



Townsville Area Palliative Care Plan 2020-2024

Developed in collaboration with



An initiative of
PalliativeCare
QUEENSLAND
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Acknowledgements

Our organisations acknowledge the Traditional Custodians of the lands and seas on which we live and work, and pay our respects to Elders past, present and emerging.

We would like to recognise the contribution of everyone who participated in this Townsville Area Palliative Care Plan (TAPCP) 2020-2024, including Northern Queensland Primary Health Network (NQPHN), Townsville Hospital and Health Service (THHS), Townsville Aboriginal and Islander Health Service (TAIHS), the Mayors and Councillors of the Townsville City Council Local Government Area (LGA), Palm Island Aboriginal Shire Council LGA, Burdekin Shire Council LGA, Hinchinbrook Shire Council LGA, Charters Towers Regional Council LGA, Flinders Shire Council LGA, Richmond Shire Council LGA and members of the Steering Committee. We also acknowledge Cathy O'Toole for her professional engagement with key stakeholders and the coordination and development of the TAPCP 2020-2024. We are grateful to everyone else who has given their valuable time and provided their expertise and guidance, particularly people with palliative care needs and carers who shared their stories and experiences. We greatly appreciate the contributions everyone has made in sharing experience, knowledge and time with us.

This plan was developed by PCQ as part of the Connecting End of Life Care in Townsville (CELC-T) project funded by NQPHN.

The information presented in this plan reflects data from the various consultation methods and captures the main discussions that emerged from those consultations which generated a wide range of insights and opinions. Any views and recommendations contained in this report do not necessarily reflect the views of PCQ, NQPHN or THHS, nor do they indicate a commitment to a particular course of action. No representation expressed or implied is made as to the currency, accuracy, reliability or completeness of the information and data contained in this publication.

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ABOUT US



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Palliative Care Queensland (PCQ) is the peak body for palliative care in Queensland. PCQ has been operating since 1988 and is a founding member of Palliative Care Australia. PCQ members include health professionals across all sectors of health, specialist and generalist palliative care services, aged care, disability care, peak bodies, as well as consumers and interested members of the Queensland community. Collectively, the PCQ membership body holds tremendous knowledge and wisdom about the challenges the sector faces and the opportunities those challenges can bring.

Our organisational priorities are that all Queenslanders:

- Are able to live every day until their last
- Are able to have a dignified death, regardless of their illness, age, culture or location
- Have access to a supportive social network at the end phase of life and have the choice of quality palliative care



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Northern Queensland Primary Health Network (NQPHN) is an independent not for profit organisation, funded by the Commonwealth Department of Health. NQPHN aims to improve health outcomes for all by working with GPs, pharmacists, dentists, nurses, allied health professionals, secondary care providers, hospitals, and the wider community.

Across Northern Queensland, from Sarina in the south to the Torres Strait in the north, NQPHN commissions primary and preventative health care – that is, the health care that takes place outside of a hospital – to help ensure North Queensland communities live happier, healthier, and longer lives.



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The Townsville Hospital and Health Service: Specialist Palliative Care Service is:

- A geographically dispersed catchment, extending west to Richmond and Hughenden, north to Cardwell, south to Home Hill and east to Magnetic and Palm Islands.
- Committed to our purpose to deliver excellent care, research, and education to improve the health of the people and communities of the region and our vision to be the leader in healthcare for regional Australia.
- One of the Townsville Area's largest employers – one in 17 people in paid employment works for us – and we are proud to be part of the communities we serve.
- Passionate about living our values of integrity, compassion, accountability, respect, and engagement.

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Executive Summary

Residents of the Townsville Area want to live fully to the end of their life and die in their place of choice, including on Country. This cannot happen without coordinated and intentional action, where this Townsville Area Palliative Care Plan 2020-2024 (TAPCP 2020-2024) aims to inform strategy, priorities, funding and policy to deliver on this, including for vulnerable populations where services must expand to meet need.

Since 2017, Palliative Care Queensland (PCQ) and Northern Queensland Primary Health Network (NQPHN) have partnered to improve palliative care in the Townsville Hospital and Health Service (THHS) area through the Connecting End of Life Care in Townsville (CELC-T) project. The TAPCP 2020-2024 is the next step in this strong partnership, responding to the need for services and organisations to overcome challenges in the provision of palliative care and end-of-life care, across service sustainability, capacity, capability and workforce.

Building on the 'Townsville Area Palliative Care Plan: Situation Analysis' (Situation Analysis) [1] the TAPCP 2020-2024 articulates the care that people with palliative care and end-of-life care needs should expect. In addition to the recommendations to transform palliative care services outlined in the Situation Analysis, this plan reflects on the life-changing and far reaching impact of COVID-19 and the devastating 2019 Townsville Floods. These events warrant and necessitate deliberate planning for disaster preparedness and emergency management for palliative care.

This is an exciting and innovative time as the TAPCP 2020-2024 includes Nine Directions, endorsed by all seven Local Government Areas, the Townsville Aboriginal and Islander Health Service (TAIHS), PCQ, NQPHN and THHS, along with a commitment to ongoing involvement in a working group throughout 2020-2024. This is the first genuinely collaborative effort involving these key stakeholders in the Townsville Area, and seeks to enable people with palliative care needs to live and die well, in an environment where they feel safe and supported in maintaining their independence, whilst staying culturally connected to their land and communities.

In this document, Part A provides an overview of the development of the TAPCP 2020-2024, including the Guiding Principles, a summary of the Situation Analysis, stakeholder engagement and endorsement, and implementation, monitoring and review. This is followed by Part B which details the Nine Directions, including action statements, priority actions and our vision of success, related to each Direction, for individual residents as well as the wider Townsville Area.

Palliative care is universal, touching all members of the Townsville Area directly and indirectly. The importance of this work cannot be overstated and it is the sincere hope of all consulted stakeholders that the implementation of the TAPCP 2020-2024 will lead to a systematic, positive and balanced transformation of palliative care for all those in the Townsville Area.



Shyla Mills
Chief Executive Officer
Palliative Care Queensland



Melissa Freestun
Executive Director Townsville
Northern Queensland Primary Health Network



Tony Mooney AM
Board Chair
Townsville Hospital
and Health Board

Townsville Hospital and Health Service



Dr Richard Corkill
Clinical Director
Townsville Palliative
Care Centre

The Nine Directions for Palliative Care in the Townsville Area for 2020-2024

- Direction 1** **Raise Awareness and Build Community Capacity**
 We will work together with communities in the Townsville Area to raise awareness about palliative care, and to activate people to help care for one another.
- Direction 2** **Care Navigation**
 We will work to help individuals and their loved ones navigate the palliative care system in a culturally appropriate way.
- Direction 3** **Rural and Remote Areas**
 We will strengthen support for people with palliative care needs and families living in rural and remote areas in the Townsville Area.
- Direction 4** **Aboriginal and Torres Strait Islanders**
 We will work to provide equitable, appropriate and culturally sensitive palliative care for all Aboriginal and Torres Strait Islander residents.
- Direction 5** **Advance Care Planning**
 We will initiate Advance Care Planning (ACP) conversations where they have not yet begun and continue ACP conversations where they have started.
- Direction 6** **Integration of Care**
 We will connect palliative care services to improve continuity and integration so that individuals and families can more easily access the care they need.
- Direction 7** **Workforce**
 We will increase the capacity and capability of the Townsville Area workforce to provide safe, high quality, person-centred and culturally appropriate palliative care.
- Direction 8** **Monitoring, Evaluation and Research**
 We will work to improve palliative care in the Townsville Area through data monitoring, evaluation and research opportunities.
- Direction 9** **Disaster Planning, Response and Recovery**
 We will strengthen disaster planning, response and recovery in relation to people experiencing ageing, dying, death and grief in the Townsville Area.

These Nine Directions are:

An initiative of



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PART A:

**DEVELOPMENT OF THE
TOWNSVILLE AREA
PALLIATIVE CARE PLAN
2020-2024**

Introduction

The TAPCP 2020-2024 has many focuses - the person with palliative care needs, their family or carer, health providers, clinical services, community organisations, governments and the broader community. This is because a whole of community approach must be fostered across the Townsville Area: to ensure that people with palliative care needs, their families and carers are respected, valued and provided with support to create an empowering environment that meets their needs in their place of choice.

The Townsville Area is home to over 241,000 people which is approximately 4.7% of Queensland's population. It covers 149,500 square kilometres and is within the THHS (Figure 1), one of the most geographically dispersed hospital and health service catchments in the state of Queensland [2]. The Townsville Area consists of seven Local Government Areas (LGAs):

- Townsville City Council LGA
- Palm Island Aboriginal Shire Council LGA
- Charters Towers Regional Council LGA
- Hinchinbrook Shire Council LGA
- Burdekin Shire Council LGA
- Flinders Shire Council LGA
- Richmond Shire Council LGA



Figure 1: Townsville region and geographic boundary of the Townsville Hospital and Health Service, with inpatient facilities [2]

The support of regional, rural, remote and very remote LGAs necessitates a coordinated and networked service system, which must also acknowledge the importance of Aboriginal and Torres Strait Islander customary practices associated with death and dying, or Sorry Business for Aboriginal communities [3] and Sad News for Torres Strait Islander communities [3], including the strong connection to dying on Country.

Further, the specific needs of other underserved communities must be explored to ensure equitable and appropriate palliative care for all residents in the Townsville Area, including those from Culturally and Linguistically Diverse (CALD) backgrounds; new arrivals, including refugees, children and young adults, people living with disability, and lesbian, gay, bisexual, transgender, gender diverse, intersex, queer, asexual and questioning (LGBTIQ+) people.

The TAPCP 2020-2024 provides a shared direction and endorsing environment for the continual improvement of palliative care services in the Townsville Area, and for the first time will enable a truly local voice to ensure sustainability into the future. This is in recognition that ageing, dying, death and grief are a natural part of life, and that health and wellbeing are affected by a range of environmental, social, emotional and behavioural influences.

Through the Nine Directions, the TAPCP 2020-2024 will assist people in the Townsville Area by working to improve:

- The level of knowledge about palliative care services in the Townsville Area, outside of the Townsville University Hospital Palliative Care Service
- The availability of palliative care information and level of knowledge in communities, especially about in-home palliative care and ACP conversations
- Communication during the palliative care journey and the end-of-life stage for people and their families and carers
- The cultural competency of all palliative care providers and community members, to improve culturally appropriate services and better assist Aboriginal and Torres Strait Islander and CALD people
- Engagement in conversations across all age groups that normalise ageing, dying, death and grief, which will lead to a commitment to the creation of Compassionate Communities

Policy Guiding Principles

The following policy guiding principles (Figure 2) are fundamental to ensuring that all people experience the palliative care that matches their needs and preferences. These principles are reflected throughout the TAPCP 2020-2024 to provide a roadmap for expanding and promoting quality palliative care for communities in the Townsville Area.

Palliative care is:

About the whole person - Palliative care is person-centred, holistic care for the physical, spiritual, emotional and social aspects that make us uniquely human.

For the entire dying journey - Palliative care is evidence-based care available from diagnosis to death, including bereavement support for loved ones – not just final days of life – that is proven to prevent and alleviate suffering.

For every age and every stage - Palliative care is available for all, caring for unborn babies to centenarians, from all walks of life and for every terminal condition.

About the community of care - Palliative care is holistic care for the dying person and their carers, families and support network.

About choice, autonomy and dignity - Available when and where the dying person needs it, whether in hospital, aged care, hospice or home. The ultimate goal of PCQ is to ensure that all Queenslanders are able to have a dignified death, regardless of their illness, age, culture or location.

About living - Palliative care does not hasten or postpone death, but it complements treatment, helping the person to live fully every day and be in control of their circumstances until the end.

Not 'one-size fits all' - Palliative care is different for each person, based on their individual needs, with tailored care and support at its heart.

Everyone's business - Palliative care is everyone's business. Specialists, generalists, primary health care, allied health professionals, pastoral carers and community all have vital roles to play.

Care for the carer - Palliative care involves activating networks of support and service (including respite) to enable carers to care for the dying, while balancing their needs.

A human right - Palliative care is a recognised human right, which provides a holistic approach to improving the quality of life for terminally-ill people at all stages of life - from in utero to geriatric - that should be available from the day of diagnosis until death and beyond, to bereavement support for carers, families and support networks.

Palliative Care is

about the whole person



for every age and every stage

about the community of care

about choice, autonomy & dignity



not 'one-size fits all'

Everyone's business

care for the carer

a Human right



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Figure 2: Palliative Care Queensland's policy guiding principles

Why we need to plan for palliative care - Summary of the Townsville Area Palliative Care Plan: Situation Analysis

When palliative care is not adequately funded or planned for, Queenslanders experience significant gaps in care. To understand these gaps and the many factors influencing care in the Townsville Area, the Situation Analysis [1] was undertaken. This Analysis draws on the concept of public health palliative care and a population-based approach, which recognises and responds to the growth of consumer or person-centred models, that put individuals, families and carers at the centre of planning, design and delivery of services.

The Situation Analysis provides a comprehensive overview of palliative care and the rationale behind why it is important to plan for current and future palliative care needs in the Townsville Area, noting that this is a complicated task. It is recommended that this TAPCP 2020-2024 is read in conjunction with the Situation Analysis to understand the focus and priority actions developed after reviewing the demographics, projections, services already available, and the gaps and opportunities for palliative care raised during extensive consultation.

In conclusion, the Situation Analysis identified that the Townsville Area needed a palliative care plan to address the gap between services that are currently available, and services that are needed. The Situation Analysis further provided opportunities for action to aid in the development of this TAPCP 2020-2024 (Table 1).

Work together with communities to raise awareness about palliative care, and to activate people to help care for one another	<ul style="list-style-type: none"> • Build relationships between organisations and community members to advance palliative care initiatives at all levels – including local council/s, the community, the healthcare system and its leadership • Continue to advance Townsville's participation in the Compassionate Communities' movement, harnessing the goodwill demonstrated by the community through the COVID-19 pandemic
Help patients and their loved ones navigate the palliative care system, including	<ul style="list-style-type: none"> • Map access issues in the Townsville Area, with a focus on vulnerable populations • Develop or identify existing education resources to improve communication between providers and patients, families and carers • Enhance the role of nurse navigators and case managers
Strengthen support to palliative care patients and families living in rural and remote areas	<ul style="list-style-type: none"> • Accommodation options for patients from rural and remote areas travelling to Townsville • Promote and/or facilitate the use of telehealth to rural and regional areas • Facilitate Palliative Care Roadshows visits to rural and regional areas
Provide equitable and appropriate palliative care for all Indigenous residents	<ul style="list-style-type: none"> • Increase health services and improve access to primary palliative care, particularly on Magnetic Island and Palm Island • Develop services to enable Aboriginal and Torres Strait Islanders to die on Country • Develop an Aboriginal and Torres Strait Islander palliative care workforce • Work with Indigenous Liaison Officers
Initiate and continue advance care planning conversations	<ul style="list-style-type: none"> • Create initiatives and educate the community to plan for all stages of life • Increase the knowledge, tools and confidence of healthcare providers in the region as they initiate and continue advance care planning discussions
Connect palliative care services to improve continuity and integration	<ul style="list-style-type: none"> • Establish models of shared care including increased early referrals to specialist palliative care and strengthened linkages with curative services • Improve access and referral through Townsville HealthPathways
Increase capacity and capability of the workforce to provide safe, high quality, person-centred palliative care	<ul style="list-style-type: none"> • Conduct palliative care training analysis of healthcare providers • Support initiatives that embed palliative care in certificate, undergraduate and postgraduate education programs • Create palliative care learning exchanges and encourage networking
Undertake data monitoring, evaluation and research	<ul style="list-style-type: none"> • Ensure consistent data collection and tracking to improve quality of care and advocate for system improvements • Review research activities to continue advocating for the needs of Queenslanders living in the Townsville Area who will need palliative care

Table 1: Opportunities for action and things to consider in developing the TAPCP 2020-2024 [1]

Development of the Townsville Area Palliative Care Plan 2020-2024

The linkage to important issues, action statements and success measures stated in each of the Nine Directions were developed through face to face consultations with the following key stakeholders: Northern Queensland Primary Health Network (NQPHN) Executive Director Townsville and Area Manager, Townsville Hospital and Health Service (THHS) Board Chair, Chief Executive Officer (CEO) and Clinical Director of the Townsville Palliative Care Centre, Townsville Aboriginal and Islander Health Service (TAIHS) Chief Executive Officer (CEO), and the Mayors, Councillors, CEOs and Directors/Managers of Community Services, Wellbeing and/or Development in the seven LGAs, where personnel were available.

The Action Statements and Success Measures stated in the TAPCP 2020-2024 have been developed from the key stakeholder consultations mentioned above, to ensure that the TAPCP 2020-2024 represents a genuine and local voice; even though the geographical locations differ, the outcomes in each consultation were very similar. Each key stakeholder was given a Meeting Briefing that outlined the Nine Directions and a list of Focus Questions. Each LGA was asked to provide further information to clarify their participation and to provide additional information about their existing planning and/or supports; this information, where relevant, was also utilised in the formation of the action statements and success measures.

Endorsement of the Nine Directions

Importantly, this consultation with stakeholders revealed tremendous commitment to improving palliative care in the Townsville Area. Every member of the stakeholder group listed below agreed that they want to help build services in the Townsville Area so that people with palliative care needs can live and die well, in an environment where they feel safe and supported in maintaining their independence, whilst staying culturally connected to their land and communities for their whole palliative care journey.

During consultations, commitments to endorse the Nine Directions were sought as an essential activity, to ensure they were accurate, reflected local needs and were owned locally. Each of the organisations listed in Table 2 provided their corporate or strategic plan, which stated their vision, mission and strategic goals, including enhancing community activities and liveability. These were reviewed by the consultation group.

The work over 2020-2024 will happen through a collaboration between the organisations listed in Table 2 with General Practitioners (GPs), community organisations and the broader community. These stakeholders have made a commitment to work together in the Townsville Area to ensure that people with palliative care needs:

- Live every day until their last and maintain an optimum quality of life
- Stay socially connected, and
- Are involved and informed about access to sustainable, timely and appropriately coordinated palliative care, now and into the future

In order to ensure that the Nine Directions were accurate, reflected local needs and were owned locally, NQPHN, THHS, TAIHS and the LGAs were asked to sign a Letter of Endorsement agreeing that the *'Townsville Area Palliative Care Plan (TAPCP) Directions will form a solid framework for improving palliative care within our area and provide strategic direction of all organisations within the area who provide care for people experiencing ageing, dying, death and grief to receive quality health, social and community care'*. Letters of Endorsement have been received from NQPHN, THHS, TAIHS and the seven LGAs within the Townsville Area.

TAPCP 2020-2024 represents a commitment by the following key stakeholders:

- Palliative Care Queensland (PCQ)
- Northern Queensland Primary Health Network (NQPHN)
- Townsville Hospital and Health Service (THHS)
- Townsville Aboriginal and Island Health Service (TAIHS)
- Townsville City Council Local Government Area (LGA)
- Palm Island Aboriginal Shire Council LGA
- Charters Towers Regional Council LGA
- Hinchinbrook Shire Council LGA
- Burdekin Shire Council LGA
- Flinders Shire Council LGA
- Richmond Shire Council LGA

Table 2: Organisations that have endorsed and committed to supporting the implementation of the Townsville Area Palliative Care Plan 2020-2024

Implementation, monitoring and review

All endorsing organisations for this plan are committed to implementing the TAPCP 2020-2024 and will actively work in partnership with private, community and non-government providers to progress the Nine Directions across their relevant jurisdictions in the Townsville Area.

The implementation, monitoring and review process will be guided by a working group (TAPCP-WG). All endorsing organisations of the Nine Directions have committed to joining this working group. The commitment to a collaborative approach by the key stakeholders to ongoing meetings sets a strong foundation for this plan to achieve its outcomes.

The implementation measures outline a multipronged approach to demonstrating the impact of the plan, including but not limited to health data and consumer feedback.

Transparency and accountability are critical to the plan's implementation strategy; therefore, an annual implementation report is embedded in the timeline.

Further TAPCP-WG key activities are outlined in the implementation timeline in Figure 3.

The TAPCP 2020-2024 is ambitious, but worthy of people living in the Townsville Area. Though the TAPCP 2020-2024 lays out an extensive roadmap for service improvement, it must also be expected that implementation of the plan will uncover many more gaps and opportunities for future planning and development.

The TAPCP-WG will be responsible for the oversight and management of the plan, taking action where necessary to ensure that the plan is brought to life in the Townsville Area. PCQ will be the secretariat for this working group. The lifespan of the TAPCP-WG will be aligned with the TAPCP 2020-2024.

The Nine Directions are ambitious and will require an ongoing commitment by PCQ, NQPHN, THHS, TAIHS, LGAs, GPs, community organisations and the broader community within the Townsville Area.

The TAPCP 2020-2024 Working Group – Sustained Commitment

The key stakeholders identified in Table 2 also agreed to actively participate in the work of the TAPCP-WG and to provide ongoing input into the implementation of the action statements and achievement of the success measures outlined in each of the Nine Directions. Community organisations, people with palliative care needs, their families and carers will also collaborate with the TAPCP-WG to play a pivotal role in the further development and implementation of the TAPCP 2020-2024. This ensures that the TAPCP 2020-2024 will be tailored to the local needs of the Townsville Area.

The purpose of the Townsville Area Palliative Care Plan Working Group is to:

- Bring together the endorsing organisations and other key stakeholders to ensure the TAPCP 2020-2024 is implemented
- Develop a detailed implementation timeline including responsibilities and measures for each of the Nine Directions contained in the TAPCP 2020-2024
- Meet regularly to review the activities relevant to the TAPCP 2020-2024 and monitor the timeline and measures as specified in the detailed implementation timeline
- Share implementation updates with their local organisations, networks and communities to demonstrate commitment to the plan
- Collate feedback from their local organisations, networks and communities to ensure implementation is meeting their local needs

Implementation Timeline



Figure 3: Townsville Area Palliative care Plan 2020-2024 implementation timeline

PART B:

**THE NINE DIRECTIONS OF
THE TOWNSVILLE AREA
PALLIATIVE CARE PLAN
2020-2024**

The Nine Directions: Identified actions and measures of success

The Nine Directions below detail the relevant actions and measures for 2020 - 2024.

- **Direction 1**
Raise Awareness and Build Community Capacity
We will work together with communities in the Townsville Area to raise awareness about palliative care, and to activate people to help care for one another.
- **Direction 2**
Care Navigation
We will work to help individuals and their loved ones navigate the palliative care system in a culturally appropriate way.
- **Direction 3**
Rural and Remote Areas
We will strengthen support for people with palliative care needs and families living in rural and remote areas in the Townsville Area.
- **Direction 4**
Aboriginal and Torres Strait Islanders
We will work to provide equitable, appropriate and culturally sensitive palliative care for all Aboriginal and Torres Strait Islander residents.
- **Direction 5**
Advance Care Planning
We will initiate Advance Care Planning (ACP) conversations where they have not yet begun and continue ACP conversations where they have started.
- **Direction 6**
Integration of Care
We will connect palliative care services to improve continuity and integration so that individuals and families can more easily access the care they need.
- **Direction 7**
Workforce
We will increase the capacity and capability of the Townsville Area workforce to provide safe, high quality, person-centred and culturally appropriate palliative care.
- **Direction 8**
Monitoring, Evaluation and Research
We will work to improve palliative care in the Townsville Area through data monitoring, evaluation and research opportunities.
- **Direction 9**
Disaster Planning, Response and Recovery
We will strengthen disaster planning, response, and recovery in relation to people experiencing ageing, dying, death and grief in the Townsville Area.

Direction 1: Raise Awareness and Build Community Capacity

ACTION STATEMENT

We will work together with communities in the Townsville Area to raise awareness about palliative care, and to activate people to help care for one another

Why is this Direction important?

Compassionate Communities are communities where everybody recognises that we all have a role to play in supporting each other in times of ageing, dying, death and grief. [4]

Priority actions

- 1.1 Map community assets and use existing social capital and partnerships to promote community engagement in the planning and provision of palliative care services
- 1.2 Identify and support community leaders and champions across services and locations to identify and promote culturally appropriate awareness and support in relation to ageing, dying, death and grief
- 1.3 Provide education and training about ageing, dying, death and grief to community members
- 1.4 Create opportunities for communities across all age groups, including schools, to discuss ageing, dying, death and grief through compassionate conversations in a culturally appropriate manner
- 1.5 Investigate opportunities for the LGAs in the Townsville Area to adopt the Compassionate City Charter [5]

What does success look like?

For individual residents of the Townsville Area	For the Townsville Area as a community
<ul style="list-style-type: none">• Increased awareness of what community supports and services are available to them in relation to ageing, dying, death and grief• Involvement in caring for their community members who are experiencing ageing, dying, death and grief• Increased confidence to start conversations about ageing, dying, death and grief with family, carers, and other community members	<ul style="list-style-type: none">• Community leaders, organisations and champions are equipped to provide information and support to their local communities• Increased information, conversations and education sessions about ageing, dying, death and grief for community members are available• The Compassionate Cities Charter discussed (or adopted) by all Townsville Area LGAs

Direction 2: Care Navigation

ACTION STATEMENT

We will work to help individuals and their loved ones navigate the palliative care system in a culturally appropriate way

Why is this Direction important?

People with palliative care needs, their families and carers need to be supported by care providers across disciplines, professions and settings who will work together throughout the person's palliative care journey, delivering person-centred, culturally appropriate care to all people living in the Townsville Area.

Priority actions

- 2.1 Undertake common journey mapping with people with palliative care needs, their families and carers to identify opportunities for improved navigation through the palliative care system. This will include people from vulnerable populations
- 2.2 Improve transitions of care
- 2.3 Co-design navigation supports, information and resources with people with palliative care needs, their families and carers
- 2.4 Embed palliative care navigation and support training into the orientation and education programs for all relevant nurse navigators, case workers and social workers

What does success look like?

For individual residents of the Townsville Area	For the Townsville Area as a community
<ul style="list-style-type: none">• Opportunities to contribute to the design and development of palliative care navigation systems and resources• Availability of a centralised point where information on palliative care and community services can be accessed• Increased understanding of the palliative care options available in a person's local community• Greater value placed on understanding, recognising and supporting an individual's decisions and choices about how they manage their palliative care	<ul style="list-style-type: none">• Relevant nurse navigators, case workers and social workers receive training in palliative care navigation and supports• Reduction in complaints regarding transition between care environments

Direction 3: Rural and Remote Areas

ACTION STATEMENT

We will strengthen support to palliative care patients and families living in rural and remote regions in the Townsville Area

Why is this Direction important?

Distance and isolation are a huge challenge in the Townsville Area. People living in rural areas are resilient and committed to assisting their fellow residents to journey and die in a place of their choice or on Country where possible. They also suffer significant financial burden and isolation from their community when required to access specialist palliative and end-of-life care in urban areas. People want to experience their ageing, dying, death and grief in familiar locations, close to their existing support networks. Families, community members and community groups want to be part of the network of care that provides support to people experiencing ageing, dying, death and grief.

Priority actions

- 3.1 Undertake common journey mapping with people with palliative care needs, their families and carers in rural and remote areas to identify opportunities for:
 - o Improved navigation through the palliative care system including transfers to and from Townsville
 - o Reduced travel over large distances away from communities to receive palliative care
 - o Increasing local formal and informal palliative care services and supports
- 3.2 Increase the use of digital health technologies to expand services for palliative care
- 3.3 Support the rural and remote palliative care workforce to participate in interdisciplinary training, networking, and peer support opportunities
- 3.4 Acknowledge and support pre-existing social capital in rural and regional communities through volunteer opportunities

What does success look like?

For individual residents of the Townsville Area	For the Townsville Area as a community
<ul style="list-style-type: none">• Increased ability to be with families and friends in their place of choice or on Country throughout their palliative care journey• Support to engage with palliative care volunteering• Decreased need to travel long distances to access care	<ul style="list-style-type: none">• Increased local palliative care service options• Increased volunteer opportunities in rural and regional communities• Increased use of digital health technology for palliative care• Increased opportunity for training, networking and peer support for rural and remote palliative care workforce

Direction 4: Aboriginal and Torres Strait Islanders

ACTION STATEMENT

We will work to provide equitable, appropriate and culturally sensitive palliative care for all Aboriginal and Torres Strait Islander residents

Why is this Direction important?

Aboriginal and Torres Strait Islanders in Australia have poor access to palliative care services in mainstream facilities, as these are often viewed as powerful, isolating and not relevant to their culture, way of life, family and belief systems [6]. Engaging Aboriginal and Torres Strait Islanders in planning, design, implementation and evaluation of palliative care and end-of-life care programs, services and policy is critical, so their distinct issues, needs and aspirations are not overlooked and are explicitly accounted for.

Priority actions

- 4.1 Undertake common journey mapping with Aboriginal and Torres Strait Islanders to understand when and how people with palliative care needs and their carers currently access and receive care, particularly to identify the barriers to dying on Country
- 4.2 Co-design, with Aboriginal and Torres Strait Islander community members, local models of care to improve palliative care services across the Townsville Area
- 4.3 Develop and implement a cultural competency training program for clinicians and service providers when working with Aboriginal and Torres Strait Islander people
- 4.4 Build the capacity of Aboriginal and Torres Strait Islander support organisations to undertake a linking role with palliative care services
- 4.5 Employ Aboriginal and Torres Strait Islander staff and consider creating identified positions

What does success look like?

For individual residents of the Townsville Area	For the Townsville Area as a community
<ul style="list-style-type: none">• Improved culturally appropriate palliative care services and supports including during concurrent treatment and those that promote independence• Palliative care services treat people with dignity and respect in relation to their cultural beliefs• Increased ability to be with families and friends on Country throughout their palliative care journey	<ul style="list-style-type: none">• Stronger relationships between palliative care providers and local leaders• A co-designed model of care to support identified Aboriginal and Torres Strait Islander people needs• Increased proportion of palliative care staff have completed cultural competency training to enable appropriate support for Aboriginal and Torres Strait Islander people with palliative care needs

Direction 5: Advance Care Planning

ACTION STATEMENT

We will initiate Advance Care Planning (ACP) conversations where they have not yet begun and continue ACP conversations where they have started

Why is this Direction important?

Advance Care Planning (ACP) promotes care that is consistent with the person's goals, values, beliefs, culture and preferences. It prepares the person with palliative needs, their family and carers to plan for the palliative care journey, and a time when the person may no longer be able to communicate those decisions themselves. [7]

Priority actions

- 5.1 Co-design with people with palliative care needs simple culturally appropriate ACP information materials for aged care and palliative care workers, people with palliative care needs, their families and carers
- 5.2 Increase the use of interpreters if English proficiency is a barrier
- 5.3 Co-design with LGAs and people with palliative care needs culturally safe community appropriate spaces to commence and/or continue the ACP discussions
- 5.4 Implement awareness raising campaigns that focus on beginning ACP discussions early
- 5.5 Provide targeted education to health and social professionals to improve their confidence and knowledge on initiating discussions and translating ACP documents into delivery of care

What does success look like?

For individual residents of the Townsville Area	For the Townsville Area as a community
<ul style="list-style-type: none">• Values and preferences acknowledged and valued• Support and a safe space to talk about end-of-life goals and preferences• Families and carers are supported to be involved in ACP discussions	<ul style="list-style-type: none">• Increased number of completed ACP forms for residents within aged care facilities.• Increased community awareness of the benefits of an ACP document• Health and social professionals have improved confidence in embedding ACP documents into care plans

Direction 6: Integration of Care

ACTION STATEMENT

We will connect palliative care services to improve continuity and integration so that individuals and families can more easily access the care they need

Why is this Direction important?

Connectivity and integration between healthcare providers is important, particularly in regional, rural and remote areas as people do not want to repeat their story to different service providers. People want palliative care services in their place of choice or on Country where possible and practicable.

Priority actions

- 6.1 Facilitate an annual Townsville Area palliative care symposium including showcasing initiatives led by different care providers. Providers to be invited would include NQPHN, THHS, TAIHS, GPs, LGAs, Aged Care Providers, Paediatric Palliative Care Providers, Educators and other relevant service providers
- 6.2 Continue to implement evidence-based health pathways for palliative care needs across the Townsville Area
- 6.3 Investigate the opportunity for staff to work across sectors to strengthen relationships, understand barriers, capacity and capabilities issues
- 6.4 Work with the LGA community organisations, networks, and groups to advance collaboration across the health care sector and generate workable solutions that improve palliative care experiences and outcomes for people
- 6.5 Co-design strategies between specialist teams to increase referrals to palliative care consultation teams

What does success look like?

For individual residents of the Townsville Area	For the Townsville Area as a community
<ul style="list-style-type: none">• Increased number of people with palliative care needs accessing care in their place of choice• Improved information sharing between all care providers in the Townsville Area• Increased partnerships, collaborations and relationships between service providers	<ul style="list-style-type: none">• Improved connectivity and integration between health care providers• Improved information sharing between health care service providers• Increased access to palliative care services in a person's place of choice or on Country where possible and practicable

Direction 7: Workforce

ACTION STATEMENT

We will increase the capacity and capability of the Townsville Area workforce to provide safe, high quality, person-centred and culturally appropriate palliative care

Why is this Direction important?

Workforce is a critical component of palliative care service provision and is particularly vulnerable in rural and remote areas. A shortage of staff trained in palliative care, in addition to an ageing workforce creates an increased pressure on the palliative care sector [8,9], therefore planning and support for workforce is critical.

Priority actions

- 7.1 Develop a Townsville Area palliative care holistic workforce plan to ensure workforce planning is in place to support increased demand
- 7.2 Develop and strengthen the Aboriginal and Torres Strait Islander health workforce in all areas of the health system related to palliative care, both clinical and non-clinical
- 7.3 Support Specialist Palliative Care health professions to provide education, training and mentorship to generalist and primary care providers
- 7.4 Support Specialist Paediatric Palliative Care health professions to provide education, training and mentorship to generalist and primary care providers
- 7.5 Sustain the workforce through positive culture and support (self-care)

What does success look like?

For individual residents of the Townsville Area	For the Townsville Area as a community
<ul style="list-style-type: none">• A local skilled workforce that are educated and trained to provide quality palliative care• Palliative care specialists are available locally• The workforce has access to appropriate training and mentorship	<ul style="list-style-type: none">• Palliative care holistic workforce planning is in place to meet the local service needs• Increased proportion of palliative providers participating in and completing identified training programs that provide staff with skills to deliver person-centred care that is culturally and age appropriate• Providers from specialist palliative care teams are providing increased training and mentorship to generalist and primary teams

Direction 8: Monitoring, Evaluation and Research

ACTION STATEMENT

We will work to improve palliative care in the Townsville Area through data monitoring, evaluation and research opportunities

Why is this Direction important?

Key processes and outcomes of care for people using palliative care services need to be monitored with a focus on identifying and implementing current best practice and understanding where knowledge and practice gaps exist.

Priority actions

- 8.1 Encourage research to capture the innovations and outcomes arising from palliative care provision in the Townsville Area
- 8.2 Improve the ability to evaluate palliative care at a population level and to monitor outcomes across the Townsville Area
- 8.3 Ensure data collection and reporting informs continuous quality improvement of palliative care
- 8.4 Enhance existing and build new partnerships between service providers, universities and other training organisations
- 8.5 Ensure training opportunities in research methods and quality improvements are available for the specialist palliative care workforce

What does success look like?

For individual residents of the Townsville Area	For the Townsville Area as a community
<ul style="list-style-type: none">• People are aware that the feedback they provide informs improvement in their care• Services know where to find data and evidence to improve the care they provide• An increase in conference presentations, peer reviewed publications and policy showcase opportunities of Townsville Area palliative care• The Townsville Area fosters a culture of innovation and research involving people with palliative care needs, invests in evidence-based research translation strategies and enhances workforce skills in evidence-based practice and continuous quality improvement to leverage successful innovations	<ul style="list-style-type: none">• More research into palliative care services that can be delivered in a timely manner in their place of choice or on Country especially in rural and remote areas• Best practice evidence-based palliative care• The Townsville Area initiatives are showcased in the evidence• Service providers and lead agencies within the Townsville Area are committed to continuous quality improvement of palliative care

Direction 9: Disaster Planning, Response and Recovery

ACTION STATEMENT

We will strengthen disaster planning, response and recovery in relation to people experiencing ageing, dying, death and grief in the Townsville Area

Why is this Direction important?

Well prepared disaster management, response and recovery plans ensure that services, the community, and consumers are informed about what they can expect in relation to their care. The TAPCP 2020-2024 commences in 2020, the year when the COVID-19 pandemic has significantly impacted all aspects of the community.

Priority actions

- 9.1 Work in collaboration with the Queensland Health and LGAs to identify gaps and ensure that palliative care is included in relevant disaster management/emergency planning and implementation
- 9.2 Investigate how people with palliative care needs who are nearing their last weeks to days during a disaster, have access to compassionate exemptions in relation to timely access to care needs and loved ones
- 9.3 Ensure all palliative care providers (specialist, generalist and primary care) within the Townsville Area have appropriate plans to support their clients who die during the COVID pandemic (non COVID related) and clients who die due to COVID are able to access quality palliative care
- 9.4 Ensure all palliative care providers (specialist, generalist and primary care) have communication plans in place which articulate how they will liaise with people with palliative care needs and families to provide accurate information about access to compassion exemptions; and keep them informed regarding their loved one's condition
- 9.5 Ensure that palliative care is embedded in the local recovery plans for COVID, particularly bereavement care

What does success look like?

For individual residents of the Townsville Area	For the Townsville Area as a community
<ul style="list-style-type: none">• People feel safe and are as safe as practicable in a disaster• People are able to continue their treatment with as little disruption as possible• People are aware of what is happening at the local level	<ul style="list-style-type: none">• Palliative care (including bereavement care) is included in disaster/emergency management plans and recovery plans• Palliative care providers feel prepared to support people with palliative care needs, their families, and carers during a disaster• People with palliative care needs, their families, and carers know how to access supports and feel confident to do so, and raise issues/concerns, during a disaster with minimal disruptions

Evaluation Rural Disaster
Workforce **Planning**
Navigation Community
People Areas Monitoring
Capacity **Care** Advance
Aboriginal Recovery
Response Build Integration
Awareness Torres Strait Islander
Raise Research
Remote

Figure 4: Word cloud of the Nine Directions from the Townsville Area Palliative Care Plan 2020-2024

**REFERENCES,
FUTHER READINGS AND
COMMONLY USED TERMS
AND ABBREVIATIONS**

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Common Terms and Abbreviations

ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACD	Advance Care Directive
ACP	Advance Care Planning
AOD	Alcohol and Other Drugs
ARP	Acute Resuscitation Plan
CALD	Culturally and Linguistically Diverse
CaRS	Care in the Right Setting
CELC	Connecting End of Life Care
CELC-T	Connecting End of Life Care in Townsville
CEO	Chief Executive Officer
COPD	Chronic Obstructive Pulmonary Disease
EoL	End of Life
EPOA	Enduring Power of Attorney
GP	General Practitioner
HHS	Hospital and Health Service
ITC	Integrated Team Care
LGA	Local Government Area
LGBTIQA+	Lesbian, gay, bisexual, transgender, gender diverse, intersex, queer, asexual and questioning
MBS	Medicare Benefits
NN	Nurse Navigator
NP	Nurse Practitioner
NQPHN	Northern Queensland Primary Health Network
PCQ	Palliative Care Queensland
PHN	Primary Health Network
QoL	Quality of Life
RACF	Residential Aged Care Facility
RN	Registered Nurse
TAIHS	Townsville Aboriginal Islander Health Service
TAPCP	Townsville Area Palliative Care Plan
TAPCP-WG	Townsville Area Palliative Care Plan – Working Group
THHS	Townsville Hospital and Health Service
TUH	Townsville University Hospital
WG	Working Group



We believe that the way we care for our dying is a significant indicator of the kind of society we are