torres Strait population by LGA and age group (2011)

Local Government Area	Age Group					Total 50+	Total All Ages
	Under 50	50–54	55–59	60–64	65+		
Northern Peninsula Area	2,071	109	100	64	119	392	2,463
Torres Shire	2,751	257	178	117	174	726	3,477
Torres Strait Island	3,814	228	183	134	219	764	4,578
Torres Region	8,636	594	461	315	512	1,882	10,518

Source: QGSO (2011)

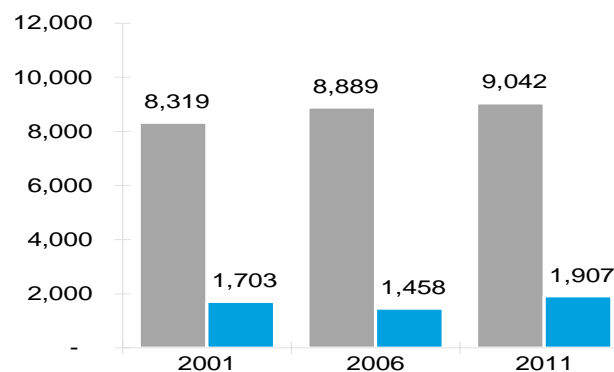
Over the period 2001 to 2011, the Torres Region experienced modest population growth compared with the rest of Queensland. The following provides an overview of the population growth in the Torres Region (2001 to 2011):

- The total Torres Strait Island Region population grew by 927 people – equivalent to an average rate of 0.9% per annum – lower than that for the rest of Queensland (2.5% per annum)
- The Aboriginal and Torres Strait Islander population increased by 723 people, an average rate of 0.8% per annum compared with 2.1% per annum for Queensland
- The non-Aboriginal and Torres Strait Islander population increased by 204 people, an average rate of 1.1% per annum (2.1% per annum for Queensland).

In 2011, Aboriginal and Torres Strait Islander people accounted for 83% of the population in the Torres Region. This figure has been broadly consistent since 2001. This represents a significant difference to the broader Queensland population, where the proportion of Aboriginal and Torres Strait Islander people of the total population was 3.7% in 2011.

Chart 2.1 presents the population size over time in the Torres Strait Region.

Chart 2.1 Torres Strait population, by Indigenous status (2001 - 2011)



Source: QGSO (2011)

■ ATSI ■ Non-ATSI

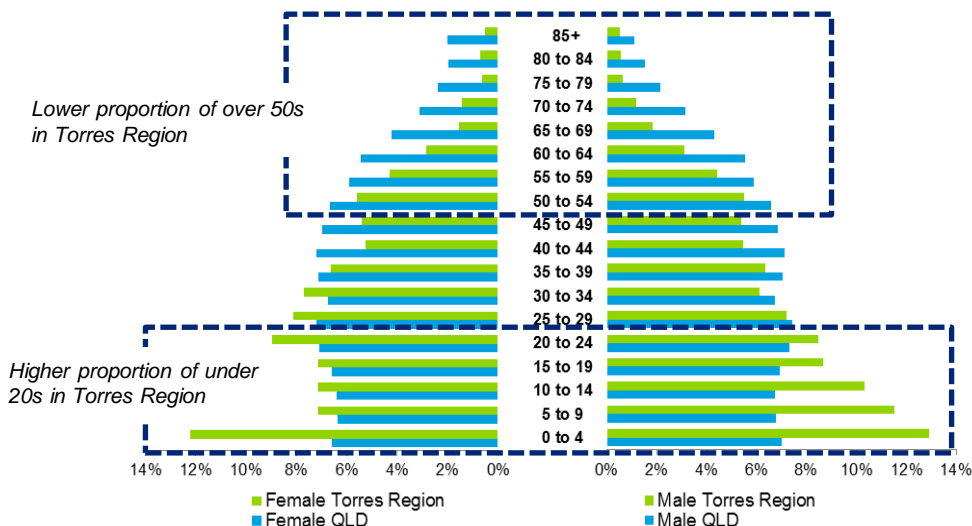
Population age structure

Analysis of the population data across Queensland reveals a significantly different age distribution when compared to the Torres Strait Region. Compared to the Queensland population, younger people represent a much greater proportion of the Aboriginal and Torres Strait Island population, with a relatively lower proportion of the population reaching old age.

Chart 2.2 illustrates that the Torres Strait Region has a higher proportion of residents under 30 years of age (41.2% vs 57.9%), and a lower proportion of residents over 50 years of age (30.9% vs 17.9%). This has implications for future demand of aged care in the Torres Strait.

2.3 Service need – health and wellbeing

Chart 2.2 Comparison of Torres Strait population distribution by age group (2011)



Source: Queensland Government Statistician's Office (2011)

Population age structure (continued)

A 2011 AIHW report on the health and welfare of Australia's Aboriginal and Torres Strait Islander people noted that Indigenous Australians aged under 65 years made proportionately higher use of residential aged care services than other Australians. At 30 June 2009, Indigenous Australians aged 60–64 years used residential aged care services at a rate of 6.7 per 1,000 population compared with 2.6 per 1,000 for other Australians (AIHW 2011).

To reflect these differences, the minimum age requirement for Indigenous Australians to access aged care services is 50 years, compared with 65 years for non-Indigenous Australians.

In 2011, the population aged over 50 years accounted for 17.9% of the Torres Region population, approximately the same proportion of the population aged over 65 among the rest of Queensland.

Health and wellbeing

Aboriginal and Torres Strait Islander people have a lower life expectancy than non-Indigenous Australians, estimated to be 12 years lower (ABS 2013).

This lower life expectancy is attributed in the literature to a number of interrelated factors including health status, socioeconomic status and lifestyle factors such as nutritional intake and smoking rates. The age standardised rate (per 100,000) in the Torres Strait and NPA compared to the rest of Queensland for chronic disease and other risk factors for 2005/6 are given below:

- Asthma - 303 compared to 162 in Queensland;
- Diabetes complications - 2,960 compared 943 in Queensland;
- Vaccine preventable conditions - 80 compared to 13 in Queensland;
- COPD - 693 compared to 279 in Queensland (Queensland Health 2009).

In the period 2001-2008, Aboriginal and Torres Strait Islander people were almost 4 times as likely to have all three health risk factors (overweight/obesity, daily smoking and at-risk alcohol consumption) compared to all other consumers, and only 11% were found to have none of the risk factors compared to 27% of all other consumers (AIHW, 2011 a).

These higher rates of chronic disease are a contributing factor of the relatively younger age at which Aboriginal and Torres Strait Islander people have dementia (AIHW, 2011b).

Another likely contributing factor to the ill health of Aboriginal and Torres Strait Islanders is the low level of access to primary health care by this population. The Aboriginal and Torres Strait Islander people are known to have a definition of health which is broader than addressed by mainstream services. Namely, the concept of health is thought to extend to community and family well-being (Hayman et al, 2009).

As such, services catering to Aboriginal and Torres Strait Islander health must be mindful of the individuals' community as well as being open – for example – to including family members in the service delivery.

2.3 Service need – aged care services

Overview

Aged care services in the Torres Strait Region include residential aged care, home care packages and home and community care services delivered by six service providers. The services are delivered from Thursday Island, with the exception of a HACC service which is based in the Northern Peninsula Area and the TSIRC service provided from Hammond Island.

Residential aged care

Residential aged care (RAC) is provided at an aged care facility by paid formal carers. It is for people for whom community care is not feasible, often because care requirements are high or access to appropriate care is limited. To be admitted into RAC, approval by an Aged Care Assessment Team (ACAT) is required. ACAT is currently provided for the Region through the Cairns and Hinterland Hospital and Health Service.

In the past, there were two main types of residential care in Australia; low level care and high level care. This changed on 1 July 2014 through the Commonwealth Government's reforms to Aged Care. RAC places are now determined through an ACAT assessment, and the level of care (and funding received) is determined through the Aged Care Funding Instrument (ACFI).

Table 2.3 provides a summary of the residential aged care services provided in the Torres Strait Region. As shown, there are 38 places available (previously 19 high, 19 low care), all of which are provided by Blue Care through Star of the Sea Elders Village.

Table 2.3 Summary of Residential Aged Care places and Home Care Packages

Service type	Provider	Places / packages	Utilisation rate (2013/14)
Residential aged care	Blue Care (Star of the Sea) 5373	19	84%
	Blue Care (Star of the Sea) 5372	19	74%

Source: DSS

As shown Table 2.3, both utilisation figures and consultation based findings indicate that current utilisation is high but not fully utilised on account of a number of factors including:

- Cultural requirements for transition of new residents
- Historical inappropriate mix of high/low care places and poor infrastructure
- Lack of referral pathways.

Home Care Packages

Home Care Packages are funded by the Commonwealth Government to provide a co-ordinated package of services tailored to meet specific care needs. The objective of the packages is to enable consumers to be cared for in their home, deferring the need for RAC.

Services provided under a home care package could include:

- Personal care
- Support services
- Clinical care.

There are four levels of Home Care Packages based on consumers needs:

- Home Care Level 1 – to support people with basic needs
- Home Care Level 2 – to support people with low level care needs
- Home Care Level 3 – to support people with intermediate care needs
- Home Care Level 4 – to support people with high care needs.

2.4 Aged care services

Home Care Packages (cont.)

In order to access a Home Care Package, a person needs to be assessed and approved as eligible for home care by an Aged Care Assessment Team (ACAT), and then offered a Home Care Package by an approved provider.

Packages are allocated to providers through a competitive process, known as the Aged Care Approvals Round (ACAR). Table 2.4 provides a summary of the home care packages provided in the Torres Strait Region. There are 32 home care packages available, provided by three services providers. Each of the home care packages are level 2 (low level care needs).

Table 2.4 Summary of Home Care Packages

Provider	Packages	Utilisation rate (2013/14)
Torres Strait Island Regional Council	4	50%
St John's Community Care	15	98%
Northern Peninsula Area Regional Council	13	30%

Source: DSS

In consultation, it was noted that there is a low level of utilisation of services delivered to the Outer Islands and NPA region. Based on consultation, this is likely due to a lack of appropriately trained workforce; availability and cost of regular transport and long travel distances (need to charter boats and planes to many areas). In addition, it is observed that the organisation with the highest utilisation has a core focus on providing health and social services, such as aged care.

Home and Community Care

Home and Community Care (HACC) is a Commonwealth funded program and is designed to provide an alternative to RAC, targeted at providing support to Aboriginal and Torres Strait Islander people aged 50 years and who are at risk of premature or inappropriate admission to long-term residential care.

There are four HACC providers in the Torres Strait region; Torres Strait Island Regional Council, Northern Peninsula Area Regional Council, Torres Strait Home for the Aged and Torres Strait-Northern Peninsula Hospital and Health Service. In addition, Blue Care also operate a small respite service under the National Respite for Carers Program.

Tables 2.5 and 2.6 summarise HACC services provided in the Torres Strait Region, categorised by output type (providers have been aggregated).

Table 2.5 Summary of HACC outputs by service type (2012/13)

HACC Service Type	Funded outputs (2012/13)	Delivered outputs (2012/13)	Service utilisation (%)
Allied Health (hrs)	2,075	912	44%
Centre-Based day care (hrs)	15,376	7,505	49%
Client Care Coordination (hrs)	254	271	107%
Domestic Assistance (hrs)	9,711	7,434	77%
Home Maintenance (hrs)	331	27	8%
Nursing (hrs)	80	1	1%
Personal Care (hrs)	948	702	74%
Respite Care (hrs)	1,762	271	15%
Social Support (hrs)	945	7,028	744%
Subtotal (service types with an hourly output)	31,482	24,151	77%

Table 2.6 Summary of HACC outputs by service type (2012/13)

HACC Service Type	Funded outputs (2012/13)	Delivered outputs (2012/13)	Service utilisation (%)
Assessment	389	98	25%
Formal Linen service	0	4	N/A
Goods and Equipment (items)	176	0	0%
Home Modification (\$)	16,049	1,490	9%
Meals (meals)	4,445	2,520	57%
Other Food Services	204	5,866	2,875%
Transport (trips)	4,112	3,992	97%

Source: DSS

2.4 Aged care services

Home Care Packages (continued)

As shown in the table, the distribution HACC services provided does not reflect the contracted mix of service. Based on consultations with service providers in the region, underutilisation and the move to a different mix of services may be explained by a combination of:

- Poor record keeping by service providers
- Provision of services without specific funding to meet changing need
- Funding available is not adequately meeting the high cost of service delivery in a very remote area – that is, the cost of accommodation, transport and training.

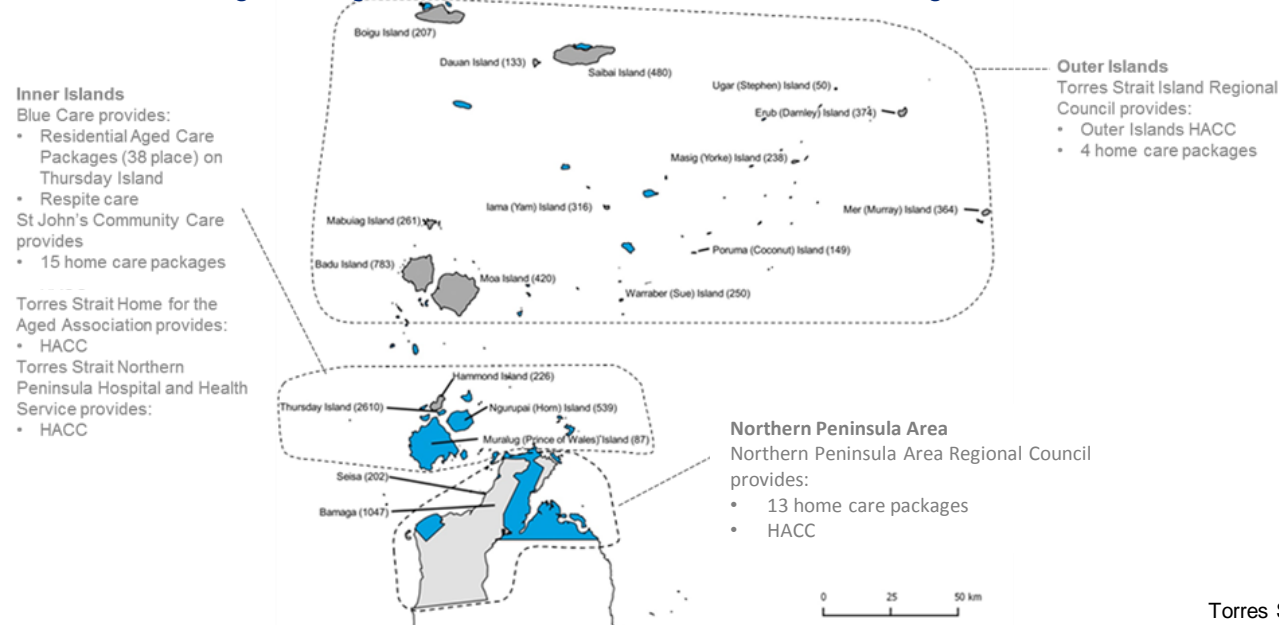
Through Commonwealth funding, Queensland Health and the HHS, in addition to being a provider of HACC services in the region (including assessment), also plays an important role supporting aged care service delivery – ACAT assessment service, allied health support, and primary health care nurses (including outreach to the outer islands). These services are primarily provided through the Thursday Island Hospital.

Distribution of aged care services in the Torres Strait

Figure 2.2 provides an overview of the distribution of aged care services across the Torres Strait Region. It shows that the majority of the aged care services are provided to the Inner Islands (primarily based out of Thursday Island). In comparison, the Outer Islands have few aged care services, despite having a population size comparable to the Inner Islands. Travel and accessibility were key issues identified through consultation as limiting access to services outside of Thursday Island.

There are four home care packages dedicated to the Outer Islands, however they are currently underutilised (Table 2.4).

Figure 2.2 Aged care services distribution across the Torres region



2.5 Service delivery challenges

Service delivery challenges - overview

Based on information gathered from aged care service providers, the Department of Social Services, and consultations with stakeholders a number of challenges have been identified regarding the provision of aged care in the Torres Strait Region. These challenges include:

- **Ageing in place** – cultural preference to stay at home longer and be cared for by family members.
- **Service mix** – mix of residential aged care services not reflecting community preferences with room for improved community support
- **Demand** – unmet demand is difficult to quantify, with limited visibility in the community regarding what services are available.
- **Remoteness** – the impact of remoteness on service delivery in the region includes diseconomies of scale, high cost of transport, and supplies, difficulties in attracting workforces and the sustainability of service provision within a small population.
- **Workforce** – services are impacted by skilled workforce shortages, high turnover and a transient workforce
- **Skills and capability** – limited opportunities for mentoring and developing local capability in clinical management and governance
- **Service fragmentation** – highly fragmented service delivery with limited coordination of services to form partnerships both between aged care providers, as well as with other complementary services.

Some of these challenges are present across the aged care sector, however, the region is impacted by a number of these factors – owing to its demographic composition and very remote location. Indeed, much of the region is so remote that it is only accessible through chartered flights and/or boats. The service model required to address service challenges, therefore, must be tailored to the context and may not be readily modelled upon nor applied to other contexts. These points are discussed in more detail in the proceeding pages.

Ageing in place

Consultation confirmed the findings of the Productivity Commission (2011) Report, that there is a culture-based preference within Aboriginal and Torres Strait Islander communities to care for Elders at home or within the community.

This means that consumers with lower care requirements are typically cared for in the community by family members for as long as possible, leading them to not seek- or delay seeking – access to RAC services leading to need for higher care services.

Service mix

The service mix and level do not optimally reflect the communities' preference to age in place. Based on the community preferences to age in place, it was identified that community-based services support people to age in place; while residential aged care should focus on consumers with complex, high care needs.

In 2012, an infrastructure assessment was undertaken which identified the need for investment in infrastructure to meet current aged care standards. This report identified priorities to enable an increased mix of high care services and ensuring the safety and wellbeing of residents and staff.

In addition, consultation identified that up to 10 of the inpatient beds at Thursday Island Hospital can be occupied by nursing home type consumers awaiting ACAT assessment or placement at the residential aged care facility, although this is variable noting that there were no nursing home type patients in TI hospital at the conclusion of the planning process.

Demand

There are many types of service demand – some which are more readily measurable than others. Unmet demand, which refers to that which is not currently addressed by existing services, was difficult to quantify. At times, mechanisms such as waiting lists can be utilised for this purpose, however, they understate the true level of unmet need in a community – which can be both expressed (known to service providers) or unexpressed demand unknown to service providers.

2.5 Service delivery challenges

Service challenges (continued)

In the Torres Strait Region, unmet demand is difficult to estimate as there are limited 'waiting list' mechanisms to draw from. As such, qualitative data, gathered through consultation was utilised to determine the presence and drivers of unmet demand in the Torres Strait Region.

Despite the preference for the elderly to remain in the home, the utilisation of home care packages is low – particularly, those operated in the outer islands. The poor utilisation was reported through consultation, particularly by council operated services, as being attributed to workforce and travel challenges rather than insufficient demand.

Consultations confirmed that there was a poor understanding of what services are available and the mechanism or process to access those services was not always clear. It is possible that increasing awareness of services could increase expressed demand above current levels.

Remoteness

Providing aged care services in the Torres Strait Region is significantly more costly than in metropolitan areas. While cost data was not available for this region, the Productivity Commission (2012) reported that the average expenditure on health and high care residential aged care for an Indigenous person was \$5,696 in 2009 compared with \$4,555 for a non-Indigenous person.

This disparity is driven by:

- Presence of multiple factors of disadvantage leading to a greater intensity of service use
- Indigenous service use may differ from the way in which mainstream services are packaged and structured – for example, research indicates that short consultations which target the consumer at the exclusion of family members are unlikely to engender feelings of trust. Further, highly structured programs with a strong biomedical focus are unlikely to reflect the holistic concept of health and well being held in many Indigenous cultures (Australian Institute of Health and Welfare, 2013)

- Cultural aspects such as language, the provision of culturally appropriate services (by, or under the instruction of other Indigenous Australians), and rates of temporary mobility can increase the cost of service provision to this cohort. (Productivity Commission, 2012)

The disparity is further exacerbated by the higher proportion of Aboriginal and Torres Strait Islander people in remote areas. The whole Torres Strait Region is classified as remote, however, some islands – the 'outer islands' are particularly remote and the costs associated with accessing them (chartered air transport or boats) are high. Remoteness presents additional challenges to delivery of aged care on account of:

- Smaller population sizes
- Difficulties in attracting and sustaining workforce on account of remoteness and the high cost of living
- Availability and cost of suitable transport options
- Access to affordable, appropriate housing for residents and staff
- Access to reliable water and power supplies
- Access to reliable telecommunication services.

Consultation identified that without viability funding allowances, as well as funding such as the National Job Creation program, service delivery in the region would not be viable.

Workforce

Caring for older people is labour intensive and calls upon a variety of skills. Aged care employees make up around 23% of the total healthcare and social assistance industry workforce. Data on the entire aged care workforce, however, is not comprehensively or consistently reported.

A number of service providers receive National Job Creation Funding to try to recognise and address the workforce and service delivery challenges in the Torres Strait Region, and providers state that it is essential to the financial viability of the services.

2.5 Service delivery challenges

Service challenges (continued)

The Torres Strait Region faces particular challenges sourcing appropriately trained aged care staff. In consultation, it was noted that staff turnover could be up to 30% in each month.

Vacancy and high staff turnover has significant implications for the capacity of services to meet demand, but also for the costs of service delivery. Increased costs are associated with the hiring of staff – including recruitment activities such as police checks. Expenses related to high turnover include the need to continuously train new staff – with all new staff members undergoing induction and mandatory training and accreditation courses.

Consultations with providers identified that there are challenges in accessing necessary training in first aid and other mandatory training courses. This was due to the lack of availability of such courses locally, as well as minimum participant numbers required for the courses to operate. This can result in delays for staff to receive minimum levels of training and as a result impacts on the availability of a workforce which meets accreditation requirements.

Issues with staff recruitment and retention are thought to span from the remoteness of the region:

- Difficulties and costs associated in accessing and living in the region
- High wage costs relating to the difficulties in attracting and training staff to work in the region and competition with other service providers. In consultation, it was noted that aged care service providers have challenges in attracting staff when local Queensland Health services offer higher wage rates.
- Capacity and capability of local workforce impacted by welfare and other cultural requirements.
- The availability of suitable housing has also been identified as a key constraint in attracting and retaining workforce.

Skills and capability

Consultation indicated that current opportunities to build local capability in service provision and management roles in the aged care sector are limited in the Torres Strait Region. Investment in this capability building was seen to be critical in improving the cultural appropriateness of services delivered as well as the sustainability of workforce building into the future.

Service delivery

The appropriate provision of aged care is dependent not only on the aged care sector alone but also the availability of timely access to services in other support systems, such as primary health care, acute care, disability and welfare supports. A number of benefits can be realised where the interfaces between these systems are improved, including seamless delivery and a reduction in service gaps for the consumer, enhanced efficiency in service delivery and reduced incentives to shift costs between services (Productivity Commission, 2011).

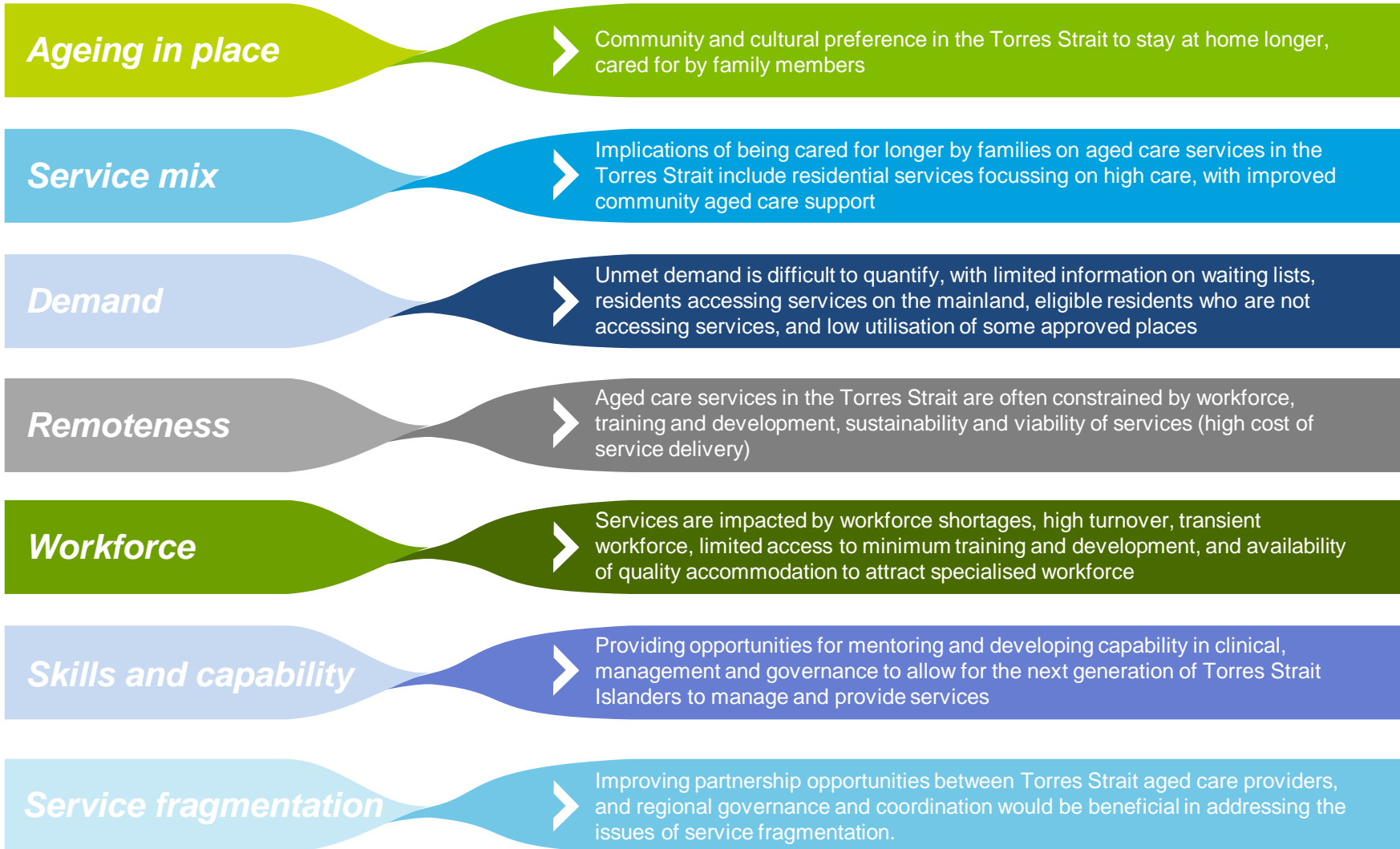
Importantly, the concurrent implementation of the National Disability Insurance Scheme (NDIS) along side current Aged Care Reforms provides a unique opportunity for the realisation of synergies between disability and aged care delivery. While the reforms are targeted at different client groups, the sectors share a close to common workforce pool, and have similar accreditation and administrative requirements.

Consultation with service providers indicated that while informal relationships exist between services, there is no overarching formalised network or forum where relevant providers could come together and discuss common issues and plan collective solutions. The role of the Aged Care Gateway in providing clarity for aged care recipients in terms of the pathway and availability of services will be an important development in this area.

The Port Kennedy Association – a non-profit organisation which seeks to represent the views of the very diverse and multicultural community of parts of Far North Queensland – is investigating the possibility of a centralised 'social services hub' for the region to bring together a range of services in the region.

2.5 Key considerations for future state

The illustration below summarises the key issues identified through the current state analysis. They represent the key factors for consideration in designing the future state for aged care service delivery in the Torres Strait Region. It is also acknowledged that aged care exists within the broader health and social services network, with a number of critical interdependencies that will need to be managed.



3 Future state assessment

3.1 Future state – demand for aged care

Key points

- Population growth and distribution in the Torres Strait Region is driving a need for increased aged care services, and an improvement in the distribution of these services across the Region to match demand
- In particular, this includes improving access to aged care services in the Northern Peninsula region – potentially through a multipurpose service type model

Overview

As discussed in the preceding chapters, there are a number of needs and service gaps which both quantitative and qualitative data confirm require attention in the future delivery of aged care in the Torres Strait Region. Service delivery to meet these needs must be provided within a sometimes complex and challenging environment characterised by remote access, high numbers of Aboriginal and Torres Strait Islander people, high levels of socioeconomic disadvantage, and related challenges in recruiting and retaining workforce.

This chapter is structured as follows:

- Estimating the future demand for aged care in the Region
- Articulating the aged care system for the future in the Torres Strait Region
- Outlining a potential way forward to achieve the aged care system for the future in the Torres Strait Region.

Forecast population growth

In 2011, the population in the Torres Strait Region was 10,518 people. By 2036 the population is projected to increase by 1,713 people (16.3%), to 12,231 people.

This equates to an average annual growth rate of 0.6%, compared to 1.9% for Queensland. Other demographic changes include:

- The population aged 50 years and over in the region is expected to grow by 180 people from 2011 to 2036.
- The growth in the population aged over 50 years is projected to increase at a lower rate than the rest of the Torres region, 9.5% by 2036, equivalent to 0.4% per year. In comparison, the Queensland growth rate for the population aged over 50 years is over six times higher, at 2.6% per year.

- To address the increasing demand for aged care, and the key challenges there is a need to drive towards integrated aged care delivery
- This requires a focus on improving the mix and volume of services available, as well as the overarching coordination of services across the Region to improve access to services and continuity of care for consumers.

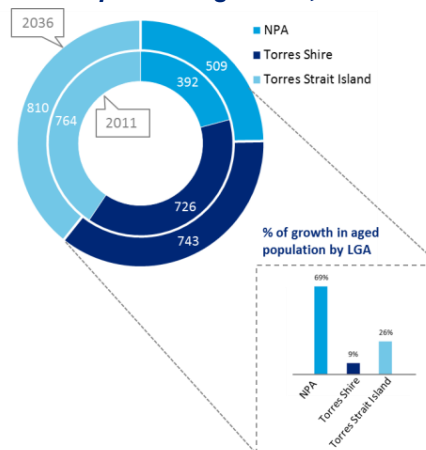
- The Northern Peninsula Area, located on mainland Australia, is expected to have the largest population growth across the Region, despite having the smallest population. This effect is pronounced in the population aged over 50 years. The population growth rates for people aged over 50 years for each LGA are:

- Northern Peninsula Area, 29.9% growth or 1.1% per year
- Torres Shire, 2.3% or 0.1% per year
- Torres Strait Island Regional Council, 6.0% or 0.2% per year.

The above statistics are based on data from the QGSO, detailed in Chart 3.1 and Table 3.1.

Given the growth in the aged population in the NPA region and the current lack of services, further investigation of a multipurpose service type model in Bamaga may be warranted, given the viability of a dedicated RAC may be challenged.

Chart 3.1 Population aged 50 +, 2011 and 2036 by LGA



3.1 Future state – demand for aged care

Forecast population growth (continued)

Table 3.1 Population growth rates by LGA and age group (2011 - 2036)

Local Government Area	Ages 50+		All ages	
	Avg. annual growth rate (2011-2036)	Total growth rate (2011-2036)	Avg. annual growth rate (2011-2036)	Total growth rate (2011-2036)
Northern Peninsula Area	1.1%	29.9%	0.9%	26.3%
Torres Shire	0.1%	2.3%	0.4%	11.4%
Torres Strait Island	0.2%	6.0%	0.5%	14.6%
Torres Region¹	0.4%	9.5%	0.6%	16.3%
QLD Total	2.6%	88.2%	1.9%	58.5%

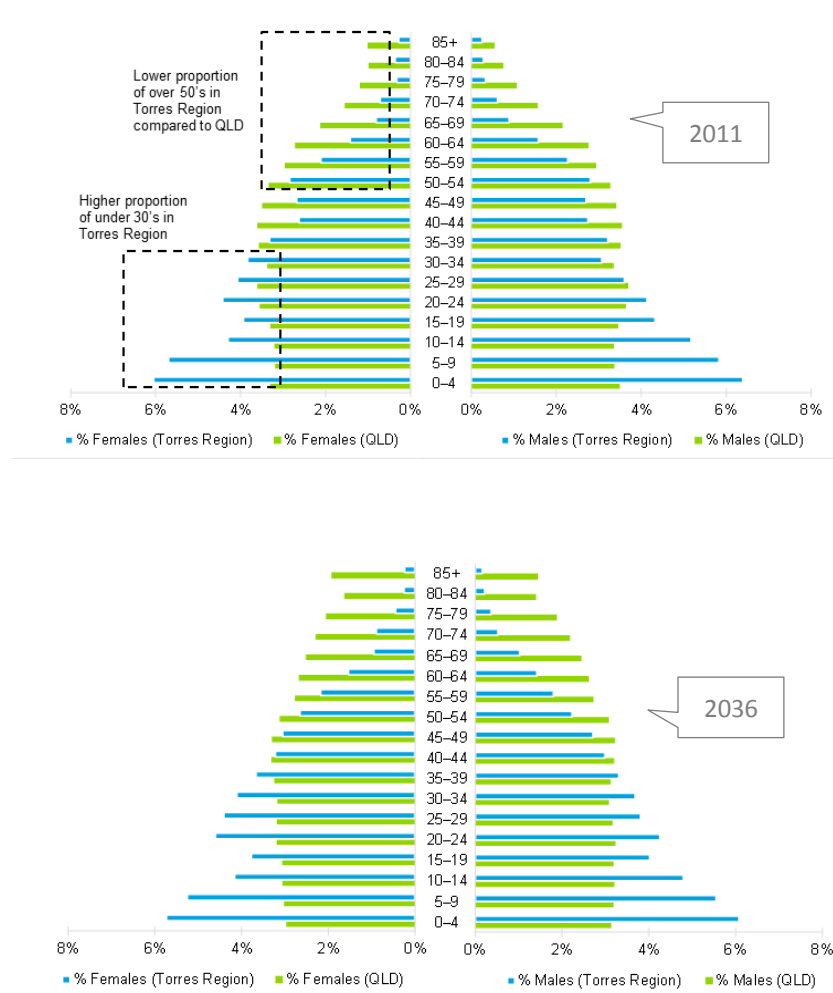
1 - Torres Region consists of Northern Peninsula Area, Torres and Torres Strait Island

Projections for Queensland indicate that population aged over 50 years is expected to increase from 30.9% of the population to 36.8% of the population between 2011 and 2036. Population projections for the Torres Strait Region however, indicate that the proportion of residents aged over 50 years will decrease over this period from 17.9% of the population to 16.9% of the population. This changing age distribution is illustrated in Chart 3.2.

Table 3.2 Population by LGA and age group, 2036

Local Government Area	Age Group					Total 50+	Total All Ages
	Under 50	50-54	55-59	60-64	65+		
Northern Peninsula Area (R)	2,601	126	111	97	176	509	3,110
Torres (S)	3,132	233	187	128	195	743	3,875
Torres Strait Island (R)	4,436	237	189	136	247	810	5,246
Torres Region	10,169	596	486	361	618	2,062	12,231

Chart 3.2 Age sex distribution, Qld and Torres Strait Region, 2011 and 2036



Source QSGO 2011

3.1 Future state – demand for aged care

Estimating future demand

Estimating future demand for aged care services in the Torres Strait and Northern Peninsula region is difficult for a number of reasons – the smaller population and large geographic catchment, difficulty in quantifying the level of unmet need (e.g. through waiting lists), and the sensitivity of some planning targets and benchmarks to a small population with unique demographic characteristics and community preferences for aged care services.

There are, however, a number of benchmarks to draw upon which may be used to estimate the future demand for aged care in the Region – though they do produce differing results and must therefore be viewed as in indication only of future demand. The most appropriate benchmarks include:

- By 2021, the Australian Government aims to have a national provision of 125 residential and home care operational places for 1,000 people aged over 70 years. These 125 places will comprise a ratio of 80 places in a residential setting and 45 in a home setting. The conditions associated with ageing generally affect Aboriginal and Torres Strait Islander people substantially earlier than other Australians. Planning for aged care services under the Aged Care Act is therefore based on the Aboriginal and Torres Strait Islander population aged 50 years or older.
- The Report on Government Services (RoGS) - produced each year by the Productivity Commission - outlines the current level of access to aged care services in remote and very remote communities; and also specifically in Indigenous communities. These ratios are provided for Australia and Queensland.

These ratios are outlined in Table 3.3 opposite.

Table 3.3 Benchmarks for the provision of aged care

Type	(a) Aged Care Planning Ratio (Commonwealth Government)	(b) RoGS - Qld average, Indigenous (very remote)	(c) RoGS - Aust. Average, Indigenous (very remote)
Ratio – Residential	80 per 1,000	15.7 per 1,000	29.5 per 1,000
Ratio – Community aged care	45 per 1,000	17.8 per 1,000	37.7 per 1,000

To estimate the future aged care service needs for the Torres Strait Region, the Australian average for very remote Indigenous communities has been identified as the most appropriate.

The impact of applying this ratio to the Torres Strait population is outlined in Table 3.4 below. The rationale for this ratio is explained further on the following page.

Table 3.4 Estimated aged care places, 2016-2036, population 50 years (+)

	Current	2016	2026	2036
Ratio		29.5 per 1000 (residential); 37.7 per 1000 (home care)		
<i>Population 50+</i>	1,882	1,786	1,922	2,062
<i>Places – Residential aged care</i>	38	55	57	61
<i>Places – Community aged care</i>	32	71	72	78

Note the ratio above is applied to the population aged over 50 years, consistent with Australian Government considerations for access to aged care services for Aboriginal and Torres Strait Islander people. Another consideration regarding the potential future volume of services is the limited availability of other, complementary health and social services in the Region.

Additionally, while recommendations are made regarding the future service mix and volume, the responsibility rests with providers to determine the level of need in the area, and seek approval through Aged Care Approval Rounds.

3.1 Future state – demand for aged care

Estimating future demand (continued)

Rationale

The RoGS ratio for access to aged care services in very remote Indigenous communities across Australia was used for the following reasons:

- The Australian Government Planning Ratio provides an indicative target to be achieved, normally at a larger geographic, regional level. Individual regions often differ significantly due to their own unique demographic perspectives, aged care preferences and supply considerations.
- Applied to the Torres Strait Region, the Aged Care Planning Ratio results in a significantly large increase in service provision which is unlikely to be a feasible target and would also result in a significant increase in residential aged care services. This does not reflect the community's preference to age in place, supported by their families
- The Queensland average for very remote Indigenous Communities (RoGS) is much lower than current services available in the Torres Strait, and is also one of the lowest rates for all States and Territories.

- As such, it is not a suitable benchmark for estimating future requirements for aged care in the Torres Strait.
- Applying the Australian average, however, results in an increase of 23 number of places in residential care – an outcome that better reflects both community preferences for aged care and a comparable level of access to other very remote Indigenous communities across Australia.

Table 3.5 below summarises the benchmark based analysis of demand for aged care into the future. In the first 12 months, places are held constant, however the focus in this period should be on improving the utilisation of existing services. HACC funding is estimated based on a per capita basis and expands over the years with the growth in population aged over 50 years.

It is important to note that these places are an estimate only, and are based on assumptions and population projections relevant at a point in time. The availability of aged care services should be monitored in line with aged care reforms and changing demand patterns over time.

Table 3.5 Future state by care type, current state to 2036 (population aged 50 years and over)

Care type	Current	0 - 12 months	2016	2026	2036
Residential aged care	38 places , equally focused on high care and low care type consumers	38 places – shifting focus towards consumers with higher care needs. Consideration of capital upgrades to Star of the Sea.	55 places , focusing on consumers with higher care needs. Potential development of MPS model in the Northern Peninsula Area (part of estimated places)	57 places , focusing on consumers with higher care needs	61 places , focusing on consumers with higher care needs
Community aged care packages	32 places	32 places – placing emphasis on improving utilisation of existing services	71 places	72 places	78 places
Home and Community Care	\$1.4 million	\$1.4 million	\$1.4 million	\$1.42 million	\$1.53 million

3.2 An aged care system for the future

An aged care system for the future in the Torres Strait Region

In order to provide the desired mix and volume of services to meet the community's needs, from a system perspective the overall objective should be to work towards a more integrated aged care service system in the Torres Strait Region. Integrated aged care delivery is characterised by:

- Culturally appropriate services that reflect the community's preference to age in place
- The community being well-informed about the available services
- Clear, streamlined referral and assessment processes
- A capable, sustainable local workforce
- Regional, clear accountability for providing services that meet the community's needs and preferences
- Clear and sustainable links with other community and primary care providers
- Sustainable and efficient services that can respond and adapt to changing community needs.

These are illustrated in Figure 4.1, and described in further detail below.

Culturally appropriate services that reflect the community's preferences to age in place

The clear preference articulated by stakeholders during the development of this Master Plan was that services should be culturally appropriate, and that the community generally has a desire to stay at home as long as possible cared for by their families.

This preference also aligns with the Australian Government's current aged care reform agenda which clearly articulates a vision for consumer led care, and a drive towards more community and home-based care. The consumer's preferences are paramount and service delivery is to be shaped (and funded) in accordance with these.

This means addressing the current imbalance between residential and home care packages; and refocussing the delivery of residential aged care services towards consumers that have high care needs.

Culturally appropriate care for the Torres Strait Region means that the activities and care provided is appropriate to the needs of Elders.

The community is well-informed about the available services

Ensuring the community is educated about the availability of services and how to access them should be the responsibility of service providers.

Anecdotal evidence from stakeholder consultations identified the need for a more streamlined and consolidated process for informing the community about the availability of services, how to access them, and through a variety of communication methods that are relevant to the population and region. This should include more proactively contacting and managing consumers, and assisting them with the full process of gaining access to care.

Existing services in the Torres Strait Region experience varying levels of utilisation which – while not the main contributing factor – could partly be the result of limited access to relevant information about available services.

Further, consultation indicated that the community may prefer a more proactive approach from service providers – that is, for service providers to approach families rather than waiting for families to reach out to them.

Clear, streamlined referral and assessment processes

Receiving residential or home care packages is dependent on being referred and assessed to determine the level of care required. Consultation identified there is limited understanding in the community about the referral processes for the service providers, and in some cases delays to assessment have resulted in consumers not receiving timely access to care.

A streamlined, seamless process to being assessed and receiving care that is culturally appropriate is one of the most critical enablers to ensuring the aged care system is responsive to the community's needs. Importantly, such referral pathway process would need to be culturally appropriate.

3.2 An aged care system for the future

An aged care system for the future in the Torres Strait Region (cont.)

A capable, sustainable local workforce

The most significant barrier to providing a consistent and sustainable aged care service in the Torres Strait Region is the ability to attract and retain a suitably qualified workforce. With high levels of unemployment, developing a local workforce with connection to the local community and the people they are caring for should be pursued.

This includes increased opportunities for professional development (potentially in major centres if required), opportunities to work across a broader spectrum of services, or training of family carers to allow them to care for their family members without the need for mainstream residential or home care packages.

The additional cost of this in rural and remote areas such as the Torres Strait Region is recognised and should be provided for through the funding arrangements with service providers. In addition, there is also a need for local ownership and responsibility to drive the maintenance of a local workforce – noting key challenges identified including high turnover and a transient workforce.

Regional, clear accountability for providing services that meet the community's needs and preferences

The current state outlines the key challenges relating to the networking and coordination of services across multiple providers. Achieving an integrated system will be dependent on improving the coordination of services, and facilitating clear accountability for the operation of an effective aged care service system.

There are currently multiple service providers for a relatively small population, spread across a large geographic area with no clear accountability for how the system operates and meets the community's needs and preferences.

Articulating a clear line of accountability, with specific performance objectives and outcomes (such as those outlined in this Plan) will assist in facilitating a more seamless service system for consumers, improve access to and administration of services, and address the current issues with distribution of services across the Region.

This also includes allowing the community to be actively engaged in the type and availability of services that are provided, and to have input into key decisions that impact on those services is an important consideration in providing an integrated and culturally appropriate aged care system.

This could take many forms, including community forums, consumer representation on management committees, or care recipient and family satisfaction surveys. Community involvement is important to achieve integrated aged care delivery, however this requires that appropriate capability to be built up locally to support this. In consultation, it was noted that there are currently limited opportunities for such capability to be fostered and to build the next generation of local leaders.

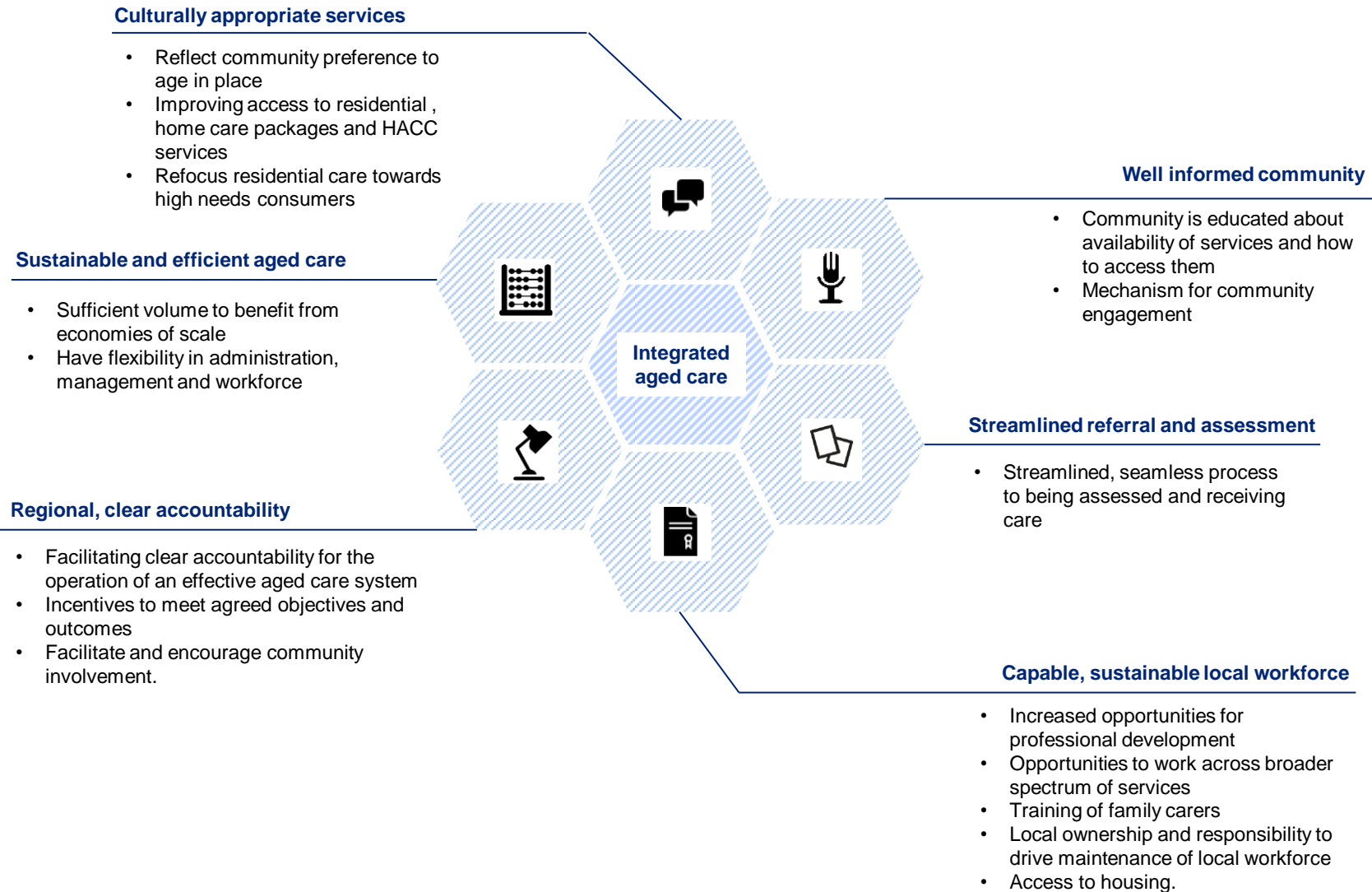
Sustainable and efficient aged care services that can respond and adapt to changing community needs

Sustainable and efficient aged care services are characterised by having sufficient volume to benefit from economies of scale; have the flexibility in terms of administration, management and workforce to respond and adapt to the community's needs with minimal effort; and can provide clinically effective services within the funding available.

Sustainable services can be dependent upon factors such as attracting and retaining a qualified workforce, and will result in a more seamless and continuous patient journey.

3.2 An aged care system for the future

Figure 4.1 An aged care system for the future



3.2 An aged care system for the future

Realising potential - economic participation and employment

Better utilised and expanded aged care services in the Torres Strait Region can have broader benefits to the local economy through development opportunities and increased workforce participation.

Both the Australian and Queensland Governments place a high priority on maximising the economic participation of Aboriginal and Torres Strait Islander people and the potential of regional areas. These themes are referenced in the Australian Government's *Indigenous Advancement Strategy*, and the *White Paper on Developing Northern Australia*; and the Queensland Government's *The Queensland Plan*.

Unemployment rates in the Torres Strait and NPA are between 8-10%. The lack of a skilled workforce is a limiting factor in realising the full potential of the Australian Government's current investment in aged care.

According to the Queensland Government Statistician's Office there were 684 health care and social assistance jobs in Torres Strait and NPA based on the 2011 Census. This is the second largest sector behind the public administration and safety sector for the region. The Aged Care Master Plan is expected to increase employment opportunities in the region through better use of existing resources and projected growth in services.

While the number of staff directly engaged in aged care services in the Torres Strait Region is not known, it is expected that implementation of the Aged Care Master Plan may require in excess of 80 additional staff to address current workforce shortages and grow services further. This estimate is preliminary only and the specific workforce requirements would need to be established through a robust workforce planning study that assesses the requirements and approach to grow services sustainably.

The Aged Care Master Plan presents an opportunity for the Torres Strait Region and NPA to develop a health and community services sector with increased local employment opportunities with private and non-government organisations, recognising the synergies and related opportunities in areas including health, disability and community services.

3.3 A way forward

Potential responses

A major barrier to achieving the aged care system for the future in the Torres Strait Region is the fragmentation of services and the lack of overarching regional networking, service coordination and workforce.

There are a number of potential responses that could facilitate an improvement in fragmentation and work towards a more integrated and coordinated aged care system in the Torres Strait Region. These should all be considered in the context of improving access to services for consumers, and ensuring that the available services meet the community's needs.

These potential responses are briefly described below.

A regional service coordination network

A formalised mechanism for the existing aged care service providers to meet regularly and discuss and agree solutions to common issues facing the sector was identified as a valuable step in improving the coordination of services in the Torres Strait Region.

This network would likely involve the development of a formal Terms of Reference, nomination of a rotating Chair between the service providers, and regular schedule of meetings.

Responsibilities may include:

- Taking a leadership role in building the capability and sustainability of the local workforce
- Developing and implementing a Regional workforce strategy
- Ensuring aged care services align with the community's expectations, and that consumers have continuity of care and do not 'fall through the gaps'
- Providing a central forum for communication between the community, local government, health and social services providers, and Queensland and Australian Government agencies
- Coordinating regular, mandatory reporting and accreditation across providers
- Discussion, resolution and escalation of issues experienced at the system level to the appropriate body (for example, the Australian Government)

- Ensuring aged care services are connected with other health and social services in the Region to reduce duplication, and facilitate a continuity of care across the health and social care continuum.

The potential risks involved in this response may include the likely costs (albeit small) involved in establishing a secretariat to manage the network (rotated with the Chair) – particularly for smaller organisations; identifying appropriate mechanisms for oversight and accountability to ensure the network functions effectively and meets agreed objectives; and the ability of this network to fully realise the outcomes identified from an integrated aged care service system. It is also reliant on good will rather than legislative or contractual obligations and may lead to an inequity of providers in the region.

An integrated service coordinator

An integrated service coordinator is a coordination mechanism sponsored and funded by the aged care service providers and the local community, and would primarily act as a single point of intake and referral.

It is important to recognise that the development of the Aged Care Gateway is intended to improve coordination, intake and referral processes, and the availability of information on aged care services. It is vital that the Gateway is able to provide locally-relevant solutions that recognise the unique characteristics and complexities of the Torres Strait Region.

Notwithstanding the development of the Gateway, the responsibilities of an integrated service coordinator (that may operate in the interim) may include:

- Acting as the single point receiving requests for aged care services from the community and other health and social services
- Arranging and/or undertaking aged care assessments, in accordance with the assessment requirements outlined by the Australian Government
- Referral to the appropriate service provider, and ensuring the consumer receives timely access to care following assessment and referral
- Developing and communicating consistent messages through appropriate channels regarding the availability of services and how to access them

3.3 A way forward

Potential responses (cont.)

- Acting as a central enquiry point for the aged care service system in Torres Strait Region, following up and referring specific requests to relevant providers or government agencies.

The potential risks involved in this response include the likely costs in employment of an integrated service coordinator and streamlining of referral and assessment processes; the ability of the coordinator to bring together and work effectively with a mix of services and providers.

Working towards consolidation of service providers or a managed service model

Noting the issues identified regarding the fragmentation of services, a number of service providers with relatively low numbers of approved aged care places and funding, and a desire to facilitate increased local accountability for aged care services – a potential response to achieve the future aged care system in the Torres Strait Region is to work towards the consolidation of service providers or implementation of a managed service model.

The benefits of consolidating service providers could include:

- Moving towards a consistent group of service providers with a strong track record and focus on providing aged care services
- Reducing duplication of administration and overheads
- Facilitating the attraction and retention of a workforce through reduced competition and a broader scope of work
- Benefiting from economies of scale through bringing together similar service types (e.g. HACC and Home Care Packages).

A managed service model would include a single provider taking accountability for the provision of aged care services across the Torres Strait Region; while sub-contracting different service types to appropriate providers.

The benefits of a managed service model could include:

- A clear line of Regional accountability
- Strong incentives for a core provider to oversee the aged care system and ensure continuity of care for consumers
- Improved coordination and consistency of aged care service provision
- Streamlining referral and assessment processes
- The ability to more easily share workforce and resources across the aged care service system.

The potential risks involved in these responses include:

- in the case of service consolidation, the perception of limiting consumer choice in providers
- risk of service interruption where services are provided through a smaller number of organisations, should there be business continuity issues with any of the organisations
- the consultation and transition process for service consolidation could become high profile in the community and would need to be managed appropriately
- the identification of a suitably qualified organisation to take on the role of the managed service provider

3.3 A way forward

Potential responses (cont.)

Summary

While consultation has been undertaken on the potential responses, these will need to be considered further in the context of further consultation with service providers; as well as the standard aged care funding and procurement processes. This should be undertaken as part of the work program of the Health, Ageing and Community Services Partnership Committee (see Recommendation 7). The table below provides a summary of the potential responses, risks and benefits.

Response	Description	Benefits	Risks
Regional service coordination network	A formalised mechanism for existing aged care providers to meet regularly, discuss and agree solutions to common issues facing the sector, and take a leadership role in overseeing health, ageing and community services.	<ul style="list-style-type: none"> Improved Regional leadership and coordination of aged care services Improved interface points with other social support services, which share many of key challenges as aged care Improved sharing of data and information between providers and sectors Oversight body for implementation of the Aged Care Master Plan. 	<ul style="list-style-type: none"> Funding for the costs involved in establishing a secretariat Identifying appropriate mechanisms for oversight and accountability to ensure the network meets agreed objectives Ability of the network to fully realise the outcomes identified from integrated aged care delivery Meeting community expectations for improved access to services.
Integrated service coordinator	<p>A coordination mechanism (sponsored and funded by the aged care service providers and local community) to primarily act as a single point of intake and referral; and taking a lead role in building community awareness of available services.</p> <p>This type of function is likely to be met through the implementation of the Aged Care Gateway – with consideration required to ensuring the Gateway is culturally appropriate and can provide a locally-relevant solution.</p>	<ul style="list-style-type: none"> Improved community awareness of available services Single point of entry into the aged care system Streamlining referral and assessment processes Improved visibility of demand for aged care services. 	<ul style="list-style-type: none"> Funding for the cost of employing an integrated service coordinator Cost of streamlining referral and assessment processes Ability of the coordinator to bring together and work effectively with a mix of services and providers Meeting community expectations for improved access to services Ability of local model to form part of Gateway.
Managed service model / service consolidation	A consistent group of service providers, with a strong track record and focus on aged care services; and/or a single provider taking accountability for delivery of aged care in the Region, and sub-contracting other providers where appropriate.	<ul style="list-style-type: none"> Clear line of Regional accountability Strong incentives for a core provider to oversee the aged care system and ensure continuity of care for consumers Improved coordination and consistency of service provision Streamlining referral and assessment processes Ability to more easily share workforce and other resources across the aged care service system Economies of scale – remove duplication in meeting administrative requirements and quality assessments 	<ul style="list-style-type: none"> In the case of service consolidation – perception of limiting consumer choice in providers Service interruption where services are provided through smaller organisations that may experience challenges in business continuity Consultation and transition process for service consolidation could become high profile Identification of a suitably qualified organisation to become the managed service provider Meeting community expectations for improved access to services.

4 Recommendations

4.1 Recommendations

Recommendations

In order to guide and progress implementation of the future aged care system for the Torres Strait Region, and achieve the desired outcomes the following recommendations are made.

Respecting and reflecting the uniqueness of Torres Strait and the NPA

1. That the unique needs and characteristics of the Torres Strait Region (including the NPA) are acknowledged and recognised in the implementation of the Aged Care Master Plan as well as related health, disability and community services.
2. That by December 2014, relevant Australian and Queensland Government agencies advise on how specific enabling challenges critical to achieving the Aged Care Master Plan are being addressed:
 - Transport – improve transport for residents and providers of services in the Torres Strait region to support improved access to services
 - Housing – improve access to culturally appropriate, flexible and affordable housing options for residents and service providers
 - Water and Power – secure access to safe and sustainable water and power supplies for all communities
 - Communications – address communication black spots that impact on the delivery of services and enable critical telehealth and mobile health services.
3. That relevant Australian and Queensland Government agencies address the implications of the close proximity of the Torres Strait Region to Papua New Guinea and the porous border on aged care and related health, disability and community service provision and infrastructure. This should be underpinned by the *Torres Strait Treaty*.

Realising potential - economic participation and employment

4. That TSRA and Local Government authorities work with relevant Australian and Queensland Government agencies and aged care providers to advance strategies relating to economic development and local employment opportunities in health and community services in the Region through processes such as the Australian Government's northern development agenda and the *Queensland Plan*.
5. That TSRA and Local Government authorities work with relevant Australian and Queensland Government agencies and the aged care, health, disability and community service sectors to develop a comprehensive workforce capability and development plan for the Torres Strait.
6. That TSRA and Local Government authorities work with aged care and related health, disability and community organisations to implement the comprehensive workforce plan.

Torres Strait and NPA leadership and integration – strong governance

7. That within 3 months, the TSRA and Local Government authorities establish a "Health, Ageing and Community Services Partnership Committee" (the Committee) to provide the regional leadership and ownership necessary to implement the Aged Care Master Plan.
8. Leaders of the Torres Strait and NPA should determine the composition and scope of the Committee and should recommend it to relevant Australian and Queensland Government agencies. As a minimum – to give effect to the Aged Care Master Plan – the Committee should comprise membership from the three Councils representing the community, providers of aged care, the Torres and Cape Hospital and Health Service and other relevant Australian and Queensland Government agencies.

4.1 Recommendations

Torres Strait and NPA leadership and integration – strong governance (cont.)

9. As a minimum, the Committee should have responsibility for supporting the coordination, sharing of data and planning of aged care and related health, disability and community services in the region; and overseeing the implementation of the Torres Strait and Northern Peninsula Aged Care Master Plan.

Culturally appropriate aged care

10. The Committee should guide providers of aged care in relation to community expectations and needs in terms of culturally appropriate aged care.

Better utilisation of current aged care investment

11. That the Committee work with aged care service providers to immediately address the under-utilisation of existing approved aged care services. This should have a specific focus on improving access to Home Care Packages operated by the Councils.
12. That the Committee work with aged care service providers to immediately address the misalignment between the current mix of services approved to support individuals within the community to stay at home, the services actually delivered and, looking forward, any changes needed to provide the services actually required to support individuals within the community to stay at home. This should have a specific focus on the appropriate mix of HACC service types.
13. That the Department of Social Services ensures the specific needs of the population of Torres Strait and the NPA (with its geographically dispersed and very remote population, and challenges in accessing aged care) are factored into the roll out of aged care reforms. The Mayors strongly advocate for face-to-face assessment of individual's needs including for services delivered through the Commonwealth Home Support Programme and that individuals require proactive coordination of their assessed care needs given their low level of aged care literacy.

Improved infrastructure

14. That the approved provider of the Star of the Sea residential aged care service on Thursday Island, address the priority infrastructure concerns at the facility to meet contemporary aged care standards and accreditation requirements; increase capacity for provision of services to meet complex needs of aged care recipients (noting the preference of people of Torres Strait to remain at home for as long as possible); and improve safety for residents, staff and visitors – including through approved funding processes.
15. That by December 2014, the Torres and Cape Hospital and Health Service advise the Department of Social Services of a specific strategy to establish a multipurpose service at Bamaga to improve access to aged care services for the growing needs of the Northern Peninsula Area, in line with established processes for approval of multipurpose services.

Future of aged care in Torres Strait and the NPA

16. That the Committee be responsible for tracking and reporting publicly on progress with:
 - regional workforce development
 - improvement in utilisation of current resources
 - strong governance and productive collaboration
 - integration of aged care with health, disability and community services at a regional level
 - improvement in infrastructure.
17. That the Committee take responsibility for actively reviewing the needs and demand for aged care services.

4.1 Recommendations

Future of aged care in Torres Strait and the NPA (cont.)

18. That within 2 years, the Committee develop a plan to achieve integrated aged care delivery in the Torres Strait and NPA region that aligns with the aged care reform agenda. The plan should at least detail how it intends to achieve the following:
- the provision of a mix and volume of services that aligns with the community's identified preference to age in place
 - improved access to information about the availability of aged care services using appropriate, relevant formats and communication channels
 - as part of the implementation of the Aged Care Gateway, culturally appropriate aged care assessment and processes that better link services will be established
 - in the context of the broader recommendations about developing and implementing a regional workforce development strategy, a sustainable aged care workforce is achieved through establishment of a formal mechanism for accessing training; sharing of workforce and associated resources across providers (including other health and social services); and strategies to improve practical workforce issues such as accommodation and remuneration
 - also in the context of the broader recommendations above developing and implementing a regional workforce development strategy, a formal mentoring and development program is established to build the leadership and management capability of the local workforce
 - an appropriate group of qualified, capable and viable service providers with a focus on providing aged care services.

19. The Implementation Plan for integrated aged care delivery should reflect the interfaces with other systems including health, disability and community services and lead to a more robust and integrated aged care, health, disability and community services system.

Funding

20. That approved providers of aged care in the region utilise established funding processes to apply for funding for increased services
21. That the TSRA utilise established Australian and Queensland Government grant funding processes and/or existing allocations to establish and operate the Committee.

4.2 Timeframe for implementation

Short term 0 – 1 years

Actions

- Development of a detailed implementation plan
- Establish a “Health, Ageing and Community Services Partnership Committee”
- Address the misalignment between the current mix of available services and the community’s identified preferences, through normal aged care funding approval processes
- Work with service providers to address the under-utilisation of existing, approved services
- Address the priority infrastructure concerns at the Star of the Sea residential aged care facility on Thursday Island to meet contemporary aged care standards, and accreditation requirements. This will improve safety for residents and visitors.
- Increase availability of high care services in line with the community’s needs
- Development of workforce need and development plan.

Medium term 1 – 5 years

Actions

- Pursue a more integrated aged care system in the Torres Strait Region through implementation of a managed service model
- Investigate in further detail the development of a multipurpose health service at Bamaga to improve access to aged care services for the growing population in the Northern Peninsula Area
- Address the misalignment between the current mix of available services and the community’s identified preferences, through normal aged care funding approval processes
- Increase access to residential care services for consumers with higher care needs, in line with the community’s needs
- Implementation of workforce plan.

Longer term 5 years +

Actions

- Continue to increase places in line with population growth and in a way which reflects community preferences
- Review the effectiveness of the integrated aged care system processes
- Review the outcomes of the service solution proposed and pursued to address population growth in the Northern Peninsula Area.

References

References

- Australian Bureau of Statistics, *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA)*, cat. No. 2033.0.55.001, 2011
- Australian Bureau of Statistics, *Life tables for Aboriginal and Torres Strait Islander Australians, 2010-12*, cat. No. 3302.0.55.003, 2013
- Australian Institute of health and Welfare, *Improving the accessibility of health services in urban and regional settings for Indigenous people*. 2013
- Australian Institute of Health and Welfare, *Older Aboriginal and Torres Strait Islander People*, 2011b
- Australian Institute of Health and Welfare, *The health and welfare of Australia's Aboriginal and Torres Strait Islander people*, 2011a
- Australian Institute of Health and Welfare, *Aged care in Australia*, accessed 26 August 2014 via <<http://www.aihw.gov.au/aged-care/residential-and-community-2011-12/aged-care-in-australia/>>, 2014
- Department of Social Services, various
- Hayman, N., White, N., Spurling (2009) 'Improving indigenous patient access to mainstream health services' vol. 190, no. 10, pp 604-606.
- Northern Peninsula Area Regional Council, accessed 20 August 2014 via <<http://www.nparc.qld.gov.au/>>
- Productivity Commission, *Trends in Aged Care Services: some implications*, 2008.
- Productivity Commission, *Caring for older Australians –Inquiry Report volume 1 and 2*, 2011.
- Productivity Commission, *Report on Government Services –Chapter 13, aged care services and attachment tables*, 2012.
- Productivity Commission, *Report on Government Services –Chapter 13, aged care services and attachment tables*, 2013
- Productivity Commission, *Report on Government Services –Chapter 13, aged care services and attachment tables*, 2014.
- Queensland Government Statistician's Office, *components of population change by local government area, Queensland, 2010-11*, accessed 26 August 2014 via <<http://www.qgso.qld.gov.au/products/tables/index.php>>
- Queensland Government Statistician's Office, *projected population by local government area, Queensland, 2011 to 2036*, accessed 26 August 2014 via <<http://www.qgso.qld.gov.au/products/tables/index.php>>
- Queensland Health, *Health indicators: Torres Strait and Northern Peninsula Area*, 2009.

