A map of Tasmania serves as the background for the title. The map is in shades of blue and green, showing the island's coastline, major roads, and some towns. The title text is overlaid on the map in a large, white, serif font.

West Coast Liveable Communities Strategy

A strategy to enhance the liveability of our communities to meet our ageing populations needs

West Coast Council (Tasmania)

FINAL REPORT

4 September 2019

Foreword

“The West Coast is an amazing place to live, it is more than a location, it is a community. As a community, we believe it is our duty to ensure that where people want to age here that they have the opportunity to. It is our belief that it is not fair to ask those that have contributed so much to move away as they age. This plan is a continuation of our contribution to realising that belief.”

-West Coast Council-



Inherent Limitations

This report has been prepared as outlined in the Scope Section. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

This report represents work undertaken for the West Coast Council under the terms of KPMG's appointment letter dated 23 January 2019. This report is provided solely for the benefit of the parties identified in the engagement letter/contract and is not to be copied, quoted or referred to in whole or in part without KPMG's prior written consent. KPMG accepts no responsibility to anyone other than the parties identified in the appointment letter for the information contained in this report.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by the West Coast Council consulted as part of the process.

KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

KPMG is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form.

The findings in this report have been formed on the above basis.

Third Party Reliance

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This report has been prepared at the request of West Coast Council in accordance with the terms of KPMG's appointment letter dated 23 January 2019. Other than our responsibility to the West Coast Council, neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party's sole responsibility.

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Executive Summary

Executive summary

Responding to the needs of an ageing population on the West Coast

Tasmania has the highest proportion of people aged over 65 years of all Australian States and Territories, and the highest median age of 42 years^{1,2}. Between 2020 and 2030, the senior population is anticipated to grow from 20% to 25% of the population¹, which appears to be driven by both younger people leaving the State and older people moving to the State¹. The Tasmanian Government has collaborated with the Council of the Ageing, Tasmania (COTA Tas) to develop a **Strong, liveable communities: Tasmania's Active Ageing Plan 2017-2022** that supports the right of all Tasmanians to have access to health care and education opportunities, participate in their community, feel safe and secure, and feel respected within their community¹.

The West Coast population has changed in recent years, signalling a need to actively plan and support its ageing community. Between 2006 and 2016, the West Coast proportion of older persons in the population (aged 65 years and over) has increased from 11% to 16.5%, while the total population reduced from approximately 5,000 to 4,150 people.³ The diagram below highlights some characteristics of this population.

THE WEST COAST REGION²

Population = 4,149 persons

681 persons (or 16.5%) aged 65+ years

49% of the population is aged 45 years and over

The median age of the West Coast region is 44

Zeehan, Queenstown, Tullah and Rosebery rank in the **lowest 10%** of all Australian towns based on relative socio-economic disadvantage²

There has been a **population decrease of 2%** within the last year alone (2018)

13.8% of the West Coast are **unemployed**

Building on the West Coast Community Plan 2025

In 2015, community consultations were undertaken across the West Coast to create the region's first 10-year strategic community plan, the **West Coast Community Plan 2025**. These consultations highlighted concerns over the need to support ageing community members to age-in-place on the West Coast, with a resulting commitment from Council to invest in an Ageing Strategy to ensure the West Coast remains a home to all segments of its community⁴.

The Plan identified several key priorities⁴ related to its older population which are addressed in the West Coast Liveable Communities Strategy 2025:

- Improvement of the breadth and depth of **health care services** available in the region, such as the availability of dentists and podiatrists;
- Increasing the availability of **aged care and respite facilities and services** to respond to increasing demand;

(continued overleaf)

1. Department of Premier and Cabinet, Tasmania's Active Ageing Plan 2017-2022 (2017) and Active Ageing Plan Background Document Part B (2016)

2. ABS Census 2018, including Socio-Economic Indexes for Areas (SEIFA)

3. West Coast Annual Report 2017-2018 Tasmania

4. West Coast Community Plan 2025.

Executive summary

- Improvement of **public transport options**, including disability and medical transport;
- Activating a **'healthy lifestyle' culture** through campaigns, programs and services and education; and
- **Better engagement and / or coordinated partnerships** with support agencies, industry providers, government and the community to improve resident access to holistic services and supports to promote wellbeing.

"The community spoke loud and clear when through the West Coast Community Plan 2025 consultations they identified the need for greater medical services and greater access to aged and respite care. This strategy aims to understand in greater detail what is needed and how it can be achieved and continues the work of the West Coast Community Plan 2025.

-West Coast Council-

The development of the West Coast Liveable Communities Strategy 2020-2025

In 2019, the West Coast Council (the 'Council') engaged KPMG to support the development of a **West Coast Liveable Communities Strategy 2020-2025** to enhance the liveability of its communities for an ageing population. This was developed using the **World Health Organisation's Positive Ageing Community Framework**¹, as the base and is designed to be practical and achievable. It considers innovative solutions that are tailored to the needs and preferences of the local community, with respect to the challenges resulting from the remote and rugged nature of the West Coast.

Specifically, the strategy:

- holistically considers a range of liveability factors consistent with the World Health Organisation's Positive Ageing Community Framework; with assessment undertaken on the key gaps that impact on liveability, so that the Strategy can be targeted towards closing them;
- builds on, and complements, the West Coast Council Community Plan 2025 and the Tasmania's Active Ageing Plan 2017-2022 to leverage existing work underway and funding already approved for this purpose;
- reviews the availability and accessibility of key health and ageing services and supports, and identifies barriers or challenges that older members face in using them;
- considers and optimises the use of existing resources, infrastructure and services available on the West Coast; and
- was designed and developed in close collaboration with the community, with a focus on ensuring representation across locations, age groups, and interests. This was achieved through community surveys and forums, as well as targeted consultations with key stakeholders from health services and local, state and federal government.

1. World Health Organisation, Global Age-Friendly Cities: A Guide, 2007

Executive summary

Strategy development: inputs and approach

The diagram below summarises the key inputs and approach taken in the development of the **West Coast Liveable Communities Strategy 2025**. The community surveys were particularly valuable in providing insight into the real challenges faced on the West Coast. The total response rate was 5% of the total population, with an equitable representation across locations, age groups, length of stay and other characteristics. Many respondents provided substantial qualitative input in terms of lived experiences, ideas and feedback on current services accessed.

The consultations and Community Forums provided opportunity to discuss identified issues in greater detail and to test several of the strategy elements discussed further in this report.

KPMG acknowledges and appreciates the warm collaboration and enthusiasm from the West Coast community and external stakeholders in sharing personal experiences, insights and ideas during this engagement.

STRATEGY INPUTS	Community surveys	Analysis	Consultations	Community forums
	Participation rate of 5% of total population (218 responses), with representation across communities, age groups, genders and length of stay in community.	KPMG undertook research into services and supports to understand the availability of services, issues, gaps and challenges to be considered in the strategy.	Several consultations were held with service providers, health practitioners, community and government representatives to understand gaps and challenges.	Several strategy sessions and community forums were held between March and June 2019 by Council and KPMG to test potential solutions and implementation options.

The remainder of this Executive Summary and report is discussed in the following order. It highlights the holistic approach needed when building a strategy that promotes liveability for all members of our community, including those who are older. It also emphasises that an effective strategy must be targeted to close specific gaps and challenges identified in the West Coast. Finally, KPMG has included in this report several case studies of efforts undertaken by other communities for consideration in developing and implementing strategic actions.

STRATEGY APPROACH	Building a future vision	Understanding the gaps and challenges	Delivering a Strategy
	<i>Where do we want to go?</i>	<i>What's stopping us?</i>	<i>How are we going to get there?</i>
	What are Liveable Communities and how can they be created?	What are the key gaps and challenges faced by residents today?	What are the key elements of a strategy that can close the identified gaps and challenges?
	What funded aged care services and supports are available?	What are some mitigating strategies or solutions identified?	How will this be practically delivered over the next five years?

Executive summary

Building a future vision: Strong Liveable Communities

The **World Health Organisation’s Positive Ageing Community Framework**¹ identifies eight key domains centred around **safety and security**, **health and wellbeing** and **participation and contribution** that holistically support ageing communities to age-in-place with full quality of life. This is through recognition that the physical and social environments where people live can have a significant impact on their health and wellbeing as they age.



Safety & Security

Having age-friendly housing, transportation, community infrastructure, and outdoor spaces.

Health & Wellbeing

Having a range of services and supports that promote healthy ageing and wellbeing for aged people and their carers.

Participation & Contribution

Cultivating age-friendly culture, policies and social norms that encourage and support older persons to make meaningful contributions.

Creating ‘liveability’ may involve targeted interventions to close any gaps found in any of the domains, which if left unchecked, may result in an increase in burden on another domain. For example, a lack of suitable housing or transportation for an older person will result in an increase in demand for community and health services, as well as a decline in the ability of older persons to participate and contribute to their communities.

The Community Survey was designed specifically to assess the liveability of the West Coast against the eight domains, and is discussed further on pages 10 and 11.

Understanding the interaction between aged care services and liveability

As part of this engagement, KPMG also reviewed the availability and usage of government-subsidised aged care services on the West Coast. It should be noted that the majority of Australia’s 3.8 million older population (persons aged 65+ years in 2018) live independently in community². Around 30% of this population access subsidised aged care services, of which the majority access Commonwealth Home Support Programme services² which provide short term or entry-level supports with an average spend of around \$2,600 per person per annum³. A small proportion of the Australian older population access Home Care Packages (2%) and Residential Aged Care services (5%)².

While the availability and accessibility of subsidised aged care services is vital to support those with advanced needs to remain in community, it is only one of eight dimensions in building Liveable Communities. As such, ensuring the wellbeing, independence and inclusion of older members will require a more holistic response than simply an increase in the availability and accessibility of aged care services on the West Coast.

1. World Health Organisation, Global Age-Friendly Cities: A Guide, 2007
2. 2017-18 report on the operation of the Aged Care Act 1997, 2018.
3. Productivity Commission. Report on Government Services 2018 – Chapter 14; Aged Care Services. Queensland Audit Office. 2018.

Executive summary

Availability of aged care services

The Commonwealth Government funds a range of programs that provide services and supports to older people who have diminished capacity to care for themselves. In 2017-18, 1.3 million older Australians accessed aged care with an associated expenditure of \$18.1 billion¹.

ASSISTANCE WITH EVERYDAY LIVING

such as cleaning, laundry, shopping, meals and social participation.

HELP WITH PERSONAL CARE

such as help with dressing, eating and toileting.

HEALTH CARE

such as nursing, physiotherapy, dietetics and dentistry.

ACCOMMODATION

which includes both temporary and more long term accommodation.



The key programs and services offered by the Commonwealth Government are aimed at keeping people comfortable in their own homes for as long as possible, where the level of support received is dependent on the level of need. For each stage of one's 'ageing journey', there exist a variety of support models and service options.

A review was undertaken on the availability of subsidised aged care services and supports under key programs: Commonwealth Home Support Programme (CHSP), Home Care Packages (HCPs) and Residential Aged Care (RAC). Key findings are discussed below.

High level findings of the current state of aged care on the West Coast²

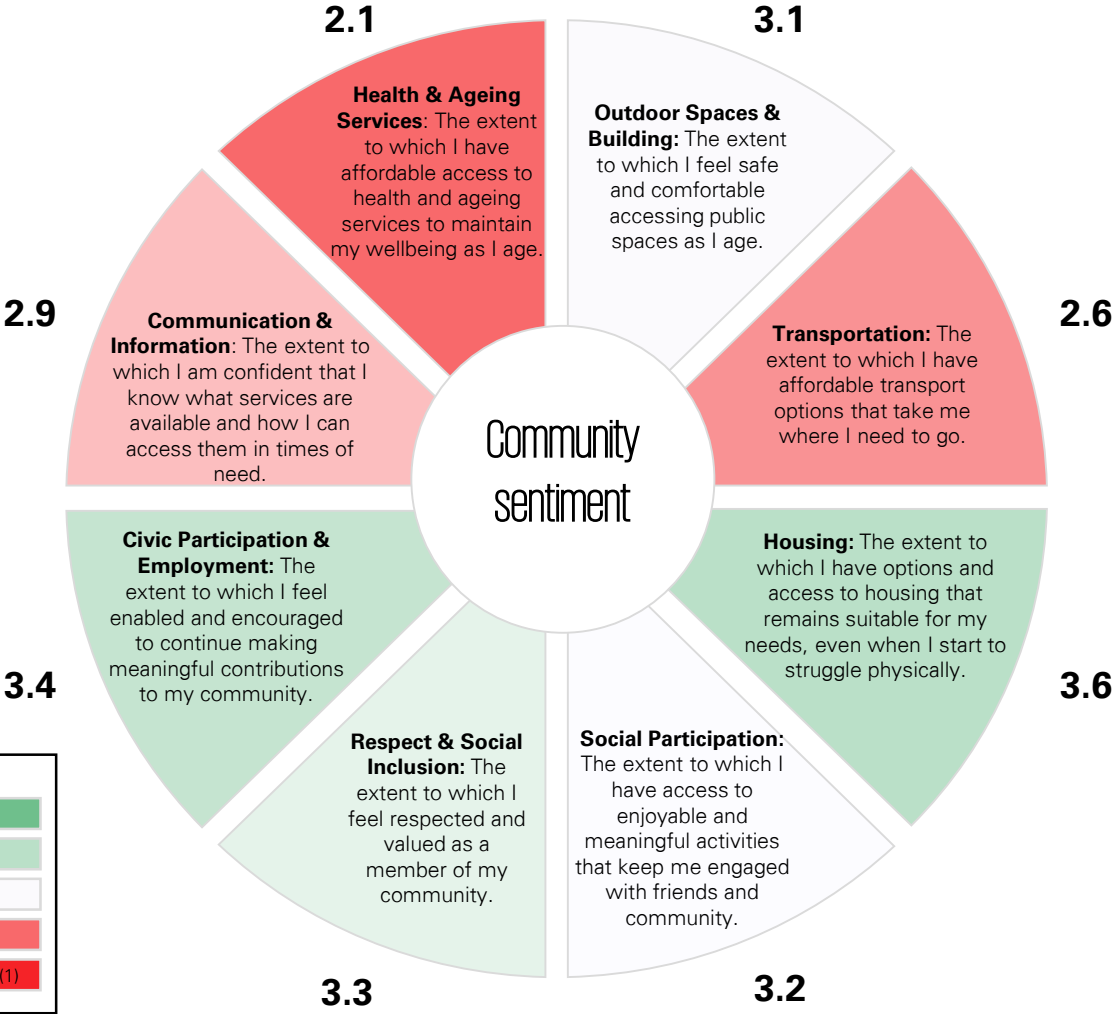
- Overall, there appears to be a relatively low level of aged care services on the West Coast to support ageing-in-place. This appears driven by gaps in knowledge of how to access subsidised services, and limited aged care providers delivering services on the West Coast (despite Commonwealth funding allocated for services across the North Western Aged Care planning region where the West Coast is located).
- The most commonly accessed subsidised service is transport via CHSP. As at April 2019, there were around 58 older residents who further accessed CHSP for a broader range of supports in home and community. Around 17 older residents access the higher-funded HCPs for help and support in their homes and communities, while around 14 residents access residential aged care and short-term respite at Lyell House in Queenstown.
- Services are primarily provided by HealthWest (Department of Health), and to a much lesser extent by 3 to 4 other providers. There are over 25 other aged care providers operating in the North Western region, but their service delivery is limited to areas around Burnie and Devonport.
- Community consultations indicated that the actual number of residents accessing aged care services and supports may increase with more education and support to older West Coast residents on how to access My Aged Care. An increase in eligible West Coast older residents may in turn assist to attract more providers to the West Coast, while a larger scale will enable more choice in services for residents.
- There are some gaps on the West Coast; currently, older residents do not appear to have access to Short Term Restorative Care or Transition Care programs. Additionally, there appears to be very limited access to private, in-home or community services, which means older individuals who are not eligible for subsidised services do not have easy access to services even if they are willing to pay for these.
- There are also no purpose-built retirement villages, independent living units or assisted living options available on the West Coast, nor are there any planned developments.

1. Aged Care Financing Authority, Sixth report on the Funding and Financing of the Aged Care Sector (July 2018).
2. Key findings informed by publicly available Gen Aged Care Data accessed via website in April 2019: gen-agedcaredata.gov.au. Reports accessed: People using aged care 2018; Aged care service list 2018; and information shared by HealthWest and other stakeholders in consultations (based on services provided as at April 2019).

Executive summary

Understanding the gaps and challenges

The Community Survey questions were themed around the WHO Positive Ageing Community framework and its eight domains, to identify key areas to further analyse and inform the West Coast Liveable Communities Strategy. A total of 218 residents (5.3% of the total population) participated, and rated the extent to which each domain supported ageing-in-place (from 1 to 5, with 1 associated with 'Strongly Disagree', and 5 with 'Strongly Agree'). Many respondents also provided detailed comments around their responses and feedback on how this could be improved. The results are shown below.



SURVEY OUTCOMES

Key pain areas identified by the survey included:

- **Health & Ageing services,**
- **Transportation** and
- **Communication & Information.**

While **Housing** was the most positively rated domain, detailed comments under the 'Health & Ageing Services' domain indicate that stakeholders' housing (or lack of age-friendly housing options) are linked to their rating of the 'Health and Ageing domain, and is thus also highlighted as a key pain point.

Executive summary

Discussion of key issues

The outcomes from the survey corresponded with discussions on pain points and key issues at the Community Forum and stakeholder consultations. The key issues and considerations are summarised below, and discussed in greater detail in the body of the report with case studies and personal experiences highlighted to give insight and context. In addition, some examples of solutions from other jurisdictions have been provided for consideration.



Need for improved access to specialist health services, particularly for those who are frail	Need for transport solutions to support access to critical community services	Need for improved access to subsidised ageing services	Need for housing options and solutions to support ageing-in-place
<ul style="list-style-type: none"> West Coast's gaps in the availability and accessibility of specialist health services requires residents to travel on long and challenging roads to access services. This leads to avoidance of preventative or early intervention services, which in turn leads to faster deterioration and lower quality of life. There is a critical need to improve access and availability of key health and medical services within the townships, which requires attraction of visiting services or for medical practitioners to move into the region. Priority services identified include female general practitioners and radiographers / imaging specialists. 	<ul style="list-style-type: none"> West Coast has limited transport options to assist those who are either unwell or unable to drive. Bus schedules offer a limited time window for appointments, which if not respected by health practitioners, may require West Coast residents to find overnight accommodation. These limitations impact on wellbeing and ability to access critical health and essential services. Education and support to access the Patient Travel Assistance Scheme could assist people financially to cover the cost of travel and accommodation associated with medical services. More comprehensive solutions are needed to assist those who cannot drive to remain connected with friends and community, and access everyday services. This includes more flexible transport solutions, as well as exploration of Telehealth opportunities. 	<ul style="list-style-type: none"> West Coast's gaps in aged care services are correlated with a low number of older individuals with knowledge of available subsidised aged care services and how to access them. Education and support, particularly with using digital technology, is needed to improve older individuals' access via My Aged Care. There is a desire for an improved range of providers and services, not just for subsidised care, but also for services that can be purchased by the general population. Desirable services include health and wellbeing services such as exercise activities, home maintenance and modification services, and social outings. 	<ul style="list-style-type: none"> The majority of houses on the West Coast are not age-friendly, which limits options to age-in-place for owners and renters. Renovations to bathrooms and entryways can change this, but this is costly and not easy to access. The Council has commenced refurbishment of some Council-owned housing stock to be age-friendly in response to this demand, but more stock is needed to meet the long-term needs of the community. There is a desire for age-friendly housing solutions, but this is needed in each West Coast town (rather than one large solution in a single town). Examples of emerging housing solutions such as group homes and intentional co-housing models highlight a range of options for West Coast Council to consider.


Executive Summary

The way forward: West Coast Liveable Communities Strategy 2025

The West Coast Liveable Communities Strategy will support its residents to age actively the way they want, and where they want by enabling them to manage their health, increasing their opportunities to participate within society, and strengthening their sense of security as they age.

West Coast Liveable Communities Strategy

ONE: HEALTH & WELLBEING




1. West Coast Priority Card

2. Aged Care Education & Connection Program

3. Telehealth & other digital health and aged care solutions

TWO: SAFETY & SECURITY



4. Liveable Homes Incentive Scheme


5. Seniors Housing Hubs

6. Inter-Town Transport Strategy

7. Age-Friendly Town Scheme

8. Queenstown Community Precinct

THREE: PARTICIPATION & CONTRIBUTION



9. Rent-a-Tech and Digital Learning Hub

10. Education Learning Hubs

11. Neighbourhood Houses

Establishment and embedment of initiatives will require a dedicated Community Program Coordinator for a minimum two year term.

Executive Summary

The strategy steps out 11 key initiatives to be carried out over a five year period that will re-shape the way the community and society enable the independence, wellbeing, engagement and inclusion of older people and create opportunities to strategically prepare for the future. The strategy elements have been grouped into the three categories and are targeted at closing the gaps identified during the community engagement process.

A dedicated Community Program Coordinator will be required for a minimum 2 year term to support the establishment and embedment of these initiatives into West Coast community life.



ONE: HEALTH & WELLBEING

1. **West Coast Priority Card** – Development of a memorandum of understanding (MOU) with key health service providers and practitioners outside the West Coast to prioritise appointments for West Coast residents where possible in recognition of travel constraints.
2. **Aged Care Education & Connection Program** – Facilitate the development and distribution of educational materials around aged care services and establishment of regular information sessions for West Coast residents, leveraging the Aged Care Navigator Trial resources.
3. **TeleHealth and other digital health and aged care solutions** – Actively invite trials and opportunities to advance the use of TeleHealth and other digital health solutions on the West Coast.



TWO: SAFETY & SECURITY

4. **Liveable Homes Incentive Scheme** – Investigate options for developing and funding an incentive or subsidy scheme that encourages targeted bathroom refurbishments to increase the age friendly housing stock on the West Coast. If possible, options to develop local business capacity to meet this need organically into the future should be explored.
5. **Seniors Housing Hub** – Create and trial an innovative co-housing model in Zeehan using available refurbished council housing (two and three bedroom units) to test demand and effectiveness of dedicated seniors housing hubs with access to services and supports. This trial will inform potential replication of similar co-housing models elsewhere on the West Coast (Strahan, Queenstown and Rosebery).
6. **Inter-Town Transport Strategy** – Trial and implement affordable and flexible transport solutions for inter-town travel, with emphasis on supporting vulnerable community residents to access health and essential services, and participate in community activities and events.
7. **Age-Friendly Town Scheme** – Enhance the safety and accessibility of key locations on the West Coast through additional pedestrian crossings, traffic lights, resurfacing of potholes, improved wheelchair accessibility, and lighting.
8. **Queenstown Community Precinct** – Invest in site preparation and master-planning of the former school property into an innovative precinct suitable for ageing-in-place aimed at increasing the vibrancy and liveability of Queenstown.



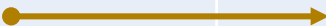



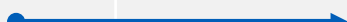


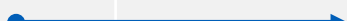



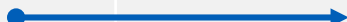
THREE: PARTICIPATION & CONTRIBUTION

9. **Rent-a-Tech and Digital Learning Hub** – Facilitate digital inclusion of older individuals via peer education schemes (i.e. 'tech-savvy' older individuals teaching others) and enabling access to connected devices through introduction of technology rental and purchase schemes.
10. **Educational Learning Hubs** – Enable older individuals and other residents to continue learning and applying new skills through facilitation of educational learning hubs at local libraries leveraging free online courses (e.g. University of Tasmania's Massive Open Online Courses for dementia).
11. **Neighbourhood Houses** – Encourage and support revitalisation and expansion of neighbourhood houses across the West Coast in collaboration with local seniors groups and volunteer programs.

Executive Summary

The following table summarises the categorisation and timeframes for each strategy element, noting that several items may be dependent on the recruitment of a capable Community Program Coordinator (CPC), availability of investment funds, funding application outcomes and local response.

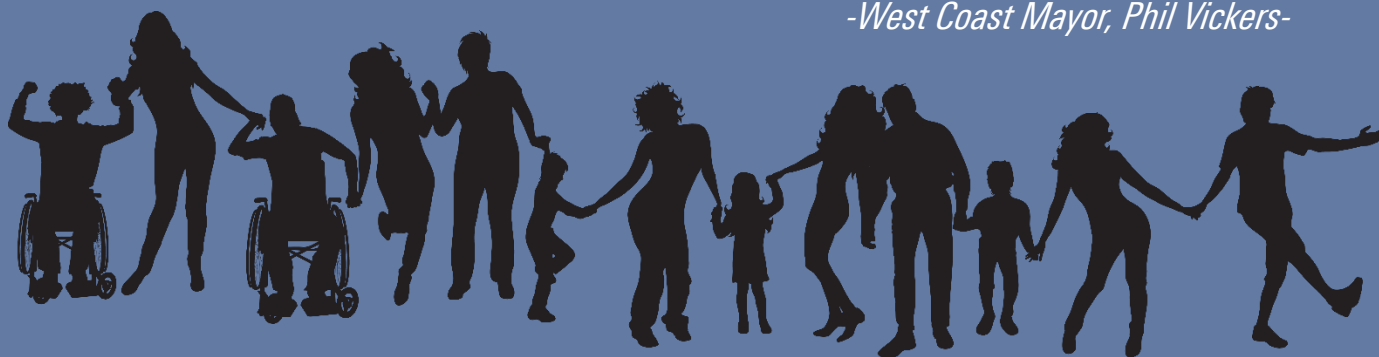
It should be noted that the timing below considers the period of time when coordinated efforts will be needed to effectively implement the strategic actions. For the majority of initiatives, the CPC resource will be primarily responsible for working with other stakeholders to establish and set up an initiative for success during the time specified. After this period, it is envisioned that they would have built up enough capacity and enthusiasm within the community, so that ownership of these initiatives will effectively transfer to the community or other entities (e.g. providers) to continue over the longer term.

#	Action Item	Y1: 2020	Y2-Y3: 2021-23	Y4-Y5: 2024-25
		Short Term	Medium Term	Longer Term
0	Recruitment of a Community Program Coordinator (FTE for minimum 2 years)			
Quick Wins				
1	West Coast Priority Card			
2	Aged Care Education & Connection Program			
3	Telehealth and other digital health and aged care solutions			
10	Education Learning Hubs			
Initiatives dependent on local response and funding outcomes				
4	Liveable Homes Incentive Scheme			
5	Seniors Housing Hub in Zeehan			
9	Rent-a-Tech & Digital Learning Hub			
Initiatives requiring investment				
6	Inter-Town Transport Strategy			
7	Age Friendly Town Scheme			
8	Queenstown Community Precinct			
11	Neighbourhood Houses			

"The West Coast is a vibrant and well-loved home to hundreds of families and individuals, despite, or perhaps because of, its rugged and remote location in Tasmania.

With careful and creative planning, the West Coast Council aims to encourage all stakeholders to enhance the liveability of its communities and to ensure that its current (and future) residents are able to exercise choice and live out their lives to the fullest in their own homes amongst their family and friends."

-West Coast Mayor, Phil Vickers-



KPMG warmly acknowledges the collaboration and support from the West Coast Council, West Coast Community, Healthwest and the Tasmanian State Department of Health, COTA Tasmania and other community stakeholders in the development of this report and Liveable Communities Strategy 2025.

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Section 1.

Introduction

- Tasmania and the West Coast ageing populations
- Developing a strategy

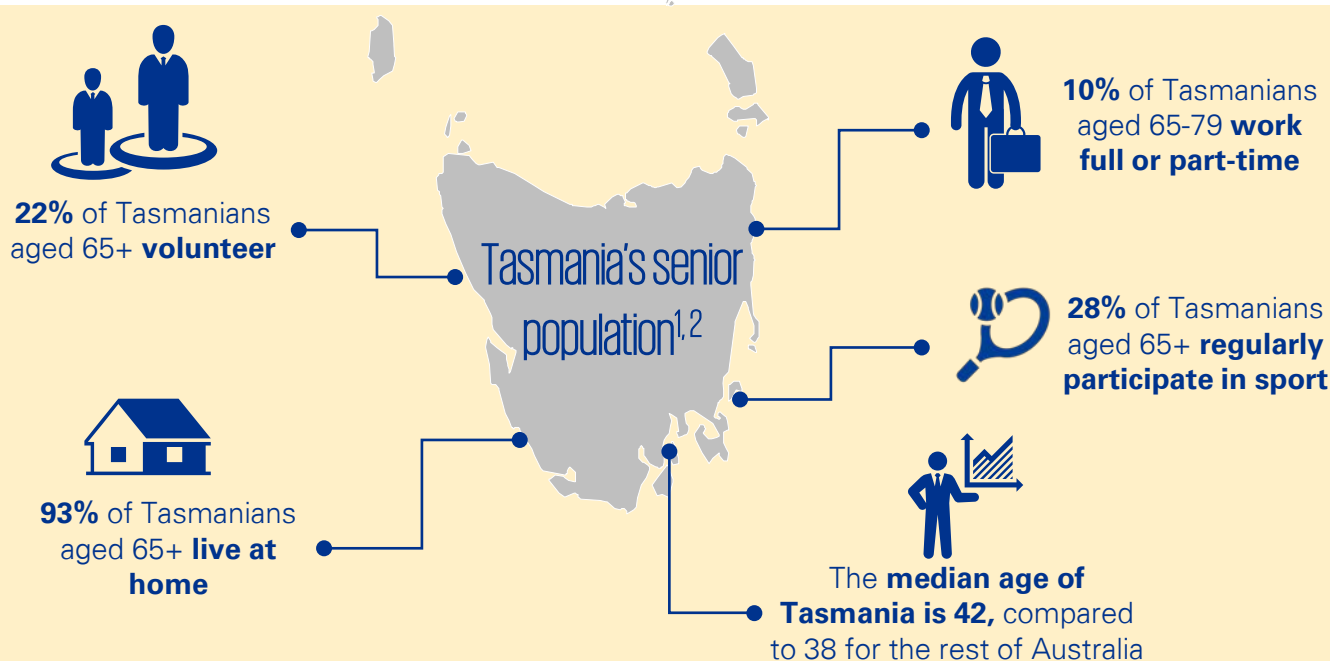
Tasmania and the West Coast ageing populations

Older Tasmanians are active contributors to the Tasmanian economy and community, and it is vital that they are supported to maintain their health and wellbeing, participation in community, and feel secure as they age.

Tasmania has the highest proportion of people aged over 65 years of all Australian States and Territories, and the highest median age of 42 years^{1,2}. Between 2020 and 2030, the senior population is anticipated to grow from 20% to 25% of the population¹.

Tasmania's ageing population trends appear to be driven by both younger people leaving the State and older people moving to the State¹. The attraction of older persons to Tasmania represents a real opportunity as these people bring knowledge, skills, experience and economic opportunity to Tasmania¹.

Consequently, the Tasmanian Government recognises the active role that the older population plays in Tasmania and is committed to ensuring its policies and strategies support and empower this valuable segment of the community to continue living active, healthy and independent lives, and remain full participants in their local communities.



The Tasmanian Government, with the support of the Council on the Ageing Tasmania (COTA, Tas), has committed to a comprehensive active ageing plan, with key action areas drawn from the World Health Organisation's Positive Ageing Community Framework to shape new initiatives in supporting people over the age of 50 to age well¹.

Strong, liveable communities: Tasmania's Active Ageing Plan 2017-2022¹

Tasmania's Active Ageing Plan (the Plan) supports the right of all Tasmanians to have access to health care and education opportunities, participate in their community, feel safe and secure, and feel respected within their community³. The Plan aims to re-shape the way workplaces, communities and societies view and value older Tasmanians to reduce barriers to participation and create opportunities. Key action areas include:

- Toolkits for Local Liveable Communities
- Utilising Tasmania's Ageing Workforce
- Active Recreation for Older Tasmanians
- Digital Inclusion for Older Tasmanians
- Building Business for Tasmanian Communities
- Good Neighbour Volunteering Program

1. Department of Premier and Cabinet, Tasmania's Active Ageing Plan 2017-2022 (2017) and Active Ageing Plan Background Document Part B (2016)
2. ABS Census 2016

Tasmania and the West Coast ageing populations

The West Coast represents 9,575 km² of majestic wilderness with a total population of 4,149 concentrated across five key townships: Queenstown, Zeehan, Strahan, Tullah and Rosebery.^{1,2}

The West Coast region's older population (persons aged 65 years and over) has grown from 11% of the total population in 2006, to 17% of the total population in 2016². This represents an overall increase of 28.5% over the 10 years². Conversely, the population base has also reduced over the same period of time, from approximately 5,000 people in 2006 to around 4,150 persons in 2016². Combined with the remoteness of the West Coast, there has been added pressure placed upon the West Coast's physical infrastructure, health, education, housing, employment, transport, aged care and recreation services². As a result, there is a need to address local challenges in terms of planning and implementing strategies and actions to improve outcomes for all residents on the West Coast².

THE WEST COAST REGION²

Population = 4,149 persons

681 persons (or 16.5%) aged 65+ years

49% of the population is aged **45 years and over**

The **median age** of the West Coast region is **44**

Zeehan, Queenstown, Tullah and Rosebery rank in the **lowest 10%** of all Australian towns based on relative socio-economic disadvantage²

There has been a **population decrease of 2%** within the last year alone (2018)

13.8% of the West Coast are **unemployed**

In 2015, community consultations were undertaken across the West Coast to create the region's first 10-year strategic community plan, the **West Coast Council Community Plan 2025**. Concerns over the ageing population were highlighted throughout the consultations, with a resulting commitment from Council to invest in an Ageing Strategy to ensure the West Coast remains a home to all segments of its community².

West Coast Community Plan 2025²

This plan is the culmination of a successful community engagement program and extensive analysis of data to provide the foundation to help guide policies, strategies and actions relating to the West Coast. In relation to its older residents, the below priorities were identified within the Plan for the future of the West Coast:

- Improvement of the breadth and depth of **health care services** available in the region, such as the availability of dentists and podiatrists;
- Increasing the availability of **aged care and respite facilities and services** to respond to increasing demand;
- Improvement of **public transport options**, including disability and medical transport;
- Activating a **'healthy lifestyle' culture** through campaigns, programs and services and education; and
- Better **engagement** and / or **coordinated partnerships** with support agencies, industry providers, government and the community to improve resident access to holistic services and supports to promote wellbeing.

1. ABS Census 2016, including Socio-Economic Indexes for Areas (SEIFA)
2. West Coast Community Plan 2025.

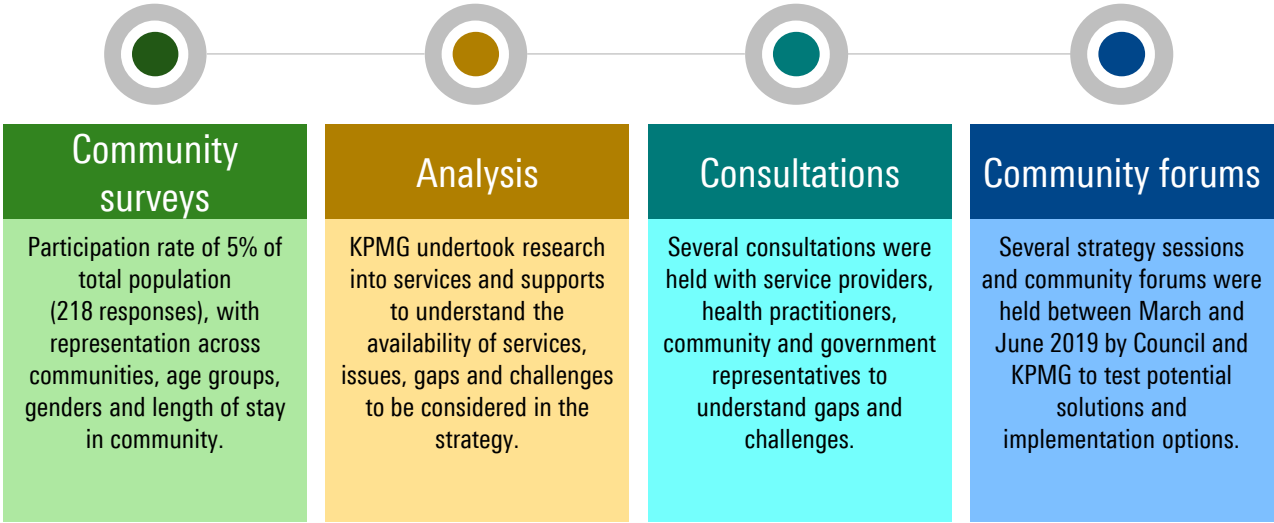
Developing a strategy

Building strong, liveable communities is more than just providing our ageing population with access to a range of services and supports; it's about creating opportunities for all members of our population, including our valued older residents, to feel strong, connected and empowered to contribute to the vibrancy of community life.

The development of the West Coast Liveable Communities Strategy 2025

In 2019, the West Coast Council (the 'Council') engaged KPMG to support the development of a five-year strategy to enhance the liveability of its communities for an ageing population. The approach that KPMG took was to:

- Deliver a Liveable Communities Strategy that holistically considered a range of liveability factors consistent with the World Health Organisation's Positive Ageing Community Framework. This framework was used to assess the key gaps that impact on liveability, so that the Strategy can be targeted towards closing them.
- Ensure the West Coast Strategy builds on, and complements, the West Coast Council Community Plan 2025 and the Tasmania's Active Ageing Plan 2017-2022. This allows Council to leverage existing work underway and funding already approved for this purpose.
- Review the availability and accessibility of key health and ageing services and supports, and identify the barriers or challenges that older members face in using them.
- Consider and optimise the use of existing resources, infrastructure and services already available on the West Coast, including current transport options, the old school property located in Queenstown that was recently purchased by Council, and a portfolio of housing that is owned and managed by Council.
- Design and develop the strategy and initiatives in close collaboration with the community, with a focus on ensuring representation across locations, age groups, and interests. This was achieved through engagement via the following platforms which included targeted consultations with key stakeholders from health services and local, state and federal government. Importantly, the survey and forums allowed community members to share personal experiences and ideas of what they would like featured in the strategy.



The West Coast Liveable Communities Strategy 2025 was developed over a four month period from March to June 2019, and is designed to be practical and achievable. It considers innovative solutions that are tailored to the needs and preferences of the local community, with respect to the challenges resulting from the remote and rugged nature of the West Coast.

Developing a strategy

The West Coast Liveable Communities Strategy 2020-2025 must be practical, actionable and achievable. It must also be tailored to the needs and preferences of the local community, with respect to the challenges resulting from the remote and rugged nature of the West Coast.

KPMG used the World Health Organisation’s Positive Ageing Community Framework in developing the West Coast Liveable Communities Strategy, which is also used as the foundation of Tasmania’s Active Ageing Plan 2017-2022¹. This framework is actively and consistently used across Australia and several other major countries, and recognises that the physical and social environments where people live can have a significant impact on their health and wellbeing as they age. It identified eight key domains that directly influence the quality of life and wellbeing of older people, broadly categorised under **Safety and Security**, **Health and Wellbeing**, and **Participation and Contribution**.

As part of this work, KPMG undertook analysis into the current state of ageing on the West Coast today, namely the extent to which West Coast residents have access to a range of quality aged care and supports in the home, community and in residential facilities to meet the varying and increasingly complex needs of the ageing population. This included a review of:

- The extent to which the older community has access to appropriate housing, transport services, community amenities, health facilities and social supports to enable them to feel strong, connected and empowered to contribute to community as they wish.
- Depth and range of capability to meet complex needs, including dementia, co-morbidities, palliative care and mental health challenges; and also special needs for more vulnerable segments of the community.
- Availability of key funded aged care programs, such as the Commonwealth Home Support Programme, Home Care Packages, Short Term Restorative Care places, Transition Care Programs and Residential Aged Care services.
- Other state, local or community funded initiatives and services targeted at the older community.

This report has been structured as follows to show the end-to-end development of the strategy. Additional information supporting the analysis and findings can be found in the Appendices.



1. Department of Premier and Cabinet, Tasmania’s Active Ageing Plan 2017-2022, 2017



Section 2.

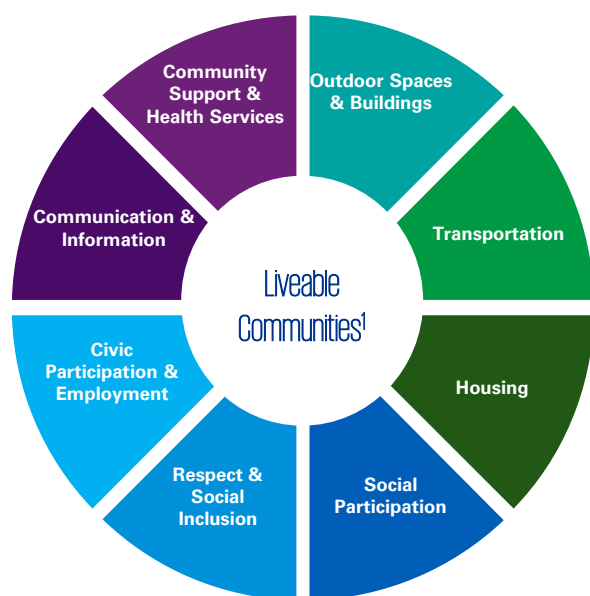
Liveable Communities

- Strong liveable communities
- Creating liveability

Strong liveable communities

Australia's population is ageing as our life spans lengthen and the number of our older Australians increase in proportion to the total population. The proportion of persons aged 65 years or over of the total population is projected to increase from 15% at 30 June 2017 to between 21% and 23% in 2066¹. This requires a change in our physical and social environments that enables people to age-in-place with full quality of life.

Liveable communities holistically support ageing communities to age-in-place with full quality of life. There are eight key domains, identified by the World Health Organisation's Positive Ageing Community Framework¹, that directly influence the quality of life and wellbeing of older people. The concept of age friendly cities recognises that the physical and social environments where people live can have a significant impact on their health and wellbeing as they age. While the eight domains (depicted below) can be further categorised into three key areas, including **safety and security**, **participation and contribution**, and **health and wellbeing**, it is important to recognise that they overlap, interact with and heavily influence each other¹.



Safety & Security

Having age-friendly housing, transportation, community infrastructure, and outdoor spaces.

Health & Wellbeing

Having a range of services and supports that promote healthy ageing and wellbeing for aged people and their carers.

Participation & Contribution

Cultivating age-friendly culture, policies and social norms that encourage and support older persons to make meaningful contributions.

Simply speaking, the framework recognises that as we get older, our quality of life would be higher if we had age-friendly housing and local environments, transport options that help us when we can no longer drive, access to a range of health services and supports that promote good physical and mental health, and social structures that make us feel valued in our communities and support us to continue making meaningful contributions to others. A shortfall in any of these domains would result in an increase in burden on another domain. For example, a lack of suitable housing or transportation for an older person will result in an increase in demand for community and health services, as well as a decline in the ability of older persons to participate and contribute to their communities.

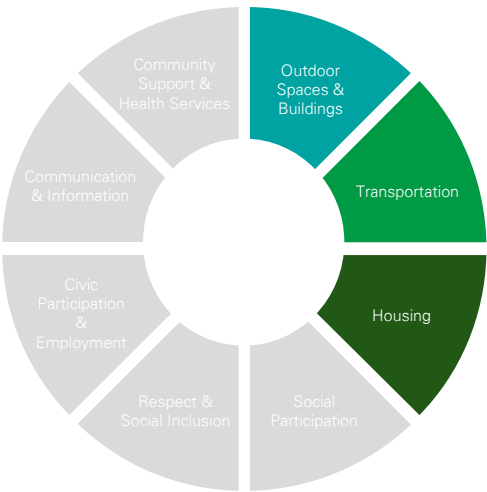
This framework also emphasises that policies, services, settings and structures must support and enable people to actively age by:

- Recognising the wide range of capacities and resources among older people;
- Anticipating and responding flexibly to ageing-related needs and preferences;
- Respecting their decisions and lifestyle choices;
- Protecting those who are most vulnerable; and
- Promoting their inclusion in and contribution to all areas of community life¹.

1. World Health Organisation, Global Age-Friendly Cities: A Guide, 2007

Creating liveability: Safety & Security

Feeling safe at home and in the community is fundamental in positive ageing communities. Well designed infrastructure and housing security provides older people with comfort and continued independence as they age.



As we age, common features in our physical environments, such as steps, steep slopes, busy road crossings, narrow doorways and dark walkways, can become obstacles that impact our confidence and ability to do everyday activities and remain independent at home.

The majority of older persons prefer to remain in their own homes and community, which is supported through access to appropriate housing (or options to make current homes accessible). In smaller communities, this may be harder to find. Those who rent their homes are further restricted from making modifications to homes to suit changing needs.

Further, as our ability to walk extended distances or drive deteriorates, everyday necessities, such as shopping, paying bills and medical appointments, become hard to access. Public transportation options may help, but only if it takes us to where we need to go at an affordable price.

By supporting people to access appropriate housing and community infrastructure, we can support and safeguard their choice to remain in their own homes and communities.

Housing	Transportation	Outdoor and public spaces
<p>The majority of older people prefer to remain in their own homes, and generally seek to downsize or move to suitable housing (e.g. single level houses or apartments), modify housing, or access supports to help them remain at home (e.g. help with cleaning and maintenance). In some communities, to further increase options for their residents, councils have additionally incentivised or introduced development planning conditions that new homes are disability-friendly in design.</p> <p>There are also a range of retirement villages, land lease communities and senior housing complexes that can additionally offer older people a close community of like-minded individuals with easy access to amenities and activities that promote healthy ageing.</p> <p>Residential aged care facilities or assisted living models offer specialised accommodation and services for those needing a high level of care.</p> <p>Emerging models include communal or co-housing models, potentially with mixed residents (e.g. older individuals and students that support each other). These may be informally created by mutual agreement.</p>	<p>The liveability of a community is influenced by the extent to which older people have:</p> <ul style="list-style-type: none">▪ Accessible, affordable and safe public transport;▪ Access to medical travel subsidy schemes, particularly for those living in remote communities; and▪ Age-friendly driving conditions and parking facilities³. <p>Tasmania’s rural and remote communities are particularly challenged with limited public transportation options which is further compounded by difficult roads and long distances.</p> <p>Other issues surrounding the nature of public transport include but are not limited to: difficulties in reading and understanding timetables; confusion resulting from changing routes; and the removal of services to suburban / remote areas.</p> <p>Limited access to public transport can have several downstream impacts, particularly related to feelings of isolation, and health conditions going unaddressed until deterioration is critical.</p>	<p>The outside environment and public buildings have a major impact on the mobility, independence and quality of life of older people and affect their ability to ‘age in place’.</p> <p>Ideal living environments for older people include age-friendly buildings, pavements and walkways, safe pedestrian crossings and adequate rest areas³. Emerging models include dementia-friendly environments that are well-lighted, sign-posted with sensory stimulations (e.g. bright coloured landmarks) to assist with way-finding.</p> <p>More importantly, positive ageing communities also feature spaces where older individuals can socialise and engage in meaningful activities. This may include community centres, cafes and parks that invite active use.</p> <p>The availability of suitable spaces also encourages the formation of local groups such as bowls groups, men’s sheds, book clubs, tai chi in the park, faith-based groups, and more, which add to the vibrancy of community life.</p>

Creating liveability: Health & Wellbeing

With advances in health and technology, people are living longer than they used to. While this is a challenge for the health system, it is also an opportunity to improve the way people access and use health information and services, particularly older individuals.



Australia offers a range of subsidised health and ageing services. Approximately one-third (32%) of older Australians identify that they are most concerned or worried about their health status¹. In addition, the top reason people gave for a poor (0-4 [out of 10]) quality of life rating was health problems, while ‘good health’ was the top reason for a very high (9-10) quality of life rating¹.

Health and ageing supports tend to be concentrated in hub locations across Tasmania, namely Hobart, Launceston, Devonport and Burnie. Services are also available in other communities, but may be limited or difficult to access. There are also processes to follow to qualify for subsidised services, and any gaps in education or support around this can make services inaccessible.

As such, it is essential that people are able to understand and act on information about their health and health care, in order to improve the overall health of the Tasmanian population. This is directly related to information communication methods and availability of services, particularly specialists, for older West Coast residents.

Communication & Information	Community Support & Health Services
<p>Older people need appropriate and age-friendly distribution channels for information. Timely, accessible and easily understandable information helps older people stay connected with events, news, and activities. This may be increasingly challenging with the trend of digitisation and information overload in urbanised cities.</p> <p>Communication technology has evolved significantly in recent years, with the internet now the primary vehicle for access. As remote communities may have limited connectivity and digital literacy, this can contribute to social exclusion, particularly for older individuals.</p> <p>Since 2015, older people are required to apply for subsidised aged care services and supports through the My Aged Care portal which is primarily accessed by telephone or internet. Primary care practitioners (general and health practitioners) and some aged care service providers may support some individuals by directly referring them to My Aged Care. In other places, information hubs may be informally set up to assist older people.</p> <p>In the absence of such supports, older people may face challenges in accessing subsidised aged care services or more general services to assist them to age actively and retain quality of life.</p>	<p>Accessible and affordable community and health services are crucial in keeping older people healthy, independent and active. This requires an appropriate supply of aged care services in a convenient location to where older people live, which also needs appropriate health and social workers to provide these services.</p> <p>There exists a substantive range of different health care needs and preferences. These include, but are not limited to, preventative care, geriatric clinics, hospitals, adult day centres, respite care, rehabilitation, residential aged care, home care and palliative care. Health services need to be affordable or have subsidies available to provide peace of mind that individuals will be able to receive the care required regardless of the ability to pay.</p> <p>A full continuum of subsidised aged care services is available and delivered in home, community or residential settings. This includes services delivered by care workers, nurses and allied health professionals, as well as assistive equipment and home modifications and maintenance services.</p> <p>Older people must be assessed to be eligible for subsidised services through My Aged Care. Funding is then provided to approved aged care providers to deliver the services to the eligible person. Reassessment is required to access a higher level of funded services.</p>

1. COTA Tasmania, Active Ageing Plan Background Document Part B, 2016

Creating liveability: Participation & Contribution

Older people who can access programs and services, and who are connected to their community, are more likely to be in better health and continue to actively contribute to their community and the economy as they age.



Opportunities to participate in a community are important for older people to live a good life

In 2013, the Australian Human Rights Commission found that most Australians feel that age discrimination in Australia is common, with more than a third of Australians aged 55 years or older having experienced some level of age-related discrimination¹. The research further suggested that one in ten business respondents would not recruit anyone over an average age of 50¹.

With the highest median age in Australia, Tasmania has a large proportion of older people who are still working or need to work. It is in this workplace setting where there exists a high prevalence of age discrimination that present challenges for older people to continue to contribute to their community and the economy as they age.

Within the Tasmanian landscape, older people have reported that opportunities to participate are important for them to continue to feel valued and connected within their community².

These opportunities include the ability to access services and community activities, continuing to be an active part of the workforce, volunteering and connecting socially with others. However, engagement in these activities is underpinned by support to continue learning, knowledge and skills to enable an older individual to manage their health, keep updated with technology, participate in the workforce, manage finances and maintain independence.

Social Participation	Respect & Social Inclusion	Civic Participation & Employment
Participating in leisure, social, cultural and spiritual activities in the community fosters older people’s continued integration with society and assists in their ongoing engagement and participation in the community. However, older people’s participation in these activities can be affected by access to transport and facilities as well as their affordability. As such, it is important that there exists not only a range of accessible and affordable activities for older people, but also that there is encouragement and means to support participation, particularly for intergenerational integration ² .	Age discrimination and a sense of ‘invisibility’ results in a strong and negative emotional response amongst older people ¹ . An inclusive society encourages older people to participate more in their city’s social, civic and economic life through respect and support of diversity, so that they feel respected and socially engaged to facilitate intergenerational interactions and contribute to older individuals’ self-esteem.	An age-friendly city and community provides opportunities for older people to continue to be an asset to the community by contributing to their communities long after their retirement. The liveability of a community can be determined by the level of access people have to voluntary or paid employment to keep them engaged with a sense of purpose and value ³ . In Australia, the Restart Wage Subsidy provides a financial incentive of up to \$10,000 designed to encourage businesses to hire and retain mature age employees who are aged 50+ years ⁴ . Countries such as Japan and Singapore require employers to ‘re-employ’ older people who wish to continue working after retirement age, but on new contracts or ‘continuous employment’ policies that match their work productivity and preferences ² . Germany has an “Initiative 50 Plus” program which provides training and lifelong learning to older people. Older workers who accept positions with lower salaries also receive a temporary subsidy for doing so ² .

1. Australian Human Rights Commission research, Fact or fiction: stereotypes of older Australians (June 2013)
2. Gerontological Society of America (GSA), Longevity Economics: Leveraging the Advantages of an Ageing Society (2018)
3. COTA Tasmania, Tasmania’s Active Ageing Plan 2017-2022, 2017
4. Department of Employment, Skills , Small and Family Business; Restart – help to employ mature workers; accessed from website in June 2019: <https://www.employment.gov.au/restart-help-employ-mature-workers>



Section 3.

Current state of aged care services

- Aged care summary
- Key programs and services

Aged care services

In 2017-18, 1.3 million older Australians accessed aged care with an associated expenditure of \$18.1 billion¹.

Subsidised aged care services and supports

The Commonwealth Government is the primary funder of a range of programs that provide services and supports to older people who meet eligibility requirements.

Aged care is defined as covering: a range of services provided to older people who have diminished capacity to care for themselves because of physical/mental disability or frailty² within the key categories shown to the right.



ASSISTANCE WITH EVERYDAY LIVING

such as cleaning, laundry, shopping, meals and social participation.

HELP WITH PERSONAL CARE

such as help with dressing, eating and toileting.

HEALTH CARE

such as nursing, physiotherapy, dietetics and dentistry.

ACCOMMODATION

which includes both temporary and more long term accommodation.

Subsidised aged care services and supports available on the West Coast

This section provides a high-level overview of subsidised aged care services and supports that are generally available to older Australians based on the stages in the ageing journey. The availability of these services and supports on the West Coast are also generally discussed in this section, drawing on research and analysis of publicly available data and consultations with West Coast community, health and aged care service providers and health practitioners.

The key programs and services offered by the Commonwealth Government are aimed at keeping people comfortable in their own homes for as long as possible, where the level of support received is dependent on the level of need. For each stage of one's 'ageing journey', there exist a variety of support models and service options.

A review of the services and supports accessed on the West Coast found the following key findings, which are detailed further in this section. Appendices 1 – 3 also provides additional information, including a stocktake of services and supports available on the West Coast, information on accessing My Aged Care, and Commonwealth Home Support Programme (CHSP) providers in the Tasmanian North Western region.

High level findings of the current state of aged care on the West Coast³

- Overall, there appears to be a relatively low level of aged care services on the West Coast to support ageing-in-place. This appears driven by gaps in knowledge of **how to access subsidised services**, and **limited aged care providers delivering services on the West Coast** (despite Commonwealth funding allocated for services across the North Western Aged Care planning region where the West Coast is located).
- The most commonly accessed subsidised service is transport via CHSP. As at April 2019, there were around 58 older residents who further accessed CHSP for a broader range of supports in home and community. Around 17 older residents access the higher-funded HCPs for help and support in their homes and communities, while around 14 residents access residential aged care and short-term respite at Lyell House in Queenstown.
- Services are primarily provided by HealthWest (Department of Health), and to a much lesser extent by 3 to 4 other providers. There are over 25 other aged care providers operating in the North Western region, but their service delivery is limited to areas around Burnie and Devonport.
- Community consultations indicated that the actual number of residents accessing aged care services and supports may increase with more education and support to older West Coast residents on how to access My Aged Care. An increase in eligible West Coast older residents may in turn assist to attract more providers to the West Coast, while a larger scale will enable more choice in services for residents.
- There are some gaps on the West Coast; currently, older residents do not appear to have access to Short Term Restorative Care or Transition Care programs. Additionally, there appears to be very limited access to private, in-home or community services, which means older individuals who are not eligible for subsidised services do not have easy access to services even if they are willing to pay for these.
- There are also no purpose-built retirement villages, independent living units or assisted living options available on the West Coast, nor are there any planned developments.

1. Aged Care Financing Authority, Sixth report on the Funding and Financing of the Aged Care Sector (July 2018).

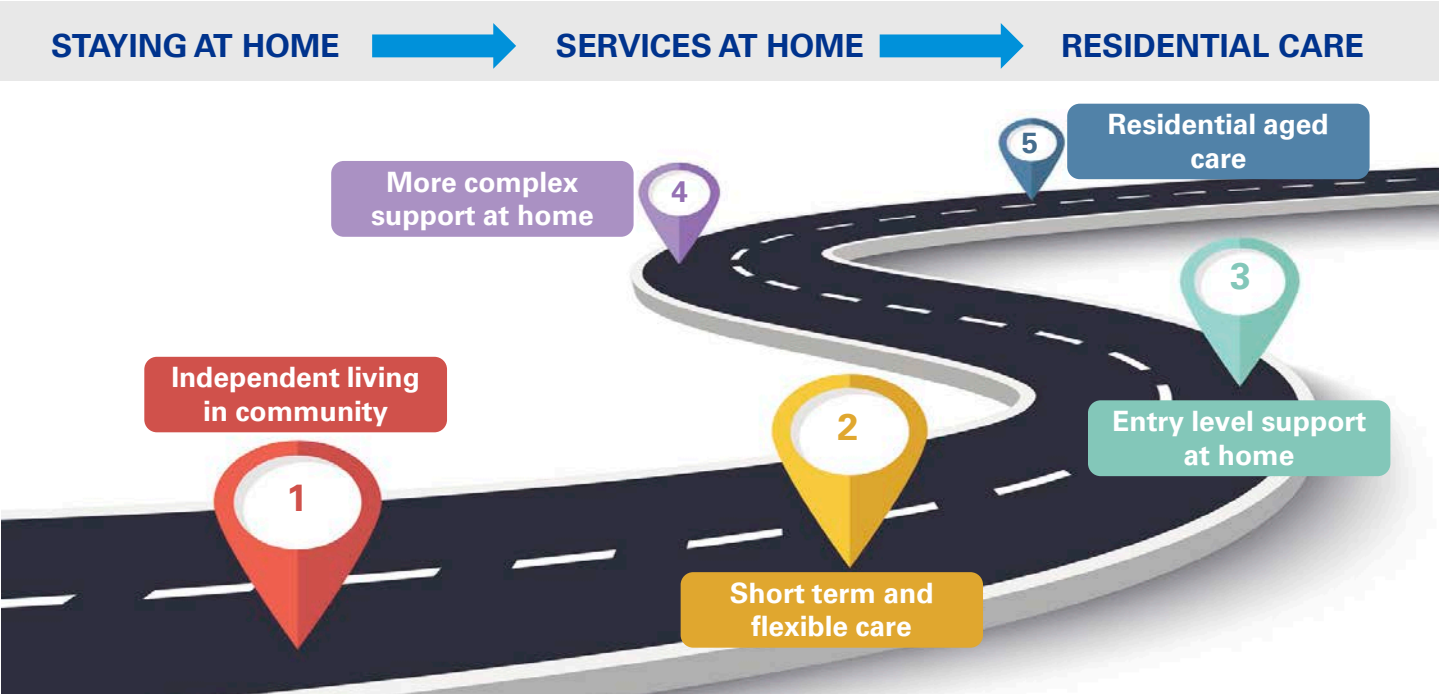
2. Productivity Commission, Caring for older Australians, Report No 53, 2011, Vol 1.

3. Key findings informed by publicly available Gen Aged Care Data accessed via website in April 2019: gen-agedcaredata.gov.au. Reports accessed: People using aged care 2018; Aged care service list 2018; and information shared by HealthWest and other stakeholders in consultations (based on services provided as at April 2019).

Key programs and services

Ageing Journey

Older Australians may go through various stages¹ in their ageing journey, which is described below.



1	Independent living	The majority of Australia’s 3.8 million older population (persons aged 65+ years in 2018) live independently in community and may access preventative health services for ageing well, such as health screenings and locally organised community activities (e.g. walking groups, men's sheds, older individuals clubs).
2	Short term and flexible care	Some older people may access short-term care services in home or residential care settings for situations such as restorative care (return to independence), transition from hospital or recovery from an accident or illness. This typically offers 8 to 12 weeks of intensive allied health, nursing and personal care services until the person is well again. Older people may use these services in combination with other programs.
3	Entry level support at home	Around 21% or 800,000 older individuals ² access ongoing or short-term care and support services through the Commonwealth Home Support Programme (CHSP), including help with housework, personal care, meals and food preparation, transport, shopping, allied health, social support and planned respite (to give carers a break).
4	More complex support at home	Around 2% or 100,000 older people ² access any of four levels of consumer directed coordinated packages of services through Home Care Packages (HCP). Funds can be flexibly used for personal care, social supports, transport, nursing, allied health and clinical services, assistive equipment, home modifications, and more.
5	Residential aged care	Around 5% or 180,000 older people ² currently reside in residential aged care homes across Australia. These provide personal and nursing care and accommodation for older individuals who are unable to live independently in their own homes. There is a higher need for residential aged care in rural and remote communities where there may be limited home care and supports, or inappropriate housing.

1. KPMG
2. 2017-18 report on the operation of the Aged Care Act 1997, 2018.

Key programs and services

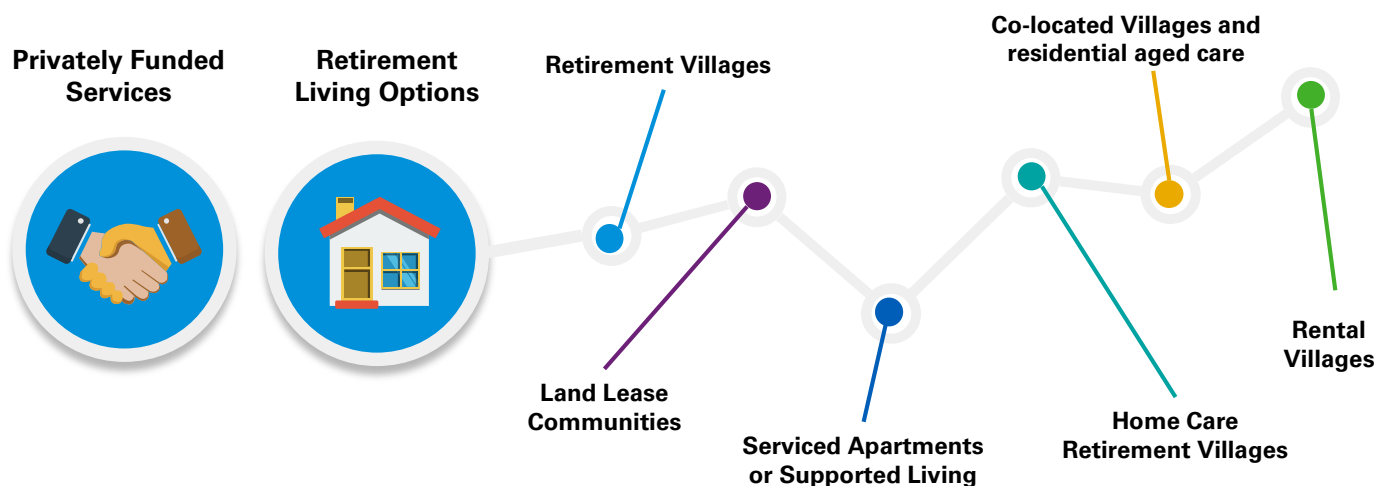
1

Stage 1: Independent living

In this stage, older individuals are generally independent, potentially with the support of family and friends. They generally live at home, though some may choose to move into retirement communities. Many purchase private services, such as health and wellbeing classes and services, home cleaning services, and transport.

In terms of subsidised services, there is access to generally available services, such as senior or pensioner discounts and free community or health activities which do not require assessments to access these services. These may differ by State/Territory based on what they fund, and differs further by community based on services facilitated or provided by councils, faith-based, charity and community organisations.

In terms of retirement communities, around 6% of older persons currently reside in them across Australia¹, with entry or purchase prices currently averaging \$438,000 for a two-bedroom independent living unit (in 2018)², with deferred management fees deducted when they exit the village. There are also some rental villages, however there is a limited supply of these in Australia, and they are usually targeted at pensioners (i.e. low means residents). Retirement communities generally offer amenities and activities to encourage active ageing, however residents have to pay for these through monthly service fees. Some villages also offer supported or assisted living units which provide a full range of cleaning, laundry and meal services as well as 24/7 care for emergency assistance for a higher monthly service fee.



Independent Living options on the West Coast

- The West Coast currently has a limited range of private home care services that offer home cleaning, home maintenance, transport and other services, which means older individuals who are not eligible for subsidised services do not have easy access to services even if they are willing to pay for it.
- In terms of generally available programs or services available for older individuals, only the Rosebery and Zeehan Neighbourhood Centres (funded via Neighbourhood Houses Tasmania) appear to offer services such as senior social lunches, bus outings, massages and foot care, and exercise programs.
- There are no retirement villages or similar options available on the West Coast, nor are there any specialised housing developments that specifically cater to older or disabled persons. The Council has recently commenced refurbishing Council-owned housing units to be age-friendly to meet the needs of their growing number of senior tenants. However, there is insufficient stock to meet the needs of the ageing community.
- There are currently no planned developments to create age-friendly housing on the West Coast.

1. Knight Frank, Older individuals Living Insight (September 2017)
2. PWC, Retirement Census Snapshot, 2018.

Stage 2: Short term and flexible care options

There are a range of short-term and flexible care options that are designed to either complement or reduce the need for more permanent or ongoing home or residential aged care. In some cases, they are designed to replace home and residential care. These may be delivered at home or in a residential setting.

Flexible care models are not consistently available across Australia. These models of care generally respond to the different needs of older people, including consumers in rural and remote communities, Aboriginal and Torres Strait Islander people and older people transitioning home after a hospital stay.

1. Transition Care Program (TCP)

- Time-limited (up to 12 weeks), goal-oriented and therapy-focused package of services to re-able or restore health after a hospital stay.
- Administered by the State and Territory governments.
- Can be delivered in a home or residential setting.
- As at 30 June 2018, around 3,683 consumers were accessing TCP¹ in Australia.

2. Short Term Restorative Care (STRC)

- Time-limited (up to eight weeks), goal-oriented, multi-disciplinary and coordinated package of individualised services, designed to restore one's physical or mental health so they can avoid more permanent care.
- Aimed at optimising the functioning and independence of older people and to slow or reduce functional decline.
- Relatively new program established in 2016, with a maximum of 825 persons accessing STRC at any given time in Australia (includes 10 places for Tasmania)¹.

3. Multi-Purpose Services Program (MPS)

- Provides an integrated health and aged care service for small regional and remote communities. The flexibility allows providers to offer a mix of aged care, health and community services tailored to the local community needs.
- This approach facilitates better use of limited physical and human resources and improves the scope of service delivery options, e.g. nurses and allied health staff can deliver health or ageing services, or buildings and equipment can be used for mixed purposes.
- There are around 178 MPSs in Australia, three of which are located in Tasmania (West Tamar, Campbell Town and Huon)¹.

4. Innovative care services

- A small pilot program that was originally set up in 2002 for younger persons with disabilities at risk of entering residential aged care. No further facilities have been provided funding since then.
- There are only around nine services in Australia, one of which is located in Tasmania (Hobart)¹.

5. National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)

- Funding model to provide culturally appropriate aged care for older Aboriginal and Torres Strait Islander people close to home and community.
- Supports the flexible delivery of residential and home care services in accordance with the needs of the community.
- There are currently 35 services in Australia, three of which are in Tasmania (Flinders Island, Cape Barren Island, Hobart)¹.

Flexible care options on the West Coast

- At present, there are no flexible care options utilised by residents on the West Coast.
- Care Forward North Western Tasmania (based in Devonport) is funded to deliver STRC in the North Western region which includes the West Coast¹. Education is needed so GPs and health practitioners can help identify and refer potential older individuals to My Aged Care to be assessed, with Care Forward then delivering services.

1. Gen Aged Care Data accessed via website in April 2019: gen-agedcaredata.gov.au. Reports accessed: People using aged care 2018; Aged care service list 2018.

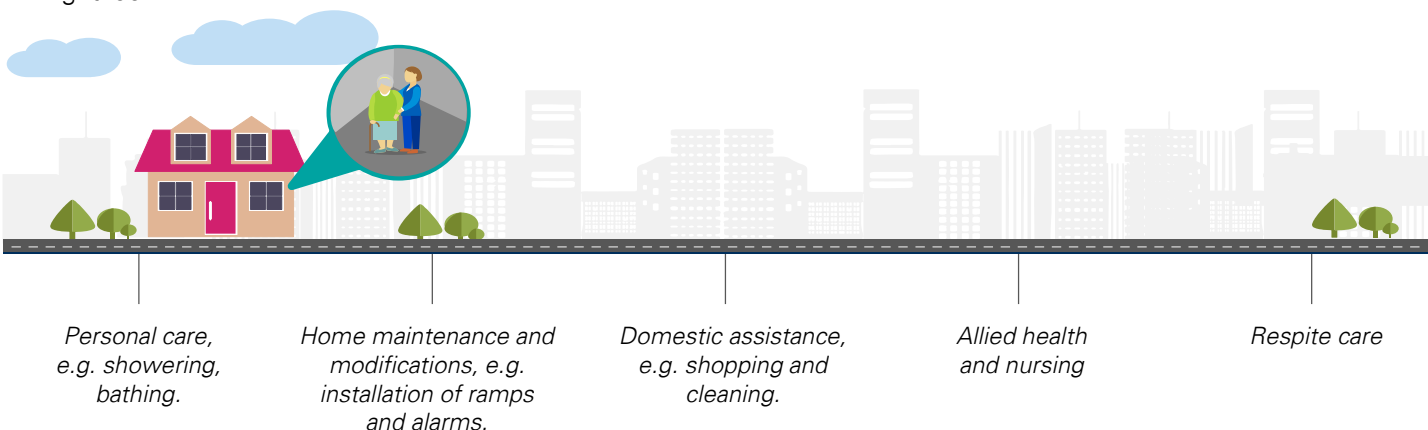
Stage 3: Entry level support at home

Commonwealth Home Support Programme (CHSP)

CHSP is the most widely used aged care program in Australia with almost 21% of the older population accessing it. Around 1,456 providers are funded to deliver CHSP services across Australia (of which 30 providers are funded to deliver in the North Western Tasmanian region where the West Coast is located); however, each provider is funded a specific amount for specific types of services. For example, HealthWest holds CHSP funding to deliver services such as nursing, personal care, and domestic assistance; while Community Transport Services Tasmania (CTST) is funded by CHSP to deliver transport services. Others may be funded to deliver home modifications, allied health and overnight respite.

CHSP is intended to provide either time-limited restorative supports, or entry level supports of around 1 – 2 hours per week (with a total subsidy of up to \$8,000 per person per year). Typically, people access it for assistance with housework, personal care, meals and food preparation, transport, shopping, allied health, social support and planned respite (breaks for carers).

To access CHSP, the interested senior will need to register on My Aged Care via telephone or the internet and undergo a simple assessment (usually a telephone assessment). If approved, they may contact any of the funded CHSP providers registered on My Aged Care that state that they deliver services on the West Coast to arrange service commencement. A small contribution of up to \$10 per hour of service may be payable, but this differs based on the provider's contribution policies. **Appendix 2** shows a roadmap for how one's My Aged Care experience might look.



CHSP on the West Coast

- Around 30 providers are funded for CHSP in the North Western region, with an annual funding amount of around \$15.85 million¹. **Appendix 3** contains a full list of these providers and the services they are funded to deliver.
- Gen Aged Care data indicates that in 2017-18, CHSP services were delivered to 10,050 recipients in the North Western Tasmanian region and 345 of those recipients were located on the West Coast¹. This may represent instances of services rather than unique individuals, and consultations indicate that this number may include transport services (e.g. through CTST). The major CHSP provider, HealthWest, shared that as at April 2019, around 58 older people across the five West Coast communities access a broader range of CHSP services². These services include nursing, personal care, respite, home maintenance, allied health, meals, social support, domestic assistance, and transport.
- More aged people may be eligible for services by registering and being assessed through My Aged Care. If approved, they may request services from the broader range of service providers based on funded services.

1. Gen Aged Care Data accessed via website in April 2019: gen-agedcaredata.gov.au.

2. HealthWest consultations held in April 2019, no independent verification of data was undertaken by KPMG.

Stage 4: More complex support at home

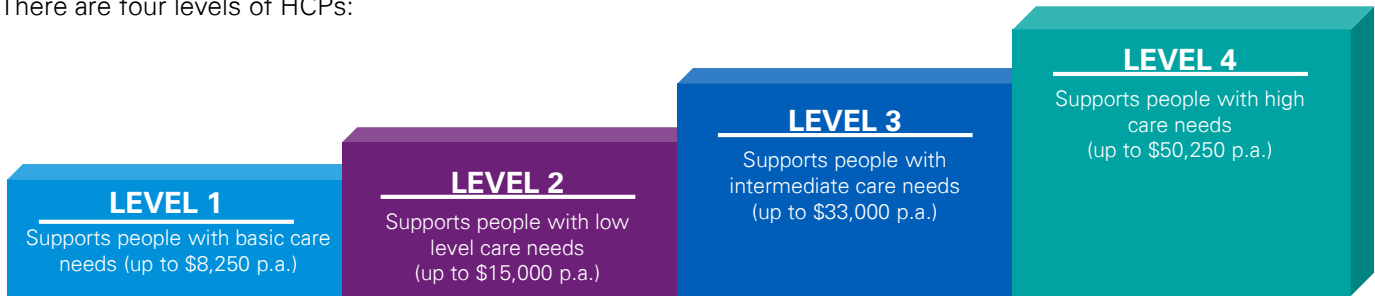
Home Care Packages

When someone requires a higher level of ongoing support to remain at home, they may be assessed and approved for a Home Care Package (HCP). There are four levels of HCPs, each providing a different level of funding.

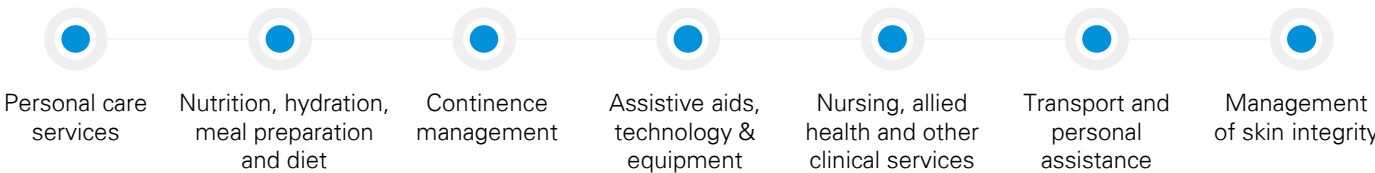
HCPs provide older people who want to stay at home with access to a range of ongoing personal services, support services and clinical care that help them with their day-to-day activities. They are to be delivered in a consumer-directed care model, where the providers consult with recipients on how the funds are to be spent on goods and services linked to their care needs and preferences.

Interested older individuals would register and be assessed by My Aged Care. If approved, they will be placed on a national queue to be allocated a package. Currently, this may take over 12 months for higher level packages as there were over 127,000 consumers waiting for their package allocation as at 31 December 2018¹.

There are four levels of HCPs:



Examples of services that may be provided under a HCP:



The key difference between CHSP and HCP: Under CHSP, an individual is assessed to receive a specific service and can only receive that service from a CHSP funded provider. Under HCP, an individual may use the package funding flexibly and can select any Approved Provider of Home Care to deliver the service.

HCPs on the West Coast

- Since February 2017, there has been a deregulation of the home care market where HCP recipients now have a choice in selecting their Approved Provider. Based on consultations, it appears that around 17 West Coast residents currently access HCPs (April 2019). Of this, 14 are managed by HealthWest, while three others are using Family Based Care, District Nurses and even a Melbourne Approved Provider. However, the latter three providers broker some services to HealthWest’s local West Coast careworkers².
- There are a total of 22 providers in the North Western region who are Approved Providers of HCPs. Several note in My Aged Care (‘Service Finder’ tool) that they have service coverage on the West Coast.³

Stage 5: Residential aged care

Residential aged care

Residential aged care (RAC) provides support and accommodation for people who have been assessed to require higher levels of care that can be provided in a home setting. It can be provided on either a permanent or temporary (respite) basis. RACs are often seen as the final stage in the ageing journey, with individuals entering with higher levels of acuity and complex needs. The average length of stay is less than three years¹.

While consumer preferences are leaning towards ageing at home, RACs are critical services for those who require ongoing clinical care, or who have advanced mental health or dementia challenges which limit their ability to live safely in community. In the absence of RACs, these individuals would likely remain in hospital.

It is worth noting that the average annual Commonwealth Government basic subsidy amount for a place in a RAC facility is in excess of \$61,000¹ and the average daily bed cost of a sub-acute care/rehabilitation hospital bed is approximately \$1,522 per day². This is in comparison to the lower average cost of \$2,600 and \$18,970 per annum for CHSP and HCP users respectively¹. As such, the government aged care target provision ratios aim to redirect a greater proportion of funding in coming years towards home care (versus residential care) to improve the overall sustainability of aged care funding.

RAC consumers will be required to undergo a full in-person or Telehealth assessment with the Aged Care Assessment Team (ACAT) via My Aged Care to access these services. Contributions will be needed pending income and means testing, including a Refundable Accommodation Deposit which will be returned upon exit, or an equivalent Daily Accommodation Payment (DAP) calculated based on the Maximum Permissible Interest Rate.



Residential aged care services on the West Coast

- The West Coast has a 16-bed RAC facility (Lyell House) co-located with the West Coast District Hospital in Queenstown. The facility is fairly modern (built around 10 years ago) and offers single rooms with private ensuites, with access to a communal lounge, dining room and secure garden. The facility is advertised with a Refundable Accommodation Deposit of \$250,000 (i.e. RAD price)³, though this may be reduced or even fully waived based on the incoming resident's capacity to pay and income and means testing.
- Lyell House reserves one room for residential respite (i.e. short term stay), and the occupancy for the remaining 15 rooms has been relatively stable at around 13 or 14 permanent residents at any one time. It faces some constraints due to being located on the second floor of the hospital with secured access only available from within the hospital, and by not being equipped to cater for complex behaviours or advanced dementia. Residents with these needs are typically referred to other RAC facilities in Burnie and Devonport, or further based on family preferences.
- As at 30 June 2018, there were 71.3 RAC places per 1,000 people aged 70+ years in the North Western region, which is lower than the Tasmanian average of 76.7 places, and the Australian average of 91.7 places per 1,000 people aged 70+ years⁴. The Commonwealth Government is currently working towards a target provision of 78 RAC places per 1,000 persons aged 70+ years by 2022, which indicates that more supply is needed. Regardless, community consultations indicate that there is limited desire from West Coast residents for more RAC services; instead, they would prefer assisted living options and expanded home care services.

1. Aged Care Financing Authority, Sixth report on the Funding and Financing of the Aged Care Sector (July 2018).

2. Productivity Commission. Report on Government Services 2018 – Chapter 14; Aged Care Services. Queensland Audit Office. 2018. The National Disability Insurance Scheme Report 14.

3. Dailycare Pty Ltd, 2019. Available at: <https://www.dailycare.com.au/aged-care-facilities/tas/west-coast-district-hospital-lyell-house>

4. Department of Health, Stocktake of Australia subsidised aged care places and ratios as at 30 June 2018,

Residential aged care supply and planning

Aged Care provision target ratio and actual place distributions

The overall aged care provision target ratio is being adjusted to progressively increase from 113 operational places per 1,000 people aged 70 and over in 2012 to 125 by 2021-22. In terms of breakdown of places by service type, this means that over the same period, the target for home care packages will increase from 27 to 45, while the residential care target is to reduce from 86 to 78. The remaining two places are for the STRC Programme.¹

Nationally, at 30 June 2017, the number of residential care places was 77.9 per 1000 people in the aged care planning population (i.e., aged 70 years or over). If the population of Aboriginal and Torres Strait Islander Australians aged 50–69 years is taken into account, the rate is 75.1 per 1000 older people. This rate is higher in major cities (79.6) compared to regional areas (68.3) and remote/very remote areas (23.1). During 2016-17, 232,252 older people were in permanent care (59.6 per 1000 older people) and 57,498 in respite care (14.8 per 1000 older people). At 30 June 2017, the occupancy rate for residential aged care was 91.8 per cent — the lowest rate over the 10 years of reported data.²

Implications for West Coast

The above information indicates that the maximum places that may be supported would be 78 places per 1000 persons, however this number actually averages 23 places per 1000 people in remote settings such as the West Coast. The information further suggests that the average occupancy rates are at 91.8% and has been reducing over the last few years as more people are choosing to remain at home. This represented an average of 59.6 persons in residential aged care per 1000 older people in 2017. Should this trend continue, actual demand for places would further drop.

The table below shows what the number of places would be on a **maximum basis** (i.e. against the national target of 78 places per 1000 people without adjustment for remote settings). Lyell House in Queenstown has 14 places which would appear close to target, if its catchment was only Queenstown rather than the whole of West Coast (where there are no other residential aged care facilities). It is noted that consultations with the service provider, Healthwest, indicated that they have not observed demand for Lyell House to exceed maximum occupancy (i.e. 14 beds) in the last few years. Those that they had to refer to facilities elsewhere were those who needed specialist care (e.g. complex behaviours or clinical care needs), which is consistent with experience in other remote settings.

Should the whole of West Coast be considered the catchment area, then the national targets would suggest capacity for up to an additional 20 places. This would need to consider that community consultations indicated a strong preference for home care options over residential aged care, and to remain within their own towns rather than having to move to another town within the West Coast community. Some older community members also suggested that if needed, they would move to a residential aged care facility located where their children may be living, which could be Burnie, Devonport or other locations in Tasmania and Australia. This would impact the real demand for residential aged care places on the West Coast.

Note that no analysis is needed for Home Care Packages as they are distributed based on national prioritisation of needs; irrespective of the individual's location in Australia.

RAC supply planning ratios	Queenstown	Strahan	Rosebery	Tullah	Zeehan ¹	West Coast	Tasmania	Australia
Residents above 70 years of age (ABS 2016 Census)	207	95	71	22	56	451	65,808	2,487,764
Number of places based on <u>maximum</u> RAC ratio of 78 places per 1000 persons aged 70+ years	16	7	6	2	4	35	5,133	194,046
Actual RAC places (30 Jun 18)	14	-	-	-	-	14	5,065	207,142
Variance	(2)	(7)	(6)	(2)	(4)	(21)	(68)	13,096

1. Aged Care Financing Authority, Sixth report on the Funding and Financing of the Aged Care Sector (July 2018).

2. Productivity Commission. Report on Government Services 2018 – Chapter 14; Aged Care Services.



Section 4.

Gap analysis and discussion of issues

- Overview
- Discussion of issues identified

Gap analysis

The West Coast faces unique challenges that are primarily linked to its geography. These have led to several gaps which impact on the liveability of its communities, some of which are affected more than others. Community surveys, forums and consultations with key stakeholders were undertaken to identify gaps to inform the most effective way forward.

The current state analysis on ageing services and supports highlighted some gaps. Other activities were also undertaken as part of this process to further understand gaps in order to inform an effective and targeted Liveable Communities Strategy, as shown below. Additional information is contained in Appendices 4-5 for reference.

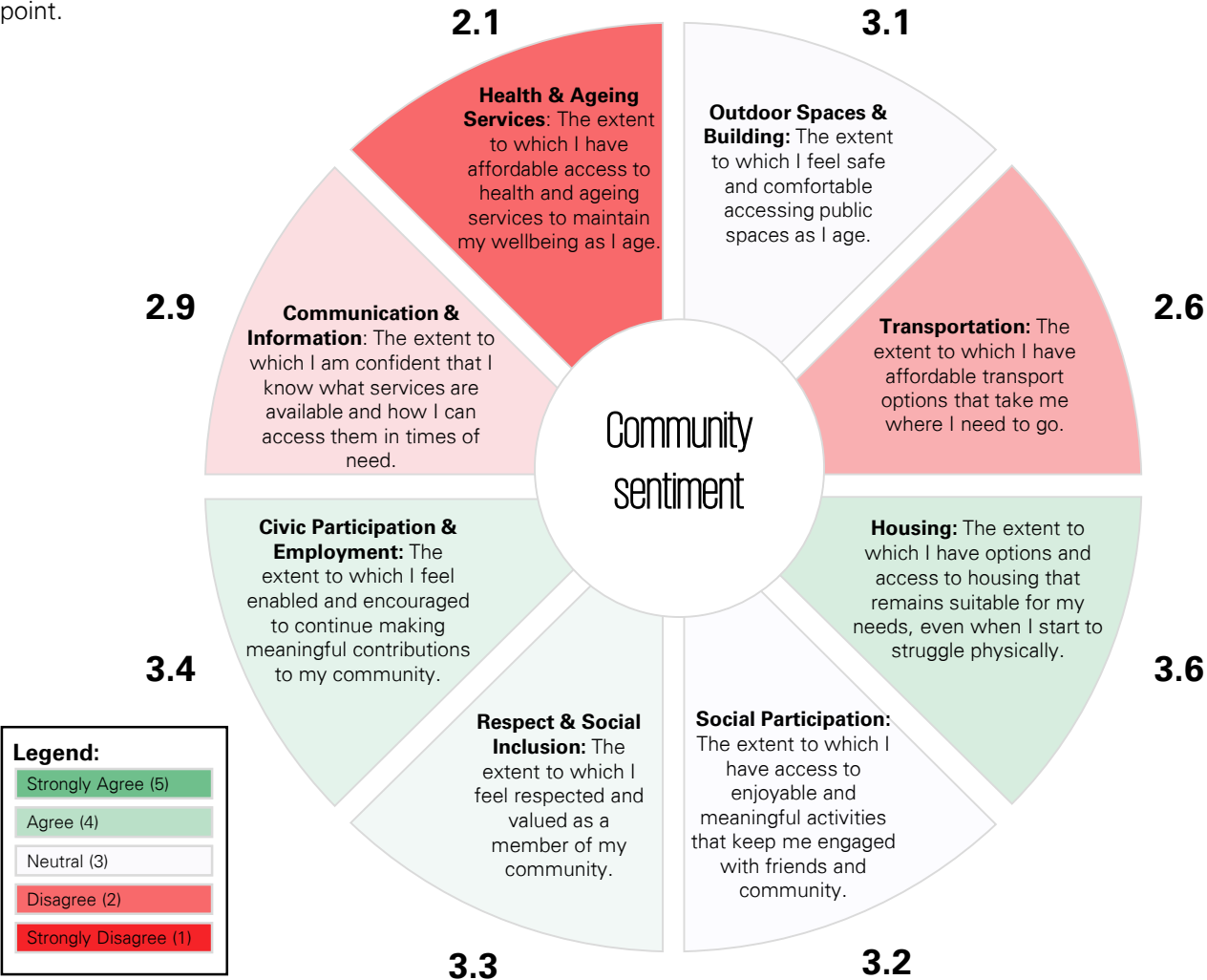
Community surveys	Analysis	Consultations	Community forums
Participation rate of 5% of total population (218 responses), with representation across communities, age groups, genders and length of stay in community.	KPMG undertook research into socio-demographic information, services and supports to understand the availability of services, issues, gaps and challenges to be considered in the strategy.	Several consultations were held with service providers, health practitioners, community and government representatives to understand gaps and challenges.	Several strategy sessions and community forums were held between March and June 2019 by Council and KPMG to test potential solutions and implementation options.

The community surveys were particularly valuable in providing insight into the real challenges faced on the West Coast. The total response rate was 5% of the total population, with an equitable representation across locations, age groups, length of stay and other characteristics.



Overview

The survey questions were themed around the WHO Positive Ageing Community framework and its eight domains, to identify key areas to further analyse and inform the West Coast Liveable Communities Strategy. The diagram below shows the weighted average scores (from 1 to 5, with 1 associated with 'Strongly Disagree', and 5 with 'Strongly Agree') provided by respondents with a colour scale to indicate the key pain areas, namely: **Health & Ageing services**, **Transportation** and **Communication & Information**. While **Housing** was the most positively rated domain, detailed comments under the 'Health & Ageing Services' domain indicate that stakeholders' housing (or lack of age-friendly housing options) are linked to their rating of that domain, and is thus discussed as a key pain point.



The outcomes from the survey corresponded strongly with discussions at a Community Forum and with stakeholders throughout April 2019. There was clear agreement on the key issues faced by West Coast residents which are explored further in this section.

Key issues

- 1

Need for improved access to specialist health services, particularly for those who are frail.
- 2

Need for transport solutions to support access to critical community services.
- 3

Need for improved access to subsidised ageing services.
- 4

Need for housing options and solutions to support ageing-in-place.

Discussion of issues identified

Issue 1: Need to improve access to specialist health services, particularly for those who are frail.



SNAPSHOT

- West Coast's gaps in the availability and accessibility of specialist health services requires residents to travel on long and challenging roads to access services.
- This leads to avoidance of preventative or early intervention services, which in turn leads to faster deterioration and lower quality of life.
- There is a critical need to improve access and availability of key health and medical services within the townships, which requires attraction of visiting services or for medical practitioners to move into the region.
- Priority services identified: female GPs and radiographers / imaging specialists.

The most critical issue for all residents on the West Coast is **gaps in the availability and accessibility** of specialist health services. Health services on the West Coast are concentrated in Queenstown, with some services available in Rosebery and, to a lesser extent, in Zeehan. However, this is limited in breadth and depth. Several of these services are also available only at specific times, which is limiting in cases of emergencies. This includes X-Ray imaging, physiotherapy, dentistry, amongst others. A detailed service stocktake was undertaken with detailed findings as set out in Appendix 3.

Several critical services are not available on the West Coast, such as ultrasound services, gerontology, cardiology, urology, gastroenterology, and ophthalmology. This impacts all members of the community, rather than just the older population.

As a result, West Coast residents have to drive for up to one hour to access primary services in Queenstown or Rosebery, up to two or three hours to access primary, specialist or emergency services in Burnie or Devonport, or up to five hours to Launceston and Hobart for more specialised services. This is particularly difficult for West Coast residents as the roads are windy, dimly lit, full of wildlife and dangerous in rainy or winter periods. Stakeholders shared tragic stories of frail or unwell residents suffering accidents en route to medical appointments. This influences several residents to avoid medical services, which in turn leads to faster deterioration and lower quality of life.

It is noted that the local Hospital and Health Service (Healthwest) has invested in establishing a Telehealth service at the Queenstown Hospital for virtual health consultations to improve resident access to specialists without the need to travel. While this is a step in the right direction to giving residents access to a broader range of specialists in the comfort of their own homes or communities, the service has had low utilisation to date. This is partly due to residents and other health services being largely unaware of its capabilities, but also due to limitations around the uptake of Telehealth amongst GPs and other health practitioners.

The need for improved access and availability of key health and medical services

As identified in the detailed service stocktake, there is a limited number of allied health and specialists services available across the West Coast (see Appendix 3). In particular, it shows allied health services available only at certain times, which, in some cases, can be only once every six weeks. They are also often booked out well in advance. Due to the isolation of the West Coast, it is difficult and undesirable for allied health staff and specialists to travel for extended periods of time to treat patients despite appropriate facilities available, such as a pathology lab and X-Ray machine.



The lack of access to suitable health services and specialists is why many of our vulnerable residents make the very difficult and emotional decision to leave town

Survey respondent

Discussion of issues identified

Issue 1: Need to improve access to specialist health services, particularly for those who are frail.

Further impacting the accessibility of these services is the limited mediums of communication available detailing their visits. A large proportion of the West Coast do not have access to the internet, therefore, methods of communication are completely dependent upon word of mouth and flyers located in and around the GP clinics in Rosebery and Zeehan as well as the Queenstown Hospital. This hampers the ability of residents to access these services, particularly those who are cognitively or physically frail.

Consultations with some health workers and medical practitioners in Burnie also indicated that some have stopped visiting services on the West Coast due to low demand for their services when they were there (potentially because residents were unaware of their visits). The high use of locum GPs compounds this issue, as they are typically only in town for 2 – 6 weeks. It is therefore easier to refer residents to established allied health services and medical specialists in Burnie and Devonport as compared to visiting services, thereby reducing local demand to justify visiting health services. Consequently, the gap in locally available health and specialist services widens, while the need for emergency services increases as residents reduce their use of preventative services.

It is noted that the West Coast population is relatively small, therefore demand for different services will likely be variable at different points in time. A dedicated health worker may be beneficial to work with local GPs, pharmacists, and hospital services to understand resident needs and help to coordinate their care and access to the right specialists at the right time, whether by arranging visits or Telehealth consultations.

The need to attract local health and medical practitioners to the West Coast

Residents discussed issues relating to the high use of locum GPs and visiting specialists that make it difficult for them to build a trusted relationship with their health practitioner. Further, there is a distinct shortage in female GPs which is challenging for female health issues.

On the West Coast, there is increasing prevalence of chronic diseases, such as Chronic Obstructive Pulmonary Disease, diabetes, and chronic pain as well as mental health issues. With high rates of smoking, drinking, drugs and obesity, the prevalence of these diseases is only expected to increase. At present, locum doctors provide the majority of primary care amongst the West Coast residents. While locums tend to be the same over a 12 month period, they rotate on a bi-weekly basis at Ochre Health and up to three months at the Queenstown clinic. Several locums may only visit once a year. As a result, continuity of care for health services on the West Coast is an ongoing issue where there is a limited focus on long-term care of patients, rather than a 'here and now' treatment'.

Survey feedback and consultations indicate that the challenge of attracting local health and medical practitioners to the West Coast may be linked with other liveability factors, particularly as they relate to family. This includes issues such as the local schools only offering education up to Year 10, thus requiring 15 and 16 year olds to attend boarding schools for final years; and gaps in services for children with developmental or health needs. Stakeholders describe that many health and medical practitioners choose to move out of the West Coast once their children reach high school age, or when they are planning to start families. These factors would have a greater impact on female medical practitioners as compared to males.

Community feedback indicates that priority services desired to be attracted to the West Coast include: **Female GPs** and **radiographer/imaging specialists** to provide local X-Ray and ultrasound imaging services and potentially even MRI / CT scanning services in the future.

You must remember to break your leg on a Wednesday, as
that is the only time you can get an X-Ray locally.

Community Forum participant



Discussion of issues identified

Issue 2: Need for transport solutions to support access to critical and community services.



SNAPSHOT

- West Coast has limited transport options to assist those who are either unwell or unable to drive. Bus schedules offer a limited time window for appointments, which if not respected by health practitioners, may require West Coast residents to find overnight accommodation. These limitations impact on wellbeing and the ability to access critical health and essential services.
- Education and support to access the Patient Travel Assistance Scheme could assist people financially to cover the cost of travel and accommodation associated with medical services.
- More comprehensive solutions are needed to assist those who cannot drive to remain connected with friends and community, and access everyday services. This includes more flexible transport solutions, as well as exploration of Telehealth opportunities.

The majority of West Coast services are concentrated in Queenstown, followed by Rosebery. The driving distance to these hubs from Strahan, Zeehan and Tullah are up to an hour. This is particularly challenging on the West Coast due to dangerous driving conditions, as discussed earlier. However, there are only a limited range and frequency of services on the West Coast, so more often than not, residents have to go to Burnie or further afield for medical and other critical appointments.

Transport is a critical limiting factor for West Coast residents to be able to access any service outside of their health services, particularly specialists in Burnie, Launceston and Hobart. The detailed service stocktake in Appendix 3 highlights limited options available to residents:

- Tassielink Transit bus that does two daily trips seven days a week, once in the morning from Strahan through to Burnie, and the second in the afternoon returning from Burnie through to Strahan; with a round trip cost of up to \$47.20 per person. The key challenge with this service is that if a resident is using this to attend a medical appointment, they will have only a three hour window from around 12pm – 3pm to get a taxi to the appointment venue, complete the appointment and return to the pickup point. As this time coincides with the lunch hour, very often booked appointments get delayed and residents are forced to make emergency overnight arrangements, or miss their appointment and reschedule. This is thus a stressful and costly experience.
- Some individuals may access the Community Transport Services Tasmania (CTST) or Rosebery Community Health Service community cars driven by volunteers, which provide door-to-door transport services (on a free or subsidised basis). These are subject to eligibility criteria and availability of the vehicle and/or a volunteer, and requires the person involved to make arrangements in advance, thus is not a viable option in emergency cases.

Taxi services are only available in Queenstown, but at rates of \$80 - \$150 for a one-way trip to other towns. Otherwise, private vehicles and ambulances are the only other options available to residents. It is noted that there is a Patient Travel Assistance Scheme (PTAS) which is processed by HealthWest at Queenstown and Rosebery. This provides capped financial rebates on travel and accommodation costs for the patient and escort (if one is needed). Challenges associated with this include a general lack of awareness about the PTAS, uncertainty over how much rebate would be received, and the need to submit the claim after the expense is incurred.



I was waiting for over an hour for my appointment when I saw the specialist leaving his office to go for lunch. I told him that if he did not see me then and there, I don't know when and if I would be able to come back again.

Community forum participant

Discussion of issues identified

Issue 2: Need for transport solutions to support access to critical and community services.

Another gap is that there are no transport options to support those who can no longer drive, which is common amongst the older population as eyesight, reflexes and mobility starts to decline, and also impacts anyone who lives with disabilities. This can lead to loss of independence and social isolation as individuals find it hard to meet with friends and do the things they love, while their health and wellbeing also deteriorates as it gets harder to shop for food and complete other everyday activities.

Stakeholders discussed a bus in Zeehan that is driven by volunteers, and a RSL bus that organises monthly social outings. These are highly valued, however are dependent on the continued goodwill of volunteers to organise them, and may not necessarily be accessible to all persons equitably as it is not broadly advertised. As such, it was discussed that a more comprehensive solution is needed to support frail members in the community.



Source: West Coast Council images

Discussion of issues identified

Issue 3: Need for improved access to subsidised ageing services.



SNAPSHOT

- West Coast's gaps in aged care services are correlated with a low number of older individuals with knowledge of available subsidised aged care services and how to access them.
- Education and support, particularly with using digital technology, is needed to improve older individuals' access via My Aged Care.
- There is a desire for an improved range of providers and services, not just for subsidised care but also for services that can be purchased by the general population.
- Desirable services include health and wellbeing services such as exercise activities, home maintenance and modification services, and social outings.

As discussed in the previous section, there are a range of ageing services across the West Coast, however the actual number of residents who are accessing services may be limited due to a gap in knowledge or understanding what subsidised services are available and how to become eligible to receive them.

Of the West Coast population aged over 65 years (705 older individuals), stakeholder consultations suggest that around 12% are currently accessing residential aged care (~14 older individuals), HCPs (~16 older individuals) and Commonwealth Home Support Services (~58 individuals). In addition, some older people are accessing subsidised transport through CTST which is also funded under aged care services. It should be noted that eligible older individuals can use their subsidies to pay for transport, home modifications and allied health services, which assists in overcoming other challenges.

Challenges in accessing subsidised aged care services

The centralised gateway system My Aged Care was introduced in July 2015. As discussed in the previous section, all older individuals must access the system either via telephone or internet to commence the process of assessment for eligibility. Once assessed and approved, the person may have to wait for an available HCP to become available (which currently can equate to wait times in excess of 12 months), or for a provider to agree to deliver the services. This process has been termed by the Aged Care Royal Commission as 'navigating the maze' due to its complexity which is compounded by lower levels of digital literacy and access to the internet in older populations, especially in rural and remote areas. Consultations and survey responses indicate that many West Coast residents are either unaware of subsidised aged care services or My Aged Care. It should be noted that the Federal Government has recently funded Aged Care Navigator Trials to help solve this challenge. COTA is currently establishing information and communication hubs, with one located in Burnie to offer free and dedicated services to educate and support older individuals to access aged care services. There is potential for the West Coast to request that support be specifically extended to the West Coast.

AGED CARE NAVIGATOR TRIALS

A trial of a national network of outreach centres, information hubs and advisors has been launched in 2019 to help older individuals navigate the aged care system and access services.

COTA Australia will lead the trial implementation to identify the type of supports that achieve the best outcomes. Most support services will be delivered face-to-face but there will also be telephone and online options.

Services will include education or group support sessions, such as webinars, seminars or small groups, to help make people aware of how to access aged care services, and individual one-on-one support, e.g. assist with My Aged Care or completing forms.

Tasmania's North West region is included in the trial, with an Information and Community hub established in Burnie.



Minister Wyatt with Umbrella Multicultural Community Care Hub staff. Published in Australian Ageing Agenda (25 Feb 2019)

Discussion of issues identified

Issue 3: Need for improved access to subsidised ageing services.

Limitations in choice of providers and services

Ideally, residents should be able to have choice in service providers or the care workers and nurses who come into their homes. However, due to the small number of eligible clients, this becomes difficult to offer. As such, HealthWest delivers over 95% of services. There are other providers, such as the District Nurses and Family Based Care, which have one or two West Coast clients, but stakeholders share that they may be currently contracting HealthWest to deliver the actual services.

The small scale also makes it difficult for providers to offer a broader range of care workers and nurses, or even products and services for clients to choose from.

However, as previously noted, there may be many more individuals who are eligible for subsidised aged care services who just need support in becoming eligible for it. Should the number of eligible individuals increase, this may attract more service providers to enter the West Coast and expand options for older individuals.

Limited availability of other active ageing services

Having access to activities such as regular social gatherings, group exercise or walking programs, volunteer opportunities, learning activities, and more, promotes active ageing and wellbeing amongst older residents. Consultations showed that Rosebery and Zeehan's Neighbourhood Houses (funded by Department of Families and Communities under Neighbourhood Houses Tasmania) were valued for their regular wellbeing activities (including fitness, massage, footcare, haircuts, and education sessions on diabetes, etc.) and social activities (such as Chat & Choose arts & craft sessions, community morning teas, and 'Lunch with a Mate' for seniors).

There was interest in similar vibrant community activities in Strahan and Queenstown to regularly bring together older residents, encourage participation in community, and improve physical wellbeing. A case study is also shown below on how similar 'Neighbourhood hubs' may be developed elsewhere.



Waverton Neighbourhood Hub¹

The Sydney-based Waverton Hub is an innovative example of how communities can support older Australians and combat social isolation.

It was established in 2013 by a dozen local older community members to help each other enjoy life, stay in their own homes for as long as possible, be as healthy as possible, and achieve all this for as little cost as possible. This is delivered through a program of activities.

Within two years, membership grew to over 300 members with around 80 members actively working on continuing to build the Hub, setting up systems, and designing and leading activities and events.

Activities are regular but change to suit interest and needs. It includes: local and out of area walks; TaiChi; pilates; yoga; wine appreciation; games afternoons; program of speakers; transport to shops, social / cultural events; computer training and computing Q and A sessions in a local cafe; art classes; morning and afternoon teas and neighbourhood gatherings in members' own homes and at local cafes.

The Waverton Hub is currently helping other communities around Australia and New Zealand to establish similar models.

More information is available on their website: wavertonhub.com.au

1. Waverton Hub, information extracted from website: wavertonhub.com.au accessed on 19 May 2019.

Discussion of issues identified

Issue 4: Need for housing options and solutions to support ageing-in-place.



SNAPSHOT

- The majority of houses on the West Coast are not age-friendly, which limits options to age-in-place for owners and renters. Renovations to bathrooms and entryways can change this, but this is costly and not easy to access.
- The Council has commenced refurbishment of some Council-owned housing stock to be age-friendly in response to this demand, but more stock is needed to meet the long-term needs of the community.
- There is a desire for age-friendly housing solutions, but this is needed in each West Coast town (rather than one large solution in a single town).
- Examples of emerging housing solutions such as group homes and intentional co-housing models highlight a range of options for West Coast Council to consider.

Housing on the West Coast presents a unique challenge. The survey respondents indicated a comparatively high level of satisfaction with housing relative to all other domains; however when analysed in connection with ageing services, it was clear that many residents desire housing solutions to support ageing-in-place. In the absence of this, residents will have to face the difficult decision of moving up the coast or elsewhere to access more appropriate housing, or enter residential aged care at Lyell House.

Limited opportunities to find suitable housing

The majority of housing on the West Coast comprises single-level two or three bedroom houses with steps leading up into the building and bathrooms with shower-over-bath configurations. The bathroom layout in particular is limiting and dangerous for older persons due to risk of falls and injury, with some stakeholders sharing insights that older persons may deliberately reduce showering habits to avoid harm, thus leading to health issues. Undertaking bathroom renovations to install disability-friendly showers is also not necessarily feasible due to limited local home renovation businesses, and a high cost involved in purchasing and transporting materials from larger towns.

The West Coast Council had identified the need for more age-friendly housing and has in recent years commenced a systematic refurbishment of their Council-owned housing stock with ramps, fully modified bathrooms, widened corridors, and improved heating. However, it is identified that more age-friendly housing stock is needed to meet the long-term needs of the community.

As discussed, those who own their own homes face challenges in accessing home modification services due to the relatively high cost of services, and limited availability of businesses on the West Coast. However, those who are currently renting homes are possibly the most challenged. They have limited age-friendly options to rent, and have little influence to request landlords to assist them in helping them age-in-place. This contributes to a low level of housing security and an increased need for aged care supports to help them with everyday activities that they could otherwise complete independently if they had access to appropriate housing.



Mom had stopped taking showers because she was scared about stepping into the bath. Luckily my husband has some building skills and could do the renovations. Even then, it cost us about \$10,000 to get it done.

Consultations

Discussion of issues identified

Issue 4: Need for housing options and solutions to support ageing-in-place.

Desire for security and closeness to others

Many survey respondents and community forum participants discussed a desire for age-friendly housing in close proximity to other similar housing (in hub locations) to enable like-minded older persons to live independently with easy access to each other, amenities, and ageing services and supports. Underpinning this is a desire for a safe and social environment in which to age-in-place. Currently, there are no such options available on the West Coast.

Of the 218 survey responses, 32% indicated that they live alone. Older persons living alone are particularly vulnerable, especially if they are not digitally connected or have concerned friends and family who check in on them regularly. The option to live closely with others can give individuals confidence that there is help nearby when they need it, as well as the choice to easily connect with others and participate in community activities.

Creating 'liveable' housing on the West Coast

Several options were explored in consultations with Council and community. Many West Coast residents expressed interest via the surveys and forums in having a purpose-built retirement 'village' or 'community', or housing with access to sufficient supports to represent an alternative to residential aged care. As previously discussed, this is linked with the reality that many residents' homes may be difficult to age in, due to steps, bathroom configurations and even outdoor aspects such as uneven driveways, walkways and poor lighting. Residents also expressed that the close community or access to a nurse or care worker would provide a sense of security that someone would be there to help them in the event of an emergency or during periods when someone is unwell.

Importantly, West Coast residents expressed that they wanted to age-in-place within their own towns of Strahan, Zeehan, Rosebery, Tullah or Queenstown (as they consider their local town their community), rather than the West Coast in general. This indicated a strong preference for any liveable housing solutions to be delivered across all West Coast towns.

Discussions also touched on strategies to make current housing more liveable, including home modifications. Some suggested that as there are limited home renovation businesses on the West Coast, they may have to organise a service from other parts of Tasmania which would then include transport and local accommodation costs throughout the project. This has deterred many from undertaking such work.

As discussed, the Council has a portfolio of 34 houses in various towns on the West Coast, of which some have been refurbished into disability or age-friendly housing in recent years. There has been favourable response to these refurbishments, noting that a single refurbishment may cost over \$30,000 which is significant in comparison to the median house prices which is around \$70,000 - \$120,000 in the majority of West Coast towns.

There needs to be some sort of assisted living facility on the West Coast, not like Lyell House, but for independent older people who may sometimes need medical or other assistance.

Survey respondent



Discussion of issues identified

Issue 4: Need for housing options and solutions to support ageing-in-place.

Aged housing models

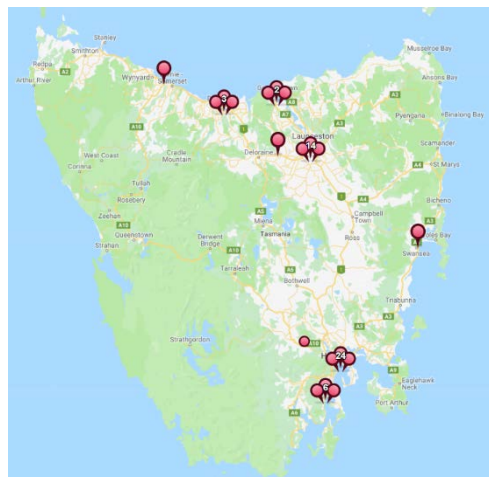
There are several housing models for ageing-in-place that have been developed across Australia and globally in response to the changing needs and preferences of our older populations, and enabled by changing service delivery and funding models.

The more traditional forms of aged housing models include retirement villages which fall under the *Tasmanian Retirement Villages Act 2004*. There appears to be around 53 villages in Tasmania today, concentrated in Hobart, Launceston and their surrounding regional areas (based on the Aged Care Guide). Key providers with three or more villages in Tasmania include: Uniting AgeWell, Southern Cross Care TAS and Masonic Care TAS. Other providers with less villages include Baldwin Living, Baptcare, Regis, Japara, etc.

Elsewhere in Australia, there are also land lease communities (also known as Manufactured Home Parks or Residential Parks), but these are not currently available in Tasmania and no supporting legislation has been developed. There are also some rental villages targeted at older people, which may be run by providers such as Eureka or councils. These would usually be legislated under the *Residential Tenancy Act 1997*.

The recent reforms in home care have opened up a broader range of options for older people who prefer to age-in-place in their own homes. HCPs in particular have led to a growth in informal aged housing models.

Some examples of some of these models are shown below to highlight the unique forms that housing solutions can take to meet the specific needs of a community, and how these solutions can be enabled through community, providers or with government support. These may be considered alongside Neighbourhood Hub models such as the Waverton Neighbourhood Hub.



Source: Aged Care Guide search results for Retirement Villages in Tasmania (accessed 19 May 2019 on www.agedcareguide.com.au)

Examples of housing models and solutions (continued on next page)

Retirement villages

Southern Cross Care's (SCC) Yaraandoo Village is located in Somerset and appears to be the closest retirement village to West Coast residents, with a driving distance of up to 2.5 hours from Strahan, or 1.5 hours from Rosebery.

Yaraandoo Village offers 10 two-bedroom units with ensuites and garages, and is co-located with SCC's 84-bed Residential Aged Care Facility. The Somerset town centre with shops, medical practice and pharmacy is a short walk away. The current entry price is not publicly available, however ongoing monthly fees apply, as well as a 40% deferred management fee deducted on exit.

Yaraandoo Village residents have received home maintenance and gardening services for the units. They can also access additional support and services through SCC's Home Care or Residential Care services, of which payment / contribution is dependent on whether they are assessed as eligible for the services (i.e. through CHSP, HCP or RAC subsidised services).



Source: Southern Cross Care website, Yaraandoo Village located in Somerset, Tasmania.

Discussion of issues identified

Issue 4: Need for housing options and solutions to support ageing-in-place.

Aged housing models (cont.)

Group Homes Australia (alternative residential care)

Group Homes Australia is an example of an emerging alternative to residential aged care that offers dementia care, high care, respite and palliative care in a home setting. Suitable houses are sourced in local neighbourhoods to house small groups of 6 – 10 residents, with emphasis on them staying independent and involved in the daily activities of the home. Currently, Group Homes Australia only operates in NSW.

The model requires individuals to rent their rooms and pay for the cost of their care which can be subsidised through HCPs. There is a relatively high carer-to-resident ratio (averaging 1:3) to meet clinical and personal needs.

Homemakers (i.e. careworkers) support and assist residents with their daily needs and activities; they encourage residents to be involved in shopping, cooking, baking, gardening – the full range of gentle tasks that bring a sense of purpose to an individual in a home. There are no call bells or nursing trolleys, no rigid routines, singalongs or bingo. Residents take daily outings, help care for pets, and spend time with family and friends, who are encouraged to visit and participate in daily life.

The homes generally feature soft, period-sensitive décor with floorplans designed for convenient living, socialising, but importantly, to reduce trip hazards and other safety design features. There are ample garden spaces for gardening or simply enjoying the benefits of the outdoors. Residents can also enjoy smart, wireless technology and modern medical equipment that complements care delivery.



Source: Group Homes Australia: Photo gallery (website accessed 19 May 2019, www.grouphomes.com.au)

Intentional co-housing models – The Co-housing Cooperative

Co-housing communities are resident-developed, cooperative neighbourhoods where individual homes are clustered around a common house. The common house has shared facilities such as a dining room and areas for child care, workshops, and laundry. Each home is self-sufficient, with a complete kitchen, but resident-cooked dinners are often available in the common house for those who want to participate.

These developments are unique in that they are organised, planned, and managed by the residents themselves. By redefining the neighbourhood concept to better suit contemporary lifestyles, co-housing communities can create cross-generational neighbourhoods for singles, families, and the elderly.

In Tasmania, there is a Co-housing Co-operative (part of Tasmania's Social Housing) which is a member-resident, tenant-managed housing co-operative funded under the Community Housing Program which seeks to encourage local community groups to provide affordable housing. There was also a property in Cascades (Hobart) developed as a co-housing community with 12 houses and a common house. Another single household property is managed in Ferntree.

The co-housing site consists of 12 self-contained dwellings and a common-house. The dwellings range in size from two to five bedrooms, and the common-house contains a dining room, kitchen, lounge area, common laundry, guest flat and office. There is a mix of older and younger residents, who support each other, with subsidised aged care services available to provide care services to those who need it.



Source: Co-housing Co-op: Photo gallery (website accessed 19 May 2019, <http://www.cohousing.coop>)

Discussion of issues identified

Issue 4: Need for housing options and solutions to support ageing-in-place.

Aged housing models (cont.)

The examples of housing solutions show the range of options for Council's consideration which support ageing-in-place. Potentially, discussions may be held with various providers around the possibility of establishing some of these solutions in the various towns, whether by planning new developments, converting suitable properties, or by creating a service delivery model around a cluster of existing housing to support ageing needs.

- a) Planning new developments** – Option to master-plan a recently purchased former school property (by the West Coast Council) that is located adjacent to the West Coast District Hospital and Lyell House in Queenstown which may be an option to leverage to implement an age-friendly housing solution.
- b) Converting suitable properties** – Potentially looking at former tourism accommodation (e.g. holiday villas, motels) or other types of buildings located on the West Coast that may be able to be converted into age-friendly housing.
- c) Cluster existing housing with services** – Potentially identifying a group of housing that is closely located and to form a co-housing or informal retirement community. This can be through identifying natural pockets of ageing residents and homes, or Council leveraging its housing portfolio for opportunities to create age-friendly housing clusters in communities, for example its group of four houses in Zeehan.

A key consideration for any of the above options is scale (i.e. how many units will likely be demanded by local residents) and the degree of responsibility that residents are willing to take on in building solutions.

It is noted that across Australia, around 6% of persons aged 65 years and over have chosen to move into retirement villages¹. If these rates are considered in informing demand, then the West Coast communities may be able to support around six to seven units in Strahan, Zeehan and Rosebery respectively, and up to 20 units in Queenstown (see table below). More importantly, these housing solutions must be affordable to the target population. If they require to be purchased by prospective residents, the median house price will inform how much prospective residents may be able to afford (by selling their own home) or if they will pay rent to live in a housing solution, then the median rental rates must be considered.

The table below highlights that median house prices on the West Coast range from \$68,000 to \$222,000. Rent averages around \$140 - \$240 per week. These relatively low rates may indicate that if new development or significant refurbishment needs to be undertaken (with the relatively high construction costs), a level of funding might be needed to subsidise pricing to ensure affordability, or potential sharing models will need to be explored (where people share housing, such as in the Group Homes model).

Housing demand and affordability analysis

	Queenstown	Strahan	Rosebery	Tullah	Zeehan*
Population structure					
Population aged 65+ years²	331	124	93	36	97
Potential demand based on 6% penetration rate²	20	7	6	2	6
Financial capacity					
Median house prices³	\$68k based on 91 house sales from 1Feb18 - 1Feb19.	\$222k based on 12 sales from 1Feb18 - 1Feb19.	\$78k based on 85 house sales from 1Feb18 - 1Feb19.	Uncertain as only 6 sales in last 12 months – average price of \$112k.	\$80k based on 30 sales in last 12 months. 1Feb18 - 1Feb19.
Median Weekly Rent³	\$140 based on 47 listings from 1Feb18 to 24Feb19.	\$240 but uncertain due to limited listings.	\$150 based on 47 listings from 1Feb18 to 24Feb19.	\$175 but uncertain due to less than 10 listings.	\$158 based on 22 listings.

*Zeehan includes Granville Harbour and Trial Harbour

1. Knight Frank, Older individuals Living Insight (September 2017)

2. ABS Census 2016

3. Property values information from realestate.com.au and propertyvalues.com.au for West Coast suburbs, accessed in April and May 2019.

Discussion of issues identified

Issue 4: Need for housing options and solutions to support ageing-in-place.

Exploring options for the former school property in Queenstown

The Council recently purchased a former school property which is located adjacent to the West Coast District Hospital on Orr Street, Queenstown. The property is on a relatively flat site and co-located with a Uniting Church building and a publicly accessible community market garden. There is also tourist and hospital staff accommodation in close proximity. The site is located within walking distance of the town centre with retail and essential services.



Queenstown former school property. Source: Google Maps

- A** **Former school property:** Potential 3,950m² site for redevelopment.
- B** **West Coast District Hospital** with 10 sub-acute beds.
- C** **Lyell House:** 16-bed Residential Aged Care facility with single rooms.
- D** **Community market gardens**
- E** **Uniting Church building** – currently unused.
- F** **Queenstown General Practice**
- G** **Queenstown motor lodge** tourist accommodation.

There has been interest from the Queenstown community for the site to be earmarked for aged-friendly housing with assisted living supports and services. Ideas shared by stakeholders include one or two bedroom independent living units that are disability-friendly, with on-site or easy access to nursing and personal care, as well as communal spaces, such as a shared kitchen, dining or social amenities, to encourage interaction and opportunities for older individuals to support each other. Access to home cleaning, laundry and meal services may also be valued.

Alternative options to consider when master-planning the large 3,950m² site is to leverage mixed purposes / uses to deliver a vibrant precinct. This may include commercial, retail, health, community and residential buildings on site, which lifts the overall value of the site. Elsewhere in Australia, mixed use senior precincts can include educational or research facilities, childcare, health and wellbeing centres, tourism, cafes, and recreational facilities. The mix of services fosters vibrancy through active use of the site by multiple segments of the community, which in turn may encourage active ageing and community participation across the town.

Early information received by Council indicates that the costs involved in delivering this may be as follows:

- Full demolition and removal of asbestos and waste – Estimate of \$650,000, noting that this amount includes \$143,000 tipping fees to Council which if excluded, brings the net cost to Council down to around \$507,000¹.
- Masterplanning of a future precinct estimated at between \$200,000 - \$250,000 in costs, which will include community engagement in building the future vision, architectural design of the development, and quantity surveyor estimates around the cost to deliver the development.

1. Information based on quotes received by West Coast Council on 22 May 2019, with a six month expiry date on amount quoted.

Discussion of issues identified

Issue 4: Need for housing options and solutions to support ageing-in-place.

WestWyck EcoVillage Adaptive reuse of Brunswick heritage



WestWyck EcoVillage (inner suburban Melbourne Co-housing model)

WestWyck EcoVillage is a co-housing example that occupies the building and grounds of the former Brunswick West Primary School which ceased operating in the 1980s. WestWyck aimed to create 'community' within and to be an active part of the community around it. Many people who bought into WestWyck were attracted by the idea of living in a connected way to others.

Stage 1 of the development included homes for around 30 people in a mix of housing styles (townhouses and apartment units). Stage 2 focused on communal spaces and an additional 18 apartments. All residents contributed to the upfront development cost and were actively involved in its design and development. An owner corporation, comprising the residents, actively manages the ongoing needs of the eco-village¹.

There was also some minor interest raised to build a new and possibly larger Residential Aged Care facility on the school site to replace Lyell House. This may not be feasible due to:

- Limited evidence of demand for additional residential beds in Queenstown (beyond the current 16 beds) as Lyell House's occupancy levels have stayed relatively constant around the 87% - 94% mark;
- Limited evidence that the Lyell House facility is not fit-for-purpose as a residential aged care facility; and
- Limited alternative uses of the current 16-beds and space occupied by Lyell House. Should the Lyell House be relocated to a new residential aged care facility, there is no indication that the District Hospital would be able to use the 16 rooms for a different purpose as the hospital's current 10-beds has only averaged a 40% occupancy over the last five years.

1. WestWyck Eco-village, information extracted from website: www.westwyck.com accessed on 19 May 2019.



Section 5.

The way forward: West Coast Liveable Communities Strategy 2025

- Strategy on a page
- Turning strategy into action
- Strategy implementation timeline

Strategy on a Page

The West Coast Liveable Communities Strategy will support its residents to age actively the way they want, and where they want by enabling them to manage their health, increasing their opportunities to participate within society, and strengthening their sense of security as they age.

West Coast Liveable Communities Strategy

ONE: HEALTH & WELLBEING



- 1. West Coast Priority Card
- 2. Aged Care Education & Connection Program
- 3. Telehealth & other digital health and aged care solutions

TWO: SAFETY & SECURITY



- 4. Liveable Homes Incentive Scheme
- 5. Seniors Housing Hubs
- 6. Inter-Town Transport Strategy
- 7. Age-Friendly Town Scheme
- 8. Queenstown Community Precinct

THREE: PARTICIPATION & CONTRIBUTION



- 9. Rent-a-Tech and Digital Learning Hub
- 10. Education Learning Hubs
- 11. Neighbourhood Houses

Establishment and embedment of initiatives will require a dedicated Community Program Coordinator for a minimum two year term.

The strategy steps out 11 key initiatives to be carried out over a five year period that will re-shape the way the community and society enable the independence, wellbeing, engagement and inclusion of older people and create opportunities to strategically prepare for the future. The strategy elements have been grouped into the three categories and are targeted at closing the gaps identified during the community engagement process.

A dedicated Community Program Coordinator will be required for a minimum 2 year term to support the establishment and embedment of these initiatives into West Coast community life.



ONE: HEALTH & WELLBEING

1. **West Coast Priority Card** – Development of a memorandum of understanding (MOU) with key health service providers and practitioners outside the West Coast to prioritise appointments for West Coast residents where possible in recognition of travel constraints.
2. **Aged Care Education & Connection Program** – Facilitate the development and distribution of educational materials around aged care services and establishment of regular information sessions for West Coast residents, leveraging the Aged Care Navigator Trial resources.
3. **TeleHealth and other digital health and aged care solutions** – Actively invite trials and opportunities to advance the use of TeleHealth and other digital health solutions on the West Coast.



TWO: SAFETY & SECURITY

4. **Liveable Homes Incentive Scheme** – Investigate options for developing and funding an incentive or subsidy scheme that encourages targeted bathroom refurbishments to increase the age friendly housing stock on the West Coast. If possible, options to develop local business capacity to meet this need organically into the future should be explored.
5. **Seniors Housing Hub** – Create and trial an innovative co-housing model in Zeehan using available refurbished council housing (two and three bedroom units) to test demand and effectiveness of dedicated seniors housing hubs with access to services and supports. This trial will inform potential replication of similar co-housing models elsewhere on the West Coast (Strahan, Queenstown and Rosebery).
6. **Inter-Town Transport Strategy** – Trial and implement affordable and flexible transport solutions for inter-town travel, with emphasis on supporting vulnerable community residents to access health and essential services, and participate in community activities and events.
7. **Age-Friendly Town Scheme** – Enhance the safety and accessibility of key locations on the West Coast through additional pedestrian crossings, traffic lights, resurfacing of potholes, improved wheelchair accessibility, and lighting.
8. **Queenstown Community Precinct** – Invest in site preparation and master-planning of the former school property into an innovative precinct suitable for ageing-in-place aimed at increasing the vibrancy and liveability of Queenstown.



THREE: PARTICIPATION & CONTRIBUTION

9. **Rent-a-Tech and Digital Learning Hub** – Facilitate digital inclusion of older individuals via peer education schemes (i.e. 'tech-savvy' older individuals teaching others) and enabling access to connected devices through introduction of technology rental and purchase schemes.
10. **Educational Learning Hubs** – Enable older individuals and other residents to continue learning and applying new skills through facilitation of educational learning hubs at local libraries leveraging free online courses (e.g. University of Tasmania's Massive Open Online Courses for dementia).
11. **Neighbourhood Houses** – Encourage and support revitalisation and expansion of neighbourhood houses across the West Coast in collaboration with local seniors groups and volunteer programs.

Turning strategy into action

Action 1: West Coast Priority Card

The West Coast Priority Card is a quick win initiative aimed at improving local residents' experience in accessing Health services outside the West Coast. This will require the development of a Memorandum of Understanding (MOU) with key health service providers and practitioners outside of the West Coast. In action, this initiative would allow West Coast residents to be respectfully identified and prioritised at participating health providers and practitioners, thus reducing the pressure of time constraints related to bus schedules or travelling home before sunset to improve travel safety.

Key delivery actions include:

1. Community Program Coordinator (CPC) to initiate engagement with service providers willing to participate in a MOU, targeting the specialists and services that West Coast GPs most commonly create referrals for (see Appendix 1);
2. Promotion of the Priority Card on the West Coast, development of consumer information on what it means and who the participating entities are, and design and printing of the cards; and
3. Ongoing management and expansion of the MOU to ensure continued participation by health practitioners.



Similar to the Commonwealth Seniors Health Card, the West Coast Priority Card would be easily identifiable and presentable to participating practices.

Category	Quick win initiative
Cost	CPC 0.1FTE, Marketing and promotion budget
Timing	Short term (Year 1)

Action 2: Aged Care Education & Connection Program

This will involve facilitation by the CPC to source and distribute educational materials around aged care services and establishment of regular information sessions for West Coast residents, leveraging the Aged Care Navigator Trial resources in Burnie. This education and connection support will provide residents with a much needed understanding of aged care services available as well as how to access them.

Key delivery actions include:

1. CPC to source education materials around subsidised aged care services and accessing them through My Aged Care. This may include elements of this report (including the Service Stocktake and Accessing Aged Care sections in the Appendices), and resources developed by the Commonwealth for consumers available for download on the My Aged Care website. The Burnie Aged Care Navigator hub should also have suitable resources for inclusion.
2. Establish regular information sessions and points of contact available to assist in the My Aged Care process, leveraging current service providers (e.g. Healthwest) and the Aged Care Navigator hub resources. Information sessions may be held at Neighbourhood Houses or similar community venues within each West Coast town to encourage participation from frail older residents. Additional assistance may need to be provided via computers or tablets to help older persons register on the My Aged Care website.



Accessing Aged Care Roadmap

Information hubs will have a pack of resources available to distribute to interested residents.

Category	Quick win initiative
Cost	CPC 0.1FTE, Marketing and promotion budget
Timing	Short term (Year 1)

Turning strategy into action

Action 3: Telehealth and other digital health and aged care solutions

The remoteness and geographical challenges of the West Coast makes it ideally suited for Telehealth solutions. Across Australia, there are a range of Telehealth trial and pilot opportunities to develop and advance the effectiveness of digital health solutions. In addition, there is also an opportunity to promote the use of existing Telehealth facilities at the Queenstown Hospital which are currently underutilised.

Telehealth will support West Coast residents to access a greater range of GPs and specialists, with continuity of care (as they can build a relationship over time with a single practitioner of choice), and within the comfort of their own home or at the local health facility.

There is a range of Telehealth solutions currently in development. At a simple level, it includes video calls to GPs and Health Practitioners who may be located anywhere in Australia. However, there are also emerging solutions which are particularly relevant for an ageing population. This includes home sensors that can detect falls or unusual activities, medication management systems, and diagnostic systems to help monitor complex conditions. Several aged care providers such as Silverchain and Feros Care offer bundled technology solutions as part of their Home Care Package service delivery models.

Widely available technologies such as smart watches (e.g. Fitbits) and home devices such as Google Home or Amazon’s Alexa are also developing age-friendly applications that promote active ageing, independence and social inclusion.

Key delivery actions include:

- 1. CPC to collaborate with HealthWest to promote use of Telehealth facilities at Queenstown and Rosebery;
- 2. CPC to discuss with health practitioners, contacted as part of the West Coast Priority Card, possibilities of them offering Telehealth follow up consults to reduce need for travel; and
- 3. CPC to review opportunities for Telehealth pilots and trials (through market scans), and advocate for the West Coast to be involved. This could include proactively reaching out to aged care providers such as Silverchain and Feros Care who are actively offering home care technology solutions to review appetite for service delivery in Tasmania and the West Coast.



Source: Photos accessed from: 1) Telegraph, “Why Telehealth is so important”, accessed from www.telegraph.co.uk; 2) Forbes, “Is 2017 the year for telemedicine”, accessed from www.forbes.com; 3) Silverchain Hololens ‘virtual hospitals’, accessed from www.silverchain.org.au



Online platforms such as Access Telehealth provide online medical consultations to those who need it, particularly people living in rural areas, aged care facilities and indigenous communities.

<http://www.accesstelehealth.com.au>

Category	Quick Win initiative
Cost	CPC 0.1FTE
Timing	Short term (Year 1)

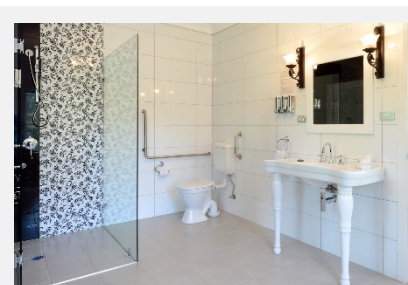
Turning strategy into action

Action 4: Liveable Homes Incentive Scheme

The Liveable Homes Incentive Scheme aims to encourage and support frail older or disabled persons to remain independent at home by facilitating access to affordable home modifications. In the longer term, this Scheme will also increase the overall availability of age-friendly housing stock on the West Coast. The target modification is to change the 'shower over bath' bathroom setup to 'step in shower', however, other modifications such as entry ramps and widening of doorways and corridors may also be considered.

Key delivery actions include:

1. CPC to initiate engagement with local builders to consider developing an affordable bathroom modification package based on scale efficiencies;
2. CPC to additionally seek if Federal or State funding may be made available to subsidise package cost to eligible individuals with assessed need;
3. CPC to support promotion of the package and potential subsidy scheme (if successful in funding request) to raise interest; and
4. This Scheme and promotion may need to be repeated on an annual or bi-annual basis to meet new needs or interest.



Source: Photo accessed from Crystal Creek Meadows accessible cottages photo gallery, www.crystalcreekmeadows.com.au

A simple change to a bathroom can make a big difference in everyday life for many residents.

Category	Initiative dependent on local response and funding outcomes
Cost	CPC 0.1FTE, Marketing and promotion budget, Subsidy funding
Timing	Medium term (Year 2 - 3)

Action 5: Seniors Housing Hub in Zeehan

This strategic initiative proposes a trial co-housing model in Zeehan using available refurbished council housing (with two and three bedroom units) to test demand and effectiveness of a seniors housing hub with access to services and supports. The outcomes of this trial may then inform interest in potential replication of similar co-housing models elsewhere on the West Coast such as in Strahan, Queenstown and Rosebery.

This initiative is targeted at vulnerable seniors who may currently be living alone or in difficult circumstances, who may be interested in renting the housing (at commercial market rates) potentially in shared arrangements with another like-minded individual based on mutual selection and consent. This may offer wellbeing benefits through increasing a sense of security and social inclusion. Additionally, Council may offer home maintenance support, such as gardening and window cleaning, to assist the older tenants (as part of the commercial rental agreement).

Key delivery actions include:

1. CPC to advertise this opportunity at Zeehan Neighbourhood House and information sessions to attract interested individuals;
2. CPC to host matching sessions for interested individuals to visit the property and meet each other to see if they are interested in entering a shared arrangement; and
3. CPC to provide ongoing support to tenants, and measure trial outcomes.



Source: Photo accessed from RBC Royal Bank, "Why co-housing works for single retirees", www.discover.rbcroyalbank.com

Companionship can provide wellbeing benefits that promote ageing-in-place.

Category	Initiative dependent on local response
Cost	CPC 0.1FTE, Marketing and promotion budget
Timing	Medium term (Year 2 - 3) – but initiative to commence in the short term.

Turning strategy into action

Action 6: Inter-Town Transport Strategy

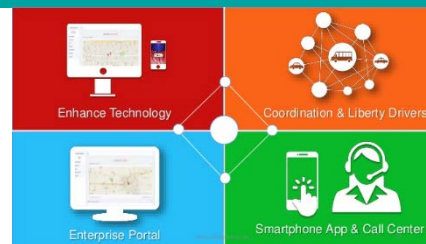
Affordable and flexible transport solutions are needed for residents to travel inter-town on the West Coast and to other Tasmanian cities such as Burnie and Devonport. Importantly, they must support vulnerable community residents to access health and essential services, and participate in community activities and events.

The West Coast Council is currently developing trial solutions as part of its Inter-Town Transport Strategy to be piloted in September 2019. Potentially this may include both formal and informal transport options, with the latter considering 'ride sharing' or peer-based systems (such as Uber or Ola) where residents help each other, potentially for a small payment. The core element of this initiative will be connecting willing passengers to drivers with their own cars.

Key delivery actions include:

1. Council to develop and pilot its trial solutions in 2019.
2. Feedback on the trial should then inform a medium to long term strategy for transport on the West Coast, including consideration for developing informal solutions to close any gaps (e.g. after hours or emergency transport).

Category	Initiative requiring investment
Cost	Council resources 0.2FTE, investment funding.
Timing	Medium term (2 – 3 years) – while the trial will commence in the short term, the implementation of solution will occur in Y2 or Y3.



Liberty Mobility Now

Liberty is an example of a transport solution for rural and small urban areas with emphasis on access to health services (noting that operations ceased in 2018).

The technology uses both a mobile app and call centre so it can work in areas with low or no mobile signal and with people who may not use smartphones.

The service links people to existing transport options and ride sharing. In some locations, it operates only in evening and weekend times as a complement to existing public transport options.

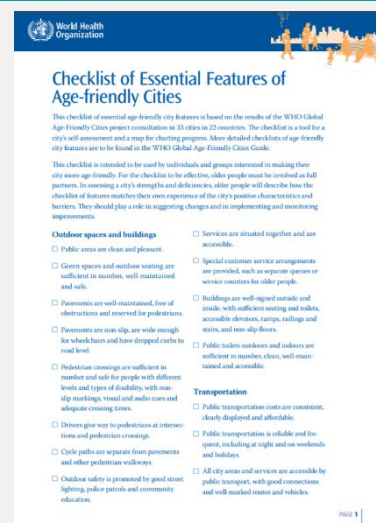
Action 7: Age Friendly Town Scheme

The Age Friendly Town Scheme involves improving the accessibility of West Coast townships to promote safe and easy access for older people around town. Improvements may include installation of pedestrian crossings, traffic lights, street lighting, signposting, designated parking spaces, designated walking paths, benches and resting areas, ramps and resurfacing of roads and gutters.

Key delivery actions include:

1. CPC to facilitate community forums and accessibility reviews in each township to identify potential new improvements or installations. Age friendly cities checklists, such as the one released by WHO, may be useful.
2. West Coast Council to review and prioritise any installations based on budget availability and impact to community. This may be planned for delivery over multiple years.

Category	Initiative requiring investment
Cost	CPC 0.1FTE, budget for review, costing and delivery of installations
Timing	Medium term (Year 2 – 3 and beyond)



Source: World Health Organisation, Age friendly cities checklist, www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf

Turning strategy into action

Action 8: Queenstown Community Precinct

The former Queenstown school property located adjacent to the Queenstown District Hospital and Lyell House residential aged care facility presents an exciting opportunity to build a vibrant and innovative precinct that promotes active ageing and social participation, and is aimed at increasing the vibrancy and liveability of Queenstown. This may feature a mixed use precinct, that may comprise residential, retail, recreational and community buildings.

This will require investment from the Council to prepare the site for development and undertake masterplanning of the former school property into an innovative precinct that promotes active ageing.

Key delivery actions include:

1. Council to facilitate future masterplanning of the site, which ideally should include community engagement and review of best practice examples of innovative and age-friendly community hubs elsewhere.
2. Undertake demolition and preparation of the site.
3. Commence development of the masterplan, which may occur in stages over the longer term.



Source: Photo accessed from DesignInc's masterplan for the old Marrickville Hospital site in Sydney, accessed www.designinc.com.au

"The master plan for the old Marrickville Hospital site reinvented the existing heritage buildings and grounds as a vibrant community hub that includes a new library, generous open public space, welcoming green lawns and over 200 new apartments.

The arrangement of built forms, lawns, outdoor terraces and playground invites multiple possibilities to nurture a socially active neighbourhood and revitalise this prominent 2Ha corner site in Sydney's inner west."

(Source: www.designinc.com.au)

Category	Initiative requiring investment
Cost	Council resources and investment funding of up to \$1mil for the site preparation and master planning.
Timing	Long term (5 years) – while the preparation and design work will commence in the short term, the actual development of the precinct will likely occur in stages in future years.

Action 9: Rent-a-Tech & Digital Learning Hub

The Rent-a-Tech and Digital Learning Hub will facilitate digital inclusion of older individuals via peer education schemes (i.e. 'tech-savvy' older individuals teaching others) and enabling access to connected devices through introduction of technology rental and purchase schemes.

Many older people avoid technology based on the assumption that it is too complicated to learn. However, tablet and smartphone devices are designed to be intuitively learned through experience. By providing older people with opportunities to use a tablet to make a video call, read the news, play trivia games, listen to an audiobook or their favourite music; and by providing them opportunities to rent them to take home and try; this may lead to digital inclusion, and enable older people to more independent and active.

Key delivery actions include:

1. CPC to research opportunities (from government and entities like Apple, Google and Samsung) to source free or subsidised technology (i.e. iPads and other tablets) for use in libraries and Neighbourhood Houses; and for short-term rentals with Wi-Fi included.
2. CPC to facilitate peer digital learning sessions with volunteer seniors.
3. Assist interested seniors with technology purchases and internet installations.



Source: Photo accessed from the Community Care Review article "Free tablets program puts seniors in touch", 21 May 2019

Category	Initiative dependent on local response and funding outcomes
Cost	CPC 0.1FTE, Marketing and promotion budget, Funding
Timing	Medium term (Year 2 - 3)

Turning strategy into action

Action 10: Education Learning Hubs

Creating lifelong learning opportunities is vital in encouraging and enabling older persons to continue participating meaningfully within the West Coast community. Importantly, it can also increase skills and knowledge in local residents to support those who are ageing, for example through education on dementia with skills and strategies on how to support someone affected by it.

Education Learning Hubs may be created as a space for peer learning sessions or facilitated access to free online courses (e.g. University of Tasmania's MOOC courses discussed in adjacent table) to further educate West Coast residents. This may be at the libraries, Neighbourhood Houses or even in schools after hours or on weekends.

There may also be formal courses provided by Universities and TAFEs to increase the pool of potential disability and aged workers to deliver services across the region. This may be targeted at persons aged over 60 years, as well as those in caring roles, to provide formal Cert III and IV qualifications in care work, or informal courses in skills such as first aid, wound care, continence management, and dementia management.

Category	Quick win initiative
Cost	CPC 0.1 FTE, use of community resources, and marketing and promotion budget.
Timing	Medium term (2 - 3 years) – informal peer learning sessions and free online courses can commence in the short term, but formal educational programs will require collaboration with educational institutions.

UNDERSTANDING DEMENTIA

FREE ONLINE COURSE

University of Tasmania – Massive Open Online Course (MOOC)

The Wicking Dementia Research and Education Centre is part of the University of Tasmania's College of Health and Medicine, with a focus on Dementia Care, Prevention and Cause.

Through its Massive Open Online Course (MOOC) model, the Wicking Centre offers a variety of online dementia education programs, including the Dementia Care Degree Program – Australia's first degree in dementia care – as well as two free, online courses - the Understanding Dementia MOOC and the Preventing Dementia MOOC.

Enrolment may occur through their website:

<https://mooc.utas.edu.au/courses>

Action 11: Neighbourhood Houses

This strategy involves coordinated efforts to encourage and support revitalisation and expansion of 'Neighbourhood Houses' across the West Coast in collaboration with local seniors groups and volunteer programs, perhaps in alignment with the Waverton Neighbourhood Hub model.

Specifically, it involves the creation and dedication of spaces and resources across townships (particularly Strahan and Queenstown) for local seniors groups and volunteers to run regular social activities and wellbeing programs. These 'houses' may be similar to the Rosebery and Zeehan Neighbourhood Houses, or may involve the library or other community buildings.

The CPC will have to dedicate effort to establishing a core seniors volunteer group, helping them source resources and venues, and build the initial program. However it is expected that once established, the older population will take ownership over planning and delivering their own programs with ongoing support from Council and/or other sources.

Category	Initiative requiring investment
Cost	CPC 0.1 FTE, use of community resources, and marketing and promotion budget.
Timing	Medium term (2 - 3 years) – The houses will require coordinated efforts to establish, and then a minimum of 12 months to gain momentum and become sustainable.

Strategy implementation timeline

The following table summarises the categorisation and timeframes for each strategy element, noting that several items may be dependent on the recruitment of a capable Community Program Coordinator (CPC), availability of investment funds, funding application outcomes and local response.

It should be noted that the timing below considers the period of time when coordinated efforts will be needed to effectively implement the strategic actions. For the majority of initiatives, the CPC resource will be primarily responsible for working with other stakeholders to establish and set up an initiative for success during the time specified. After this period, it is envisioned that they would have built up enough capacity and enthusiasm within the community, so that ownership of these initiatives will effectively transfer to the community or other entities (e.g. providers) to continue over the longer term.

#	Action Item	Y1: 2020	Y2-Y3: 2021-23	Y4-Y5: 2024-25
		Short Term	Medium Term	Longer Term
0	Recruitment of a Community Program Coordinator (FTE for minimum 2 years)			
Quick Wins				
1	West Coast Priority Card			
2	Aged Care Education & Connection Program			
3	Telehealth and other digital health and aged care solutions			
10	Education Learning Hubs			
Initiatives dependent on local response and funding outcomes				
4	Liveable Homes Incentive Scheme			
5	Seniors Housing Hub in Zeehan			
9	Rent-a-Tech & Digital Learning Hub			
Initiatives requiring investment				
6	Inter-Town Transport Strategy			
7	Age Friendly Town Scheme			
8	Queenstown Community Precinct			
11	Neighbourhood Houses			

"The West Coast is a vibrant and well-loved home to hundreds of families and individuals, despite, or perhaps because of, its rugged and remote location in Tasmania. With careful and creative planning, the West Coast Council aims to encourage all stakeholders to enhance the liveability of its communities and to ensure that its current (and future) residents are able to exercise choice and live out their lives to the fullest in their own homes amongst their family and friends."

-West Coast Mayor, Phil Vickers-



Appendices

1. Detailed service stocktake
2. Accessing Aged Care
3. Commonwealth Support Programme (CHSP)
Providers in the North West region
4. West Coast community survey
5. West Coast community survey analysis



Appendix 1

Detailed Service Stocktake: Services available on the West Coast today

1. Health & Wellbeing Services
2. Participation & Contribution
3. Safety & Security

Refer to [separately attached](#) Excel document



Appendix 2

Accessing subsidised aged care services and supports

Accessing aged care

Aged care information sources, tools and websites

Key information sources, tools and websites available for individuals to access to receive aged care are summarised below.

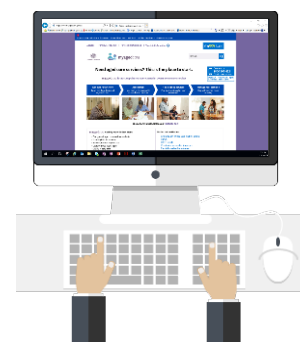
My Aged Care is the main entry point into the aged care system. It was launched in 2015 as a centralised gateway system for all older people interested in accessing aged care in Australia. Several upgrades have been made to My Aged Care in recent years to make it easier for older people, their families, and carers to access information, have their needs assessed and be supported to find and access services.

The key components of My Aged Care are:

- Website for **information** on aged care services, in addition to a **Service Finder** to locate a provider offering a CHSP or HCP service in a local area.
- **Contact centre** for information and screening.
- A nationally consistent **assessment framework** used by assessors –
 - Regional Assessment Services (RAS); and
 - Aged Care Assessment Teams (ACATs).
- **Portals** for service providers, assessors and consumers to view consumer records, status of assessment and assessment outcomes.



<https://www.myagedcare.gov.au/>



One particular difficulty surrounding My Aged Care is that it is an online portal and can be difficult to navigate, particularly for those who are not comfortable with technology. As such, several tools have been developed to support older individuals and their families to access My Aged Care, with some key tools highlighted below. These tools provide extensive information to assist older individuals with their aged care journey as well as detailed listings for facilities, services and aged care providers to facilitate informed decision making.



<https://www.agedcareguide.com.au/>



<https://carepage.com.au/>



<https://www.agedcare101.com.au/>

Other key sources of information

In addition to online sources, there are other methods to access information for people wanting to access aged care information and services. Depicted below, these sources of information have the added benefit of allowing over the telephone or face-to-face discussions to provide greater clarity and answer any questions regarding the My Aged Care process, noting that some of them require private fees. These include:



Aged care providers and placement agencies



Mortgage and financial brokers



Financial planning industry



Consumer groups and other services



Department of Health



Financial Information Service

The Federal Government has recently funded a \$7.4 million national **Aged Care Navigator Trial** to help older people to access subsidised aged care services. This will deliver a new network of aged care navigator centres, information hubs and specialist advisers. COTA Tasmania is currently establishing information and communication hubs, with one located in Burnie to offer free and dedicated services to educate and support older individuals to access aged care services. There is potential for the West Coast to request that support be specifically extended to the West Coast.

1. Minister for Senior Australians and Aged Care, Navigating a New Era in Aged Care Access, 25 February 2019.

Accessing aged care

The My Aged Care system was introduced in July 2015 as a gateway for all Australians to access subsidised aged care services and supports.

The process itself is relatively simple, which begins with registering with My Aged Care, being assessed for aged care services, and then being approved before service delivery can commence. However, the experience can be stressful or confusing as it may involve multiple persons from My Aged Care ringing the senior to ask personal, detailed and sensitive questions, which is further complicated if one has hearing problems, challenges with the English language, or difficulty focusing or remembering details. The process can also take up to 90 days from registering to being approved, and then up to a further 12 months or more to actually receive services (if one is approved for a HCP).

You or a health provider identify the need for aged care

Register online or call My Aged Care on **1800 200 422**

My Aged Care will call you and ask a few questions to confirm your eligibility

START



! RAS will call **to book** the assessment, then conduct the assessment. Family presence may be recommended, and it is important to be truthful about your needs.

! Depending on your responses, My Aged Care will determine if you need a **simple** assessment for entry-level CHSP services or a **full-in person assessment** for other services (HCPs, Residential, STRC or TCP).

CAN TAKE UP TO 30 DAYS

← **SIMPLE: CHSP SERVICES**

Regional Assessment Service (RAS) will ring to complete a **60 minute telephone assessment**

! *Family presence recommended*



FINISH

If approved for CHSP: you will receive a letter with referral / approval codes for each type of approved service applicable

Use the 'Service Finder' on My Aged Care to select a preferred provider of the services you need in your area

Your provider will contact you to start **delivering services**

! *You may need 2 or 3 providers depending on your specific needs*

Source: KPMG (April 2019), based on information available through My Aged Care and public documentation with reviews of the system. Timeframes are generally based on consumer feedback throughout 2018, noting that actual timeframes and experiences may vary from consumer to consumer.

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Accessing aged care



Note that there are Translation and Interpretation services available if needed. A service provider, such as HealthWest or your GP, may also assist you with starting this process by making a referral on your behalf. The Aged Care Navigator in Burnie may also be able to assist you directly, noting that this is a trial pilot.

Aged Care Assessment Team (ACAT) will call to arrange a time to visit to perform an in-person assessment at your home

ACAT will perform a **90 minute full in-home assessment** at the prearranged time

Assessor will **recommend / approve a service** and you will receive a letter advising approvals



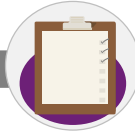
Assessment may be done by TeleHealth at the Queenstown Hospital



Family presence recommended

CAN TAKE UP TO 60 DAYS

**COMPREHENSIVE:
RAC, HCP, TCP, STRC**



The approval letter is important as it will contain referral codes needed by service providers.

Residential aged care, Short Term Restorative Care, Transition Care Program



RAC facilities differ by services and price. If you have special needs (e.g. dementia), please ensure the facility you choose **can cater to your needs.**

FINISH

TIME LIMITS APPLY



Once you receive your letter with referral code, use the My Aged Care 'Service Finder' to see who offers the service and select one to commence services.

Home Care Packages

FINISH

WITHIN 56 DAYS



MAY BE 12+ MONTHS



While waiting, you may accept offers for lower level HCPs (i.e. level 1) or access CHSP services without impacting your place in the queue. **Contact My Aged Care to change your priority status, if your needs become critical.**

You will receive a letter confirming allocation of a HCP. You will then have 56 days to select a service provider. If you are already on a lower package, it will upgrade automatically.

Once approved, you will be placed in the national queue to wait until a HCP is available. **If your needs are comparatively high, you will be prioritised, but this can still take over 12 months.**



Appendix 3

**Providers for the Commonwealth Support
Programme (CHSP) in the North West region**

Providers in the North West region

Commonwealth Home Support Programme (CHSP) – Providers funded in North West region (as at June 2018)

Provider	Funded services	Provider	Funded services
Anglicare Tasmania Inc.	Domestic Assistance	Integratedliving Australia Ltd	Domestic Assistance
	Flexible Respite		Nursing
	Personal Care		Personal Care
Australian Red Cross Society	Goods, Equipment and Assistive Technology		Social Support Individual
	Social Support Group		Specialised Support Services
	Social Support Individual		Transport
	Transport	KinCare Health Services Pty Ltd	Domestic Assistance
Baptcare Ltd	Cottage Respite		Flexible Respite
	Meals		Personal Care
	Personal Care		Social Support Group
	Social Support Group		Social Support Individual
	Social Support Individual		Transport
	Transport	Lifeline Tasmania Inc.	Social Support Individual
Care Assessment Consultants Pty. Ltd.	Allied Health and Therapy Services	Meercroft Care Inc.	Centre-Based Respite
	Domestic Assistance		Social Support Group
	Flexible Respite		Transport
	Home Maintenance	Mersey Community Care Association Incorporated	Domestic Assistance
	Personal Care		Home Maintenance
	Social Support Individual		Social Support Group
CatholicCare Tasmania	Assistance with Care and Housing		Social Support Individual
Circular Head Aboriginal Corporation	Home Maintenance	Mt. St. Vincent Nursing Home and Therapy Centre Inc.	Transport
	Meals		Allied Health and Therapy Services
	Social Support Group	Southern Cross Care (TAS) Inc	Transport
	Social Support Individual		Flexible Respite
	Specialised Support Services		Allied Health and Therapy Services
	Transport		Domestic Assistance
Community Based Support Inc.	Home Modifications		Flexible Respite
	Meals		Home Maintenance
	Social Support Group		Meals
Community Care NESB Inc.	Domestic Assistance		Nursing
	Personal Care		Personal Care
	Social Support Individual		Social Support Group
Community Transport Services Tasmania Inc.	Specialised Support Services		Social Support Individual
	Transport		Specialised Support Services
Dementia and Alzheimer's Association (Tasmania) Inc.	Specialised Support Services		Transport
EACH	Home Maintenance	Tandara Lodge Community Care Inc	Meals
	Social Support Group		Social Support Group
Emmertown Park Incorporated	Meals		Transport
	Personal Care	The Meals on Wheels Association of Tasmania Inc.	Meals
	Social Support Group		Flexible Respite
	Social Support Individual		Social Support Group
	Transport		Social Support Individual
Family Based Care Association North West Inc.	Domestic Assistance	Westbury Health Inc.	Allied Health and Therapy Services
	Flexible Respite		Flexible Respite
	Home Maintenance	Wyndarra Centre Incorporated	Domestic Assistance
	Personal Care		Flexible Respite
Hobart District Nursing Service Inc.	Social Support Individual		Home Maintenance
	Allied Health and Therapy Services		Personal Care
	Flexible Respite		Social Support Individual
			Specialised Support Services
			Transport

Source: Gen Aged Care Data accessed via website in April 2019: gen-agedcaredata.gov.au (Customised report prepared for the West Coast Council and provided to KPMG).



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Appendix 4

**West Coast community survey:
Ageing positively on the West Coast**

WEST COAST

TAS

Ageing positively on the West Coast

West Coast Council wants to hear from you! We are developing our Aged Care Strategy to ensure we can all live life to the fullest here on the West Coast, supported by family and friends, for as long as we want.

This survey is an opportunity to share your thoughts on this important topic, and help us plan a future together which provides the services and supports as you age.

TULLAH
ZEEHAN
STRAHAN
ROSEBERY
QUEENSTOWN
TRIAL HARBOUR
GRANVILLE HARBOUR





About this survey

What's this survey about?

In the West Coast Community Plan 2025, residents made it clear that they want all community members to be able to lead healthy and independent lives even as we age. This survey will help Council to build a strategy that supports older community members, their families, carers and the wider community to enjoy their lives on the West Coast.

Who can participate?

Anyone who lives on the West Coast can complete the survey. Each person in every household is encouraged to complete their own survey.

How do I get a survey?

You can access a survey (copies are free) via:

- **Online** - You can access the West Coast Council community webpage on the internet and complete the survey online.
- **On paper** - Picking up and filling out a survey form at Council's main office in Queenstown, or at its agencies in Strahan, Tullah, Rosebery, or Zeehan. Surveys are also available at the Zeehan Neighbourhood Centre or the Rosebery Community House.

Where do I return completed surveys?

You can return your completed survey by dropping it off at Council's offices or agencies noted above, or via mail to:

West Coast Council

PO Box 63

Queenstown TAS 7467

All completed surveys must be received by
5pm, 22 March 2019

Please refer to the Council website for more information, or contact us on (03) 6471 4700 if you would like to discuss.



Physical & social environment

Environments play an important role in helping or restricting us as we get older. Having suitable and accessible outdoor spaces, community infrastructure, housing and transportation systems is important so we can continue to be active, independent and safe as we adjust to changes that ageing brings.

For each of the statements below, circle the response that fits you best; and provide additional information where indicated.

1. I feel that there is a good range of public spaces in my local community (such as parks, walking trails and community centres) that I can access, and which help me stay healthy and active as I age.

Strongly Disagree **Disagree** **Neutral** **Agree** **Strongly Agree**

My most commonly used public spaces include:

2. I feel that I have access to public and community transport options which I can afford, and that take me to where I need to go.

Strongly Disagree **Disagree** **Neutral** **Agree** **Strongly Agree**

I use these transport options:

Never **1-2 times per year** **1-2 times per month** **Weekly**

3. I have access to housing where I feel safe and independent, and which is suitable for my needs and budget.

Strongly Disagree **Disagree** **Neutral** **Agree** **Strongly Agree**

OPTIONAL: You may expand on your responses and/or share feedback on these topics below.



Health & Ageing services

Having local access to essential health and ageing services and supports is critical for us and family members to get the right help at the right time, and to slow down or manage the effects of ageing on our minds and bodies. Importantly, we also need to know what help is available and how we can get it.

For each of the statements below, circle the response that fits you best; and provide additional information where indicated.

4. I know what health and ageing services are available in my local area, and am confident that I can access them when I need to.

**Strongly
disagree**

Disagree

Neutral

Agree

**Strongly
Agree**

I am comfortable accessing information about these services through (circle as many as apply):

Internet

Phone

In-person

**Friends &
family**

**Community
groups**

Challenges I have faced in accessing information include:

5. I feel confident that there is a sufficient range of local health services (such as clinics, specialists and other types of care) that will meet my needs as I age.

**Strongly
disagree**

Disagree

Neutral

Agree

**Strongly
Agree**

I wish there were more of the following health services in my local area:

6. There are sufficient ageing services (such as residential aged care, in-home care services, community care services) that give me confidence that I can remain in my community for as long as I wish to.

**Strongly
disagree**

Disagree

Neutral

Agree

**Strongly
Agree**

I currently use these services (circle as many as apply):

**Residential
aged care**

**Home Care
Packages**

**Commonwealth
Home Support**

**NDIS
(Disability)**

**Respite
services**

I wish there were more of the following ageing services in my local area:



Connectedness to community

Even as we age, each of us can make a meaningful contribution to our communities. It is important that we are all included in the vibrancy of community life and given the opportunity to participate and engage with others in whatever capacity we wish to.

For each of the statements below, circle the response that fits you best; and provide additional information where indicated.

7. I feel connected to my community through programs, events or activities (such as picnics, exercise groups, festivals and arts & crafts), that I enjoy and that keep me healthy, active and socially included.

Strongly Disagree Disagree Neutral Agree Strongly Agree

8. I feel that I have opportunities to make a meaningful contribution to my community as I age, whether on a formally employed or volunteer basis.

Strongly Disagree Disagree Neutral Agree Strongly Agree

On average, I am engaged as follows (please enter hours as applicable):

	Employed	Volunteer	Carer for someone
Hours per week			

Would you like more opportunities to work or volunteer?

Yes / No How? _____

9. I believe that my community respects and values older people and supports them to live their lives as they choose.

Strongly Disagree Disagree Neutral Agree Strongly Agree

OPTIONAL: You may expand on your responses and/or share feedback on these topics below.



About yourself

It would be helpful if you can share a little about yourself so we can better understand how we can help you and your loved ones. All responses will remain fully confidential.

1. Which age group do you belong to?

Under 50
years

50 – 64
years

65 – 74
years

75 – 89
years

90+
years

2. What is your gender?

Male

Female

Prefer not to say

Other: _____

3. Where do you usually live?

Queenstown

Rosebery

Strahan

Tullah

Zeehan

Trial Harbour

Granville Harbour

Other: _____

4. How long have you lived on the West Coast Region?

Over 20 years

5 – 20 years

Less than 5 years

5. How would you describe your usual household?

I live
alone

I live with
my partner

I live with
my family

I live with
friends

Other: _____

Is there anything else?

You may have thought of other things you want to share with us as you were completing this survey. Help us think of solutions to make the West Coast a place where we can age positively.

Thank you for your contribution!



Appendix 5

West Coast community survey analysis

- 1. Respondent profile**
- 2. Weighted scores**
- 3. Scores by location, age, living arrangements and length of stay**

Survey Methodology

Survey features and release

A qualitative survey was released throughout the West Coast as an opportunity for residents to share opinions and thoughts on developing the Aged Care Strategy to facilitate the availability and accessibility of services and supports for the region. The survey consisted of 20 questions that directly correlated to the domains of the World Health Organisation's Positive Ageing Community Framework as well as provided opportunities for open ended responses for all West Coast residents. In addition, critical demographic information was identified through questions pertaining to age cohort, gender, location, length of stay on the West Coast, and living arrangements.

Collection strategy

The survey was made to be accessible via two pathways, including:

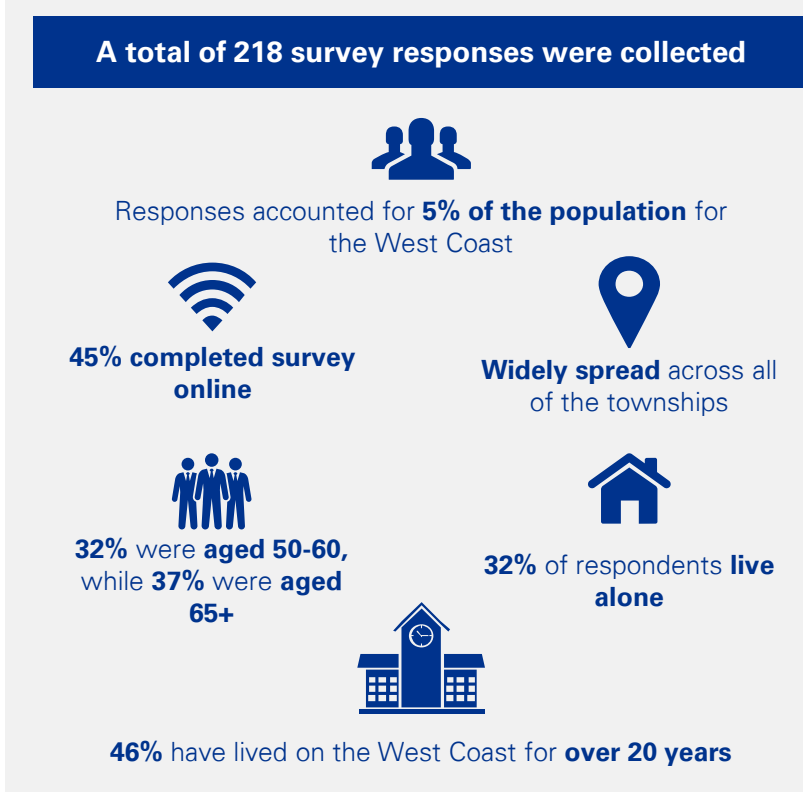
- **Online** – accessed through the West Coast Council community webpage on the internet; and
- **On paper** – provided at the Council's main office in Queenstown, or its agencies in Strahan, Tullah, Rosebery, or Zeehan. In addition, the surveys were available at the Zeehan Neighbourhood Centre or the Rosebery Community House.

This strategy was implemented to maximise the number of responses and ensure that all individuals had the opportunity to submit a response. In particular, it allowed those with limited to no internet access an avenue to submit their response, noting that the intended ages of the targeted group was relatively high.

For those completed on paper, surveys were returned to the West Coast Council via drop off at the above offices or agencies, or via the postage service. The survey was open for a period of three weeks (Monday, 4 March 2019, to Friday, 22 March 2019), at which time the survey was closed and responses collated into a single excel database for analysis.

Limitations

It should be noted that the response rate for the survey is directly correlated with the ability of the Council to promote completion within the given timeframe.



Please see Appendix 4 for the complete survey

Key survey findings

Survey analysis

For each of the framework domains, there was a question in the survey allowing for one of the following responses: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree. These survey responses were allocated a numerical value (Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly Disagree = 1) to provide a weighted average for each domain. Additional commentary as part of the qualitative responses were then analysed to support these findings and identify the key gaps, challenges and possible solutions to the key issues faced by the West Coast.

Quantitative analysis

The weighted averages for each domain has been provided in the World Health Organisation Positive Ageing Community Framework with a colour scale to indicate the key pain areas for residents of the West Coast.



Key overall findings

- A total of 218 responses were collected over the three week period (97 online and 121 paper-based).
- The most critical issue for all residents is the **lack of health services available or accessible**.
- Within the survey, “I don’t know what services are available” was a common response.
- **Transportation** is an important limiting factor in order to access health services in Burnie / Devonport, Launceston and Hobart.
- These trends remain reasonably consistent across location, age bracket, living arrangements and length of stay within the West Coast.

Detailed survey analysis

Survey analysis

Domains	Count of responses	% of Total	Weighted Average	Outdoor Space & Building (Q1)	Transport (Q2)
Overall	218	100%	2.9	3.1	2.6
Location					
Queenstown	61	28%	2.9	2.9	2.5
Zeehan	46	21%	2.9	3.4	2.6
Rosebery	39	18%	3.1	3.1	2.8
Strahan	33	15%	2.8	3.1	2.4
Not Stated	24	11%	2.5	3.2	2.4
Tullah	15	7%	3.2	3.5	3.4
Age Bracket					
50 - 64 years	70	32%	2.8	3.1	2.4
Under 50 years	44	20%	3.1	3.2	2.6
65 - 74 years	41	19%	3.0	3.2	2.8
75 - 89 years	36	17%	3.0	3.1	2.7
Not Stated	23	11%	3.0	3.3	2.5
90+ years	4	2%	2.7	2.0	2.7
Living Arrangements					
I live with my partner	82	38%	2.9	3.1	2.3
I live alone	69	32%	3.1	3.3	2.9
I live with my family	39	18%	3.1	3.1	2.7
Not Stated	27	12%	2.5	3.1	2.4
I live with friends	1	0%	4.0	4.0	4.0
Length of Stay					
Over 20 years	100	46%	3.0	3.0	2.7
Less than 5 years	48	22%	2.9	3.3	2.5
5 - 20 years	46	21%	2.9	3.2	2.6
Not Stated	24	11%	3.1	3.3	2.6

Detailed survey analysis

Housing (Q3)	Communication & Information (Q5)	Community Support & Health Services (Q7)	Community Support & Health Services (Q8)	Social Participation (Q10)	Civic Participation & Employment (Q11)	Respect & Social Inclusion (Q14)
3.6	2.9	2.1	2.3	3.2	3.4	3.3
3.6	3.2	2.2	2.3	3.0	3.3	3.2
3.8	2.9	2.0	2.4	3.1	3.3	3.1
3.8	3.1	2.4	2.4	3.6	3.6	3.5
3.3	2.5	1.7	2.0	3.1	3.8	3.5
3.3	2.6	2.0	2.1	2.3	2.6	2.0
3.7	2.9	2.3	2.1	3.5	3.5	3.5
3.6	2.6	1.8	2.1	2.9	3.4	3.3
3.7	3.1	2.3	2.4	3.3	3.6	3.5
3.7	3.1	2.3	2.4	3.2	3.5	3.1
3.6	3.2	2.1	2.3	3.2	3.4	3.3
3.5	3.0	2.4	2.4	3.2	3.5	3.0
3.3	2.3	1.3	2.7	4.0	3.3	3.0
3.6	2.8	2.0	2.1	3.0	3.5	3.3
3.8	3.0	2.1	2.5	3.4	3.4	3.2
3.5	3.3	2.3	2.4	3.2	3.6	3.5
3.3	2.5	1.9	2.0	2.3	2.4	2.3
4.0	4.0	4.0	4.0	4.0	4.0	4.0
3.5	3.1	2.1	2.3	3.2	3.5	3.3
3.8	2.8	2.1	2.3	3.1	3.3	3.3
3.6	2.8	1.9	2.2	3.1	3.4	3.3
3.5	3.0	2.3	2.2	3.3	3.8	3.4

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