healthy@home FAQs

Who are we?

Healthy@home is a consortium of 19 leading organisations committed to providing high quality community aged care services in the Brisbane North and Caboolture regions of Queensland to help older people maximise their independence and remain living at home. The consortium includes community aged care service providers, government and non-government agencies, peak bodies and advocacy groups. Our workforce exceeds 1000 clinical and non-clinical support staff across all member organisations. During 2017/18, these members provided services to nearly 8000 older Australians.

What do we do? – How do we provide a high quality of care?

Consortium members have a shared vision and goal to deliver high quality services and increase access to community aged care in order to achieve the best possible outcomes for eligible clients. Each of the 12 service provider members has over 20 years' experience and is accredited to provide aged care services in its own right. Each brings their distinctive and extensive expertise to the consortium. All healthy@home organisations are not-for profit, which means that all funds are invested in supporting better client care through capacity building opportunities, initiating innovative research such as the Active at Home project, and enhancing the broader aged care sector e.g. through our regular aged care forums.

How do we work together?

We have the capacity to deliver tailored, personalised services because we share expertise and program information to respond to our clients' needs. Through the involvement of Brisbane North PHN, we have better communication channels with healthcare services, general practice and hospitals, which allows us to develop a holistic, system-wide response. We also have peak bodies and advocacy groups involved in our management and coordinator meetings to inform our strategic direction.

We also invest in training to keep our care workers up-to-date. The consortium uses its pooled resources to sponsor staff professional development, including clinical and CPD training as well as conference attendance, e.g. Collaboration for Impact. We host workshops such as Motivational Interviewing and EDIE dementia training, and run quarterly aged care forums to support and develop the capacity of our local aged care sector.

How are we unique?

Healthy@home is delivering new and vital services within the region. Our focus is on meeting the changing needs and preferences of our clients, so we take a nimble, client-centred approach to service delivery.

To achieve this, the consortium includes providers experienced in supporting people with diverse needs, characteristics and life experiences, who may have experienced exclusion, discrimination and stigma during their lives or who are part of a culturally and linguistically diverse group.

This is important because our clients display the same diversity of characteristics and life experiences as the broader population. For example, 20 per cent of our clients were born overseas and 10 per cent are Aboriginal and Torres Strait Islander people. Note that prior to our formation there was no Indigenous-specific service provider in the area.

Our approach means we have frontline staff who can speak to clients in many languages and we have the capacity to deliver tailored, personalised services because we share data, expertise and program information to identify and respond to our clients' needs.

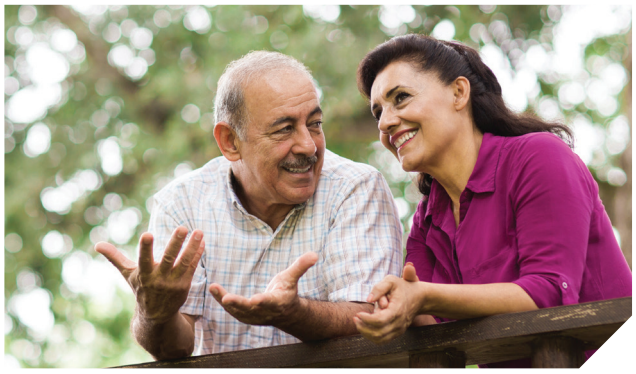
This supports the development of a holistic system that allows clients to stay connected to their community (through social support and community transport), improves their physical wellbeing (through Active at Home), and provides access to clinical care (through allied health and nursing services).

What have we achieved in the last year?

We have utilised our collective resources to fund innovative research and development into service approaches that deliver better outcomes for clients. These include a trial of the Active at Home exercise and wellness program, which resulted in a 19 per cent reduction in clients classified as frail. We also completed a Workforce Wellness Needs Assessment Project, which looked at workforce capabilities to support care workers in providing wellness-based services.

What are we working on now?

We are now preparing for national rollout of the Active at Home pilot project as an ongoing program and are working towards a shared consumer outcomes measurement system to begin 1 July 2019. In response to the Workforce Wellness Needs Assessment project research findings, we are developing an evidence-based training framework to support aged care providers in embedding a wellness approach in the delivery of client services.



We will continue to provide leadership in the sector through our facilitation of sector-wide aged care forums to share knowledge and experience, strengthening clinical governance among service providers, improving our internal and external communications and planning Centre-based Respite consultation with providers and consumers.

What is the PHN, and how does it fit within the consortium?

Brisbane North PHN plays a vital role in managing healthcare and support programs for community members and supporting health care professionals to deliver positive health outcomes. The Australian Government established 31 PHNs across Australia in 2015 to improve patient care and to make health care in Australia more efficient and effective.

The PHN created the healthy@home consortium, based on the Collective Impact framework, by bringing together leading organisations with a common agenda to improve aged care delivery and client outcomes. The PHN leads the consortium as part of the broader strategic work it undertakes to improve coordination of care within the region.

What is the Brisbane North PHN and how does it differ to other PHNs?

Brisbane North PHN supports clinicians and communities in Brisbane's northern suburbs, Moreton Bay Regional Council and parts of Somerset Regional Council. It covers approximately 4,100 km^2 of urban, regional and rural areas, with a population of over 960,000.

All PHNs conduct health needs assessments of the communities in their region. These assessments help identify groups of people who need more resources, programs and services. The information helps PHNs to tailor health services to meet their community's particular needs.

The health priorities identified through Brisbane North PHN's health needs assessment include:

- coordinated care for older people
- culturally responsive services to enhance the health and wellbeing of Aboriginal and Torres Strait Islander peoples
- better support for those with chronic and complex conditions across the care continuum, and
- improved access to health and community care in Moreton Bay North.

healthy@home®

healthy@home members

phn BRISBANE NORTH
An Australian Government Initiative

ADAAustralia
Your aged and disability advocates

all about living inc
choice | support | connection

BallyCara
Inspiring healthy & happy living

BOLTON CLARKE
Be true to you

Burnie Brae
community, connection, care

CarersQLD
Australia

centacare
catholic support services. providing help. creating hope.

co.as.it. community services

communify

COTA
QUEENSLAND

footprints
positive steps with you

GOC Care
Aged • Disability • Community

IUIH institute for urban indigenous health

Jubilee
COMMUNITY CARE

LASA
LEADING AGE SERVICES AUSTRALIA
The voice of aged care

Queensland Government

wesley mission
QUEENSLAND

This activity is supported by funding from the Australian Government Department of Health under the Commonwealth Home Support Program.