

# Growing Older on Bruny

Bruny Island Community Aged Living  
Project Report



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Bruny Island Community Association  
December 2017

## **Disclaimer**

*All information from community and other respondents contained in this report was given and received in good faith. All official and other relevant documentation is noted in references contained herein.*

*This Bruny Island Community Aged Living Report 2017 is a thoroughly researched and important reference document that should be used to inform local, state and Australian government community development processes, policy and decision making.*

## **List of acronyms**

BIAC – Bruny Island Advisory Committee

BICA – Bruny Island Community Association

BICAL – Bruny Island Community Aged Living

BICHSA – Bruny Island Community Health Services Advisory Committee

BIRCH – Bruny Island Respite Community House

CBS – Community Based Support

DHHS – Department of Health and Human Services, Tasmania

HRC – Huon Regional Care (Huon Eldercare)

THS – Tasmanian Health Service (DHHS)

# Contents

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<b>Executive Summary .....</b>	<b>5</b>
<b>Introduction .....</b>	<b>9</b>
<b>Context .....</b>	<b>10</b>
Background .....	11
Services .....	12
Service use .....	13
Advisory bodies .....	15
Government services, strategies and directions .....	15
The Bruny Island population .....	19
<b>The consultations .....</b>	<b>24</b>
Gathering the evidence .....	25
The Informants .....	26
The community speaks .....	27
<b>Discussion and proposed actions .....</b>	<b>53</b>
Ageing well and dying at home .....	53
Residential aged care .....	54
Home based aged care and palliative/end of life care .....	55
Service integration, collaboration and communication .....	56
GP availability and continuity .....	57
Nurses' scope of practice .....	58
Health promotion and allied health services .....	58
Community transport .....	59
Emergency services .....	59
Volunteer coordination and recruitment .....	60
Other health and aged care needs .....	61
Community facilities .....	61
Impact of tourism on health and aged care services on Bruny Island .....	62
<b>A way forward .....</b>	<b>63</b>
<b>Attachment 1: Bruny Island Community Aged Living Survey results .....</b>	<b>66</b>



# Executive Summary

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Bruny Islanders love their island. They want to live there in their own homes as they age. If they can no longer live at home, they want to continue living on the island. They want to die there, with friends and family around them. They want services and support systems in place to enable this to happen.

These are the key themes that arose from extensive consultations with the Bruny Island community during August-September 2017. On the face of it, these wants sound simple. In reality, their fulfilment is complex.

This report gives voice to the Bruny community – to the services they value, to the problems they face as they grow older, and to their ideas on how to make things better. There is a strong community. Not everyone speaks as one, but residents are united in their caring for each other and passion for their island home.

The project arose from a perceived need among island residents for supported aged care residential facility on Bruny Island. The Bruny Island Community Aged Living Committee, a sub-committee of the Bruny Island Community Association, took on the task of canvassing residents' ideas on this issue. The focus of this work was broadened to investigate health and aged care needs of Bruny's ageing population.

The aim and objectives of the project were as follows:

## **Aim**

- To identify current and potential needs and wishes of ageing islanders and recommend a range of options that will best meet those needs as a basis for approaching decision makers, health care providers, and funding sources.

## **Objectives**

- To identify the needs of Bruny Island senior residents as they age, enabling them to plan for the most appropriate forms of support and levels of care that will enable them to remain on-island for as long as they wish.
- To undertake a needs analysis of Bruny Island residents and stakeholders to determine options for ageing residents to remain on Bruny Island.
- To conduct a care and housing needs analysis for Bruny Islands' ageing population to allow Bruny Island Community Association (BICA) to thereafter (if the research supports it) submit evidence-based funding application(s) to develop a community based care and/or housing model on the island.

Bruny Island is defined by the rapid growth in its ageing population (with almost 50% of residents now aged 60 and over), and the speed with which tourism has become an all-consuming industry. Various levels of government are struggling to develop the on-island infrastructure to support these changes. The future sees a need not only to cater for the influx of tourists while maintaining the environment that draws them to the island, but also to ensure that adequate services are in place to support the resident population.

While Bruny is becoming more and more accessible by tourists, locals still regard the island as remote. Goods and services must be brought to the island by ferry. Residents must be air-lifted, taken off by police launch (brought down from Hobart) or ferried off-island to access hospital care. Getting qualified local staff is difficult. Bringing staff from off-island is expensive. Travel distance does not equate to travel time.

The Bruny Island Community Aged Living project reached one third of the island's aging population. Over 97% of respondents were full time residents and 87.5% were aged 60 and over. This sample provides a robust basis for planning future directions for health and aged care services on Bruny Island.

In essence, Bruny Islanders want to maintain their health and wellbeing for as long as possible with programs and facilities to help them do so. As they age and need further support, they want to continue living in their own homes with the services they need to enable this to happen. If this is no longer possible, they want residential facilities on the island so that they can age and die in a familiar place with friends and family around them.

While residents who contributed to this research indicated satisfaction with current services on Bruny (GP services, emergency services, the local pharmacy, community nursing, allied health services and BIRCH in particular) they also identified significant gaps in aged care and health services. There were many stories of people not being able to get the help they needed when they needed it. There were calls for more services, different services, and changes to existing services; and for better infrastructure to assist people on Bruny to age and die in place. Above all, residents wanted services to be integrated, accessible and responsive to local need.

The following table summarises proposed actions arising out of this project.

<b>'Action area</b>	<b>Proposed actions</b>	<b>Proposed Action No.</b>
<b>Ageing and dying at home</b>	The clear preference of Bruny Island residents to age and die at home to be reflected in all future planning and policy decisions regarding health and aged care services on the island.	1, p.54
<b>Residential aged care*</b>	BICA, Kingborough Council, and State and Commonwealth government representatives to immediately progress the planning of an expanded aged living complex on the current Glensyn site and identify funding to proceed with a call for expressions of interest in such a development, via a transparent process, with due consideration to: <ul style="list-style-type: none"> <li>• an appropriate management entity and structure for the units</li> <li>• viability of the current location for further development</li> <li>• initial cost of building/upgrading and a source of funding for this to occur</li> <li>• future staffing and resourcing</li> <li>• integration with other facilities in the Alonnah service hub</li> <li>• requirements for a respite facility</li> <li>• the need for community engagement and a community advisory mechanism</li> <li>• the need for the units to be low-cost and allocated according to transparent needs/equity criteria.</li> </ul>	2, p.55
	BICA, Kingborough Council, and State and Commonwealth governments to determine the optimal configuration for a respite facility on Bruny Island, either as part of an aged living complex or as an adjunct to the health centre.	3, p.55

<b>An integrated health and aged care services' model**</b>	A community-driven, time-limited strategic planning forum to be jointly convened by BICA and BICHSA within 3 months of release of this report to include HRC and THS managers and staff, aged care providers, Kingborough Council, community representatives, GPs who have worked on island, and other key stakeholders, to engage in a planning process to further the development of a fully-integrated, innovative health and aged care service delivery model on Bruny Island and determine what further actions are required to achieve this vision.  The forum to consider the following:	6, p.57
	<ul style="list-style-type: none"> <li>Inclusion of aged care services and coordination of on-island aged care workers as part of an integrated model</li> </ul>	4, p.55
	<ul style="list-style-type: none"> <li>The applicability of different approaches such as Health Care Homes, the 'The Right Place' initiative, Health Care Neighbourhoods, Compassionate Communities, Multi-Purpose Services, Hospital in the Home, the hospice@HOME model and telehealth to determine what might be included in an integrated, client-centred service delivery model appropriate to the needs of Bruny Island.</li> </ul>	7, p.57
	<ul style="list-style-type: none"> <li>Appointment of a jointly funded onsite manager/coordinator at the health centre to have oversight of all services provided at the centre, other health and aged care services provided on the island, visiting services, centre budgets and resources, and a shared client records system.</li> </ul>	8, p.57
	<ul style="list-style-type: none"> <li>Appointment of an Extended Care Paramedic on Bruny Island.</li> </ul>	20, p.60
	<ul style="list-style-type: none"> <li>The feasibility of funding a coordinator of volunteer services on Bruny Island with responsibilities to include the coordination of community car volunteers.</li> </ul>	21, p.60 17, p.59
	<ul style="list-style-type: none"> <li>Potential for procuring visiting mental health, dietetics and dental services on Bruny.</li> </ul>	22, p.61
	<ul style="list-style-type: none"> <li>Increasing access of community members and groups to the Jane Finn room at the health centre.</li> </ul>	23, p.61
<b>Palliative/end of life care</b>	THS and aged care providers to investigate staff needs for training in palliative/end of life care and provide as necessary.	5, p.56
<b>GP availability and continuity</b>	HRC to consider rostering of GPs to increase coverage during the week.	9, p.57
<b>Nurses' scope of practice</b>	THS to provide funding and support to nurses who wish to upgrade their qualifications; and the potential recruitment and/or training of a nurse practitioner.	10, p.58
	THS to provide clear information and assurance to residents about nursing services that are available to them to help them age and die in place and how they can access these.	11, p.58
<b>Health promotion and allied health services</b>	THS to seek further funding for health promotion activities and consider adding a health promotion coordination function and dedicated health promotion hours to a community nursing position.	12, p.59
	HRC to continue monitoring demand for allied health services and their responsiveness to community needs and fill any gaps indicated.	13, p.59
	The potential to use the community development/health promotion skills of allied health workers as part of a comprehensive health promotion program to be further explored.	14, p.59

	The potential for aged care workers to be trained as Allied Health Assistants to be considered in long term health/aged care service planning.	15, p.59
<b>Community transport</b>	BICA to raise Bruny Island concerns about coordination of the community car with the responsible government minister and area of government with a view to returning responsibility for its coordination to the health centre.	16, p.59
	Broad transport issues and proposals (e.g. volunteer carpool, a community bus service) to be referred to those responsible for the Bruny Island Liveability Study.	18, p.59
<b>Emergency services</b>	BICHSA/BICA to continue advocating for recruitment and training of volunteer ambulance officers.	19, p.60
<b>Community facilities</b>	Calls for hall upgrades and a swimming/hydrotherapy pool to be referred to the Bruny Island Liveability Study.	24, p.61
<b>Impact of tourism</b>	The impact of tourism on health and aged care services to be referred to those responsible for the Bruny Island Liveability Study and the BICA - BICHSA Strategic Planning Forum.	25, p.62

\*Residential aged care’ - Proposed Actions 2 and 3 (relating to the Glensyn complex and a respite facility) are a continuation of ongoing discussions that have occurred on Bruny Island over some years and are considered far enough advanced to warrant immediate action.

\*\*Proposed Actions relating to ‘an integrated health and aged care services’ model’ are deemed to require further focused input via the proposed strategic planning forum.



# Introduction

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The Bruny Island Community Aged Living (BICAL) Project Committee, a sub-committee of the Bruny Island Community Association (BICA), commissioned this study to investigate what people living on Bruny Island need to help them age well and die in place. While the original intent was to look at residential aged care options, this broadened to include the full spectrum of support required to enable people to stay in their own homes as they age, or if this is no longer possible, to continue living on-island.

Bruny residents are fully aware that they live in a beautiful location. Increasingly, other people are becoming aware of this too and are retiring to the island. The increase in retirees is contributing to an ageing population and, together with the ever-growing influx of tourists and summer residents, pressure on health and aged care services is increasing. These trends are likely to continue, and it is timely to plan for the future.

There are many narratives for those who are growing older on Bruny – everyone’s story is different but there are many common threads. Bruny Islanders want to maintain their health and wellbeing for as long as possible with programs and facilities to help them do so. As they age and need further support, they want to continue living in their own homes with the services they need to enable this to happen. If this is no longer possible, they want residential facilities on the island so they can age and die in a familiar place with friends and family around them.

This report explores the views and ideas of residents and service providers on ageing in place on Bruny Island and what will help in this process. These views were canvassed during August-September 2017 through an online and paper-based survey, focus groups, community meetings and interviews.



The Bruny Lighthouse

# Context

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# Context

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## Background

Prior to the establishment of the state-of-the-art Bruny Island Community Health Centre in 2010, health services on the island were provided through a 'Bush Nursing Hospital' built in the mid-1930s. By the turn of the century, this facility was no longer adequate and health services had spilled over into temporary accommodation in the SES building.

A Health Needs study was conducted on behalf of the Bruny Island Community Association in 2001<sup>1</sup> by Community Focus. In 2005 Community Focus conducted an Evaluation of the Bruny Island Regional Health Service<sup>2</sup>. The 2005 evaluation noted a substantial increase in the population aged 65 and over, and a positive response from Bruny Island residents to the Regional Health Services introduced to the island in 2003 (physiotherapy, podiatry, social work, community transport, nutrition and health promotion). Most of the suggested improvements to health services have since been implemented - building a new health centre; increasing GP services; establishing a volunteer drivers group; increasing the frequency of social work, podiatry and physiotherapy; and improving hospital discharge planning so that Bruny residents are not stranded in Hobart. Increases in health promotion activity were achieved subsequent to the evaluation but with the change in federal funding priorities (December 2016) from prevention to management of chronic conditions, this has now fallen off.

The opening of the new state-of-the-art health centre in 2010 marked a new era for health services on Bruny Island. Its location adjacent to the primary school, community centre and accommodation units formed a service hub, with potential for further development in this area. The health centre was built with expansion in mind.

Some of the recommendations of the 2005 evaluation have yet to be progressed:

- provision of residential respite care for elderly residents (which could not be provided due to lack of facilities)
- greater coordination with visiting specialist mental health services
- more provision of aged care services, and increasing the pool of personal carers on the island
- access to dental services.

The 2005 report pointed to the need for a mechanism to undertake broader service development, commenting that while this role had often been undertaken by the state government health services' manager or clinical nurse manager, 'this is not ideal as these roles are extremely overloaded'. Collaboration was a strong theme, with the report stating that 'Bruny works well on a 'shared model' whereby service providers and local residents and community groups work together to address issues of concern' and noted the role played by the Bruny Island Community Health Services Advisory Group (BICHSA) in supporting this work. The report also suggested a role for a nurse practitioner 'given the complexity of situations dealt with by nursing staff'.

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<sup>1</sup> Community Focus (2001) Unpublished report.

<sup>2</sup> Community Focus (2005). Bruny Island Regional Health Service: Evaluation Report 2005. Unpublished.

Ongoing concerns relating to health and aged care needs on the island (noted in minutes of BICHSA meetings) have included:

- access to the community car
- access to home help
- the need for supported aged care accommodation (Abbeyfield model or alternative)
- reduced home visiting by nurses
- GP services availability
- shortage of volunteer ambulance personnel
- need for coordination of volunteers to provide support to older isolated residents.

Various reports and articles in the media have highlighted the compounding effects of a rapidly aging population and a massive growth in tourism on the island's natural environment and facilities, including its health services.

## Services

A variety of government agencies (state, federal and local), non-government - not-for-profit organisations, private providers and volunteers offer health and aged care services on Bruny Island.

- **The Tasmanian Health Service (THS)**, a Tasmanian Government-funded service, administers the Bruny Island Community Health Centre (BICHC) and provides centre-based nursing services (either by appointment or walk-in), GP referral and support, and emergency call-outs. The THS also coordinates appointments for a private podiatrist who services the island. The Health Centre operates office hours during the week and mornings on weekends, with nurses on call 24/7 for emergencies. A weekly Community Nursing Clinic is currently being trialled.
- **Huon Regional Care (HRC)**, a business of Huon Eldercare, provides bulk-billed GP services two days per week, a no-cost social work service one day per week, and a physiotherapist two days per week (bulk-billed for people with a GP Management Plan). HRC also supports the Bruny Island Respite Community House (BIRCH) which provides day centre meals and activities for older people on Bruny Island. HRC receives some Australian Government funding via Primary Health Tasmania for allied health services on Bruny Island. Huon Eldercare is also an Aged Care service provider.
- **Kingborough Council** owns and administers the four Glensyn Units, adjacent to the Health Centre. These provide low-cost accommodation to frail elderly people and people with disabilities. The Council also owns the land on which the units are situated.
- **Aged Care services** offered on Bruny Island are generally funded by the Australian Government and provided by various state government and non-government agencies listed on the Australian Government My Aged Care website. These include:
  - Commonwealth Home Support Programme (CHSP) services that are defined as 'entry level home support' for those 'who need some help with daily tasks to live independently at home (29 listed providers).
  - After-hospital transition care which can include GP services, physiotherapy, podiatry, social work, nursing support and personal care for a limited time period (usually 6-8 weeks). THS is the listed provider for Bruny Island.

- Home care packages - These are individually-tailored packages of services for frail elderly people. Those eligible must undergo an ACAT (Aged Care Assessment Team) assessment. There are 28 providers of Home Care Packages listed on the My Aged Care website.
- Respite care – as part of the Australian Government Carer Gateway, 7 organisations are listed as offering in-home carer respite on Bruny Island
- **The Bruny Island Pharmacy** is a private business which caters for the needs of the Bruny population. It is open weekdays, with an after-hours home delivery service for prescription medication.
- **Community Transport Services Tasmania** administer the Bruny Island community car, which is operated by a roster of volunteer drivers. The transport coordinator is based in Kingston and the service operates from 9:30am – 1pm each day.
- **The Bruny Island Ambulance Service**, run by volunteers, is supported by Ambulance Tasmania. Two ambulances are located on Bruny (one in the North and one in the South). Accidents and emergencies are attended by volunteer ambulance officers and by 2 nurses. The ambulances coordinate with the Police launch, a helicopter service, or the Bruny Island ferry for evacuations off the island to city hospitals.

A Diabetes Educator visits the Island once per month and private optometry and hearing services conduct regular visits.

HRC commenced the provision of bulk-billed GP services (funded through Medicare) to Bruny Island in mid-2016. Prior to this, GPs from a practice in Snug provided outreach services to the island. After successfully tendering for Australian Government funding (via Primary Health Tasmania) to provide allied health care services, HRC commenced the provision of social worker and physiotherapy services in January 2017. Australian Government Rural Primary Health Services funding had previously supported a health promotion officer, a leisure and lifestyle coordinator, and a physiotherapist on Bruny. While the latter two positions have been retained by HRC, the health promotion position ceased due to the Australian Government shifting focus from prevention to chronic disease management.

hospice@HOME services, funded through the Better Access to Palliative Care Program, were also available until mid-2017. This time-limited program provided an extra level of palliative care for people nearing end-of-life as well as their carers. Palliative care services continue to be provided by community nurses, with some consultancy support available from the Hobart-based Palliative Care Service.

## Service use

The Bruny Island Community Health Centre is open 7 days per week: 8:30am-5pm Monday to Friday, and 9:30am-1:30pm on weekends. Services available through the Health Centre include: community nursing, GP services, physiotherapy, podiatry, social work and day centre activities. Community health centre services are generally very popular in Tasmania with satisfaction ratings close to 90% - exceeding that of public hospitals (80.5%) or child health and parenting services (86.7%)<sup>3</sup>.

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<sup>3</sup> Department of Health & Human Services Tasmania (2016). Tasmanian Population Health Survey 2016. [http://www.dhhs.tas.gov.au/publichealth/epidemiology/tasmanian\\_population\\_health\\_survey\\_2016](http://www.dhhs.tas.gov.au/publichealth/epidemiology/tasmanian_population_health_survey_2016)

Community Nursing and emergency callout/evacuation data for the period, January 2016 – June 2017 was as follows:

**Table 1. Community Nursing Activity Data, Bruny Island 2016-17**

Service type	Jan-Jun 2016	July-Dec 2016	Jan-June 2017	Total
Walk-ins	1,177	1,312	1,140	3,629
Client bookings - clinic	184	283	185	652
Client bookings - home	29	28	15	72
Nurse 000 callouts	48	22	41	111
Helicopter evacuation	10	6	6	22
Ambulance evacuation	27	32	36	95

The total number of community nursing clients on the books for this period was 77. Of these, 3 clients were Aboriginal/Torres Strait Islander. Nineteen (19) clients were under 65 years of age, and 58 were 65+. About 14 nurses work varying hours on the island; several are permanent residents, others staying on-island during their shifts. A weekly Community Nursing Clinic is currently being trialled.

HRC did not commence providing services to Bruny Island until the latter part of 2016 and early 2017. Service activity data for January-June 2017 was as follows:

**Table 2. HRC Activity Data, Bruny Island January-June 2017 <sup>4</sup>**

Episodes of care	Jan-17	Feb 17	Mar 17	April 17	May 17	June 17	Total
GPs	132	157	201	178	215	172	1055
Physiotherapist	56	64	87	85	96	82	407

There were 76 new occasions of contact with the social worker documented during the first six months of 2017 on Bruny Island. Social worker services could be classified on a monthly basis as the episodes of care vary on duration care, and type of assistance offered per day for the same individual, or a multiple of individuals involved in an episode of care provision e.g. an entire family or group of people.

<sup>4</sup> Source: Extracted from Bruny Island Medical Director, version 3, Pen CS CAT4 (4.8.1.2) - Pen CS© This information remains the property of Huon Regional Care (HRC), any unauthorised distribution, sharing publishing or dissemination in any manner or form, electronically or printed or otherwise requires prior approval from HRC. Any public release should be checked to ensure data is only presented to appropriate parties in a manner congruent with maintaining the confidentiality of HRC patients. O&OE.

## Advisory bodies

Various groups on Bruny Island provide advice on health and aged care service provision on Bruny Island:

- **The Bruny Island Health Services Advisory Committee (BICHSAAC)** is a non-incorporated association formed in 2012 'to support and facilitate community participation in the ongoing development, delivery and evaluation of the services of the Community Health Centre and to promote the health and wellbeing of the Bruny Island community.' Membership includes community representatives and organisational representatives from the THS and HRC.
- **The Bruny Island Community Association (BICA)**, formed in 1980 and incorporated in 1997, provides a forum for raising issues affecting the community and for advocating to governments to respond appropriately to issues raised.
- **The Bruny Island Community Aged Living Committee (BICAL)** is a sub-committee of BICA and has carriage of this project.
- **The Bruny Island Advisory Committee (BIAC)** provides a forum for discussion of issues relevant to Kingborough Council and Bruny Island and for residents of Bruny Island to contribute advice on future capital works, policies and strategic directions.

## Government services, strategies and directions

The following discussion provides a very brief overview of the complex system of health and aged care in place in Australia.

### Australian Government

#### Australian Government Aged Care Reforms

The Australian aged care system has undergone major reform in recent years. A 2011 Productivity Commission report<sup>5</sup> called for structural changes to the aged care system to improve access, quality, consumer choice and financial sustainability. The Living Longer, Living Better reform package was released in 2012<sup>6</sup> and reforms are progressively being implemented in three phases over a 10-year period. An Aged Care Roadmap was released in 2015 to guide future reforms to aged care<sup>7</sup>.

#### Aged Care Services

The Australian Government is the primary funder of aged care services throughout Australia. Subsidised care – home care, residential care and flexible care – is available to people aged 65 and over (Indigenous Australians aged 50 and over) who can no longer live in their own home without support.

The **Commonwealth Home Support Programme (CHSP)** provides entry-level home help for older people and planned respite to assist carers. Services may include social support, transport, domestic assistance, personal care, home maintenance, home modification, nursing care, meals and allied health services. Clients pay a contribution (which varies between providers) towards the cost of services and CHSP providers receive Australian Government funding through grant agreements.

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<sup>5</sup> Australian Productivity Commission. (2011) Caring for Older Australians. <http://www.pc.gov.au/inquiries/completed/aged-care/report>

<sup>6</sup> Department of Health Australia (2012) Living Longer, Living Better. <http://apo.org.au/node/29086>

<sup>7</sup> Aged Care Sector Committee (2015). Aged Care Roadmap <https://agedcare.health.gov.au/aged-care-reform/aged-care-roadmap>

**Home Care Packages (HCPs)** provide coordinated packages of care from approved home care providers to people requiring a greater level of assistance. Each package provides ongoing personal and support services and clinical care, and is tailored to the needs of the individual client according to the principles of Consumer Directed Care (CDC). CDC enables consumers to have a choice in how the funding associated with their package is spent. There are four levels of HCP – from Level 1 which supports people with basic needs, through to Level 4 which supports people with high level needs. Clients contribute to the cost of their care.

CHSP and HCPs will likely be merged in future and all in-home aged care provided via packages.

**Residential aged care**, for people requiring more care than can be provided in their own homes, is provided in aged care homes on a permanent or short term (respite) basis. Services include accommodation, personal care, laundry, meals, nursing and some allied health. Residents provide a contribution to their care, based on a means test.

**Transition care** is jointly funded by the Australian Government and the state government. It provides up to 12 weeks of care and rehabilitation after discharge from hospital.

**Short term Restorative Care (STRC)**, sometimes called ‘sub-acute’ care, is a package of care for up to 8 weeks available to older people who have a decline in function or a setback but have not been hospitalised.

The **Multi-Purpose Services (MPS) Programme** provides integrated health and aged care services in small rural and remote communities. MPSs pool Australian and state/territory government funding in areas that could not support stand-alone hospitals or aged care homes.

Aged care providers can receive a **viability supplement** for service provision in rural and remote areas, and/or a **Dementia and Cognition supplement** for clients with moderate to severe cognitive impairment.

The **Community Visitors Scheme (CSV)** funds community organisations to recruit, train and support volunteers to visit socially isolated aged care clients in home or in residential care.

**My Aged Care** (call centre and website) is the primary contact point for people seeking subsidised aged care. Clients undergo an initial screening and assessment over the phone, and may then be referred on a face-to-face assessment to determine their eligibility for services such as home support, home care or residential care. Family members, health professionals and service providers can also make a referral to My Aged Care on behalf of an older person.

My Aged Care refers people needing basic home support to a **Regional Assessment Service (RAS)**. (In Tasmania, two RAS providers are listed on My Aged Care.) Clients seeking higher levels of care are referred to an **Aged Care Assessment Team**. In Southern Tasmania the ACAT team is based in Hobart.

**Aged Care Providers** are listed on the My Aged Care website and include not-for-profit, for-profit and governments organisations. Thirty-six providers of care packages are listed for Bruny on My Aged Care.



## Australian Government Health Reforms

The last decade has seen a number of significant health initiatives implemented at the national level. Federal Government's reforms between 2010 and 2012, included the introduction of activity-based funding and National Partnership Agreements, in response to the recommendations of the National Health and Hospitals Reform Commission. Medicare Locals (now Primary Health Networks) and Local Hospital Networks were introduced. The current Federal Government has established a Mental Health Commission, a 'Healthy Medicare' package aimed at reforming care for chronically ill patients, Health Care Homes, cheaper medicines, NDIS funding, and moves to tackle obesity through a Healthy Heart initiative (with funding allocated to the Heart Foundation and the RACGP).

### Health Care Homes

The 'Health Care Homes' initiative, aims to strengthen Medicare. It is currently being trialled in 200 medical practices across Australia ahead of a full national rollout. This will enable GPs to coordinate the medical, allied health and out-of-hospital services required by chronically ill patients to help manage their conditions, and to keep them out of hospital.

### Primary Health Networks

The Australian Government has established 31 Primary Health Networks to identify local health needs, improve patient access to primary care services and improve co-ordination with local hospitals and community services. The Tasmanian network, Primary Health Tasmania (PHT), amalgamated three regional networks and now has statewide coverage.

A core function of Primary Health Networks is commissioning of primary health services. PHT has contracted Huon Regional Care, a branch of Huon Eldercare, to provide primary health services to Bruny Island.

## Tasmanian Government

As part of the National Health Reform Agreement of August 2011, Tasmania established three Tasmanian Health Organisations (THOs) in 2012. In July 2015 these were amalgamated into the Tasmanian Health Service (THS). The THS has direct responsibility for public hospitals in Tasmania and most direct services to the public, including community nursing.

Tasmanian health reforms were outlined in a '**One State, One Health System, Better Outcomes' White Paper**, released in June 2015<sup>8</sup> which focussed primarily on clinical services' reform. Following on from the White Paper, a '**Healthy Tasmania: Five Year Strategic Plan**' was released in July 2016<sup>9</sup> which aims to affect risk factors for chronic disease such as smoking, poor nutrition and physical inactivity, while increasing the management of chronic conditions. As part of the Healthy Tasmania initiative, the Tasmanian Government allocated funding to the Council of the Ageing (COTA) to develop an **Active Ageing Plan**<sup>10</sup>.

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<sup>8</sup> Department of Health and Human Services, Tasmania (2015). One State, One Health System, Better Outcomes, White Paper. <http://www.onehealthsystem.tas.gov.au/wp-content/uploads/2015/07/OHS-White-Paper-Final-Release-vf4-Press.pdf>

<sup>9</sup> Department of Health and Human Services, Tasmania (2016). Healthy Tasmania Five Year Strategic Plan. [https://www.dhhs.tas.gov.au/\\_\\_data/assets/pdf\\_file/0008/224567/Healthy\\_Tasmania\\_Strategic\\_Plan\\_Web\\_v8\\_LR.pdf](https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0008/224567/Healthy_Tasmania_Strategic_Plan_Web_v8_LR.pdf)

<sup>10</sup> COTA Tasmania (2017). The Active Ageing Plan Strategic Directions Paper – Part A.

Other relevant Tasmania Government initiatives include **Compassionate Communities: A Tasmanian Palliative Care Policy Framework 2017–21**, which outlines the Tasmanian Government’s vision for ‘a compassionate community that works together to ensure all Tasmanians have access to high quality, coordinated, respectful and responsive palliative care that is person-focussed and supports families and carers’; and the **Review of Ambulance Tasmania Clinical and Operational Service Final Report**, released in May 2017<sup>11</sup> which recommends a range of initiatives to relieve pressure on ambulance services including a secondary triage system and the introduction of Extended Care Paramedics.

## Kingborough Council

Kingborough Council does not have any responsibility for health or aged care services on Bruny Island, other than its management of the **Glensyn units** at Alonnah. The Council developed a **Positive Ageing Plan** in 2008<sup>12</sup>, and is planning to update this. The Council supports the **Kingborough Volunteer Program**, which ‘assists people aged 65 and over who need basic support services to continue to live in the community with dignity’ by linking volunteers with people needing help. This program extends to Bruny Island but has little presence there.

The Council has also been active in monitoring tourism on the island. It has produced a **Bruny Island Tourism Strategy**<sup>13</sup> which points out the effects of tourism on health services and infrastructure. Together with the Tasmanian Government, the Council is also supporting a **Bruny Island Liveability Study**<sup>14</sup> overseen by Bruny Island Advisory Committee (BIAC).

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<sup>11</sup> Department of Health and Human Services Tasmania (2017). Review of Ambulance Tasmania Clinical and Operational Service Final Report May 2017. [http://www.dhhs.tas.gov.au/\\_\\_data/assets/pdf\\_file/0003/250905/RATCOSFR\\_v3\\_LR.pdf](http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0003/250905/RATCOSFR_v3_LR.pdf)

<sup>12</sup> Kingborough Council (2008). Positive Ageing Plan. [https://www.kingborough.tas.gov.au/wp-content/uploads/2017/05/Positive\\_Ageing\\_Plan\\_2008\\_-\\_WebFile.pdf](https://www.kingborough.tas.gov.au/wp-content/uploads/2017/05/Positive_Ageing_Plan_2008_-_WebFile.pdf)

<sup>13</sup> Kingborough Council (2017). Bruny Island Tourism Strategy. [www.kingborough.tas.gov.au/wp-content/uploads/2017/09/Bruny-Tourism-Strategy-Sept-2017.pdf](http://www.kingborough.tas.gov.au/wp-content/uploads/2017/09/Bruny-Tourism-Strategy-Sept-2017.pdf)

<sup>14</sup> See: <https://www.brunylife.com/>

# The Bruny Island population

The following statistics are derived from ABS census data.

## Population by age

The population of Bruny Island has grown steadily over the past 20 years from 581 persons in 1996 to 814 in 2016 (a total growth of 233 people or 40.1%). The most notable demographic feature over the past two decades has been the increase in people aged 60 years and over. While the population aged under 60 has declined, the 60+ group has increased by 271 people or 217%. The 60+ age cohort now accounts for 48.6% of the population, an increase from 21.5% in 1996.

**Table 3. Bruny Island population by age, 1996-2016**

	Age							
Year	0-59	60-64	65-69	70-79	80+	Total 60+	Total Bruny	% 60+
1996	456	59	29	27	10	125	581	21.5%
2001	481	63	51	41	15	170	651	26.1%
2006	439	95	46	65	24	230	669	34.4%
2011	479	110	87	73	27	297	776	38.3%
2016	418	112	120	127	37	396	814	48.6%

The median age of the Bruny Island population grew from 55 in 2011 to 59 in 2016. Table 4 illustrates the areas in which older age groups are clustered.

**Table 4. Median Age by area. Bruny Island 2016**

South Bruny	Median Age	North Bruny	Median Age
Adventure Bay	62	Apollo Bay	42
Alonnah	59	Barnes Bay	67
Lunawanna	61	Dennes Point	64
Simpsons Bay	43	Great Bay	57
South Bruny - remainder	55	North Bruny - remainder	58

## Dwelling by area and type

Table 5 outlines some key housing indices, by area. Overall, 67% of Bruny Island dwellings were unoccupied on census night, 2016 as compared with only 13% of the total Kingborough Local Government Area; and 41% of dwellings were lone occupant, as compared with 24% of Kingborough.

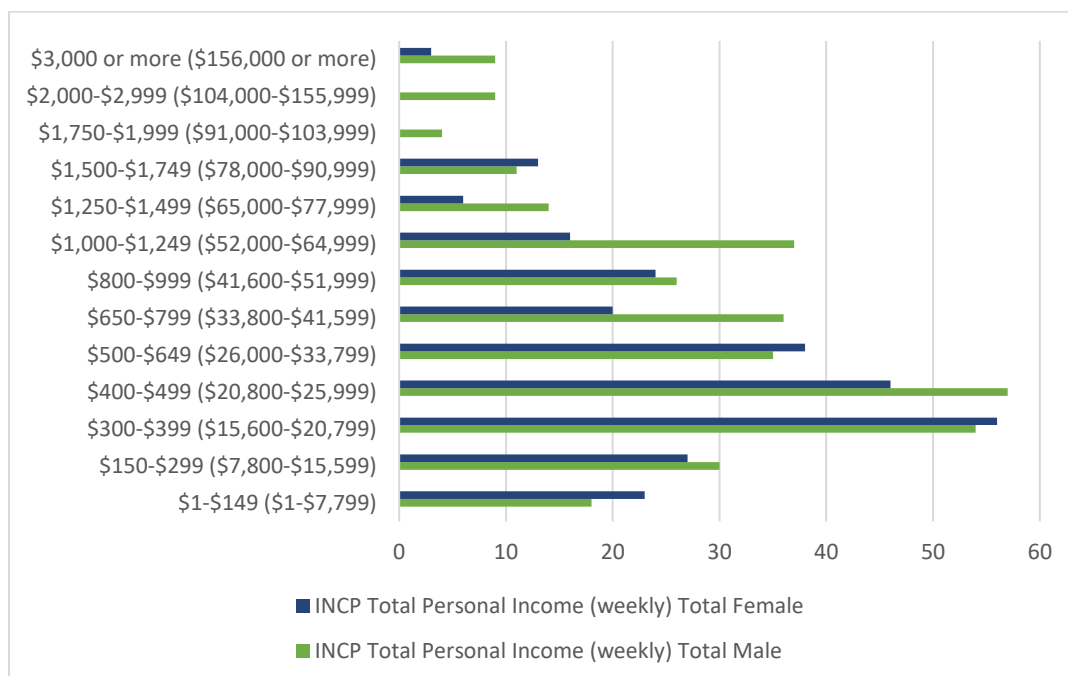
**Table 5. Key housing indices by area. Bruny Island 2016**

South Bruny				North Bruny			
Area	Occupied dwellings	Unoccupied %	Lone occupant %	Area	Occupied dwellings	Unoccupied %	Lone occupant %
Adventure Bay	85	70%	36%	Apollo Bay	4	83%	-
Alonnah	60	56%	57%	Barnes Bay	9	47%	-
Lunawanna	45	66%	44%	Dennes Point	25	83%	36%
Simpsons Bay	18	53%	44%	Great Bay	21	59%	38%
South Bruny - remainder	31	69%	32%	North Bruny - remainder	44	54%	30%
<b>Total – South Bruny</b>	<b>239</b>	<b>65%</b>	<b>43%</b>	<b>Total – North Bruny</b>	<b>103</b>	<b>69%</b>	<b>37%</b>

## Personal income

Table 6 illustrates the breakdown of personal income by sex on Bruny Island. Median household income of \$817 per week for people living on Bruny Island was well below the Australian average of \$1,438 per week.

**Table 6: Personal income by sex, Bruny Island 2016**



## Volunteering

There are high levels of volunteering on Bruny Island with 26.8% of the population indicating in 2006 that they volunteered. This compares with 19% of Australians overall. Over half of Bruny Island volunteers were aged 60 and over.

**Table 7: Voluntary work for an organisation or group, Bruny Island 2016**

Location	Volunteer	Not a volunteer	Not stated	Not applicable	Total
South Bruny	147	296	66	61	571
North Bruny	72	124	30	25	243
<b>Bruny - total</b>	<b>218</b>	<b>419</b>	<b>91</b>	<b>83</b>	<b>814</b>

## Need for assistance

There were 40 people aged 60+ (10% of the 60+ age cohort) who stated in the 2016 census that they needed assistance with core activities.

**Table 8: Need for assistance with core activities, Bruny Island 2016**

	Has need for assistance		No need for assistance	Not Stated	Total
Location	Under 60 years	60+ years			
South Bruny	3	25	481	62	571
North Bruny	3	15	201	24	243
Bruny - total	6	40	682	86	814

## Other trends

- Overall, the Bruny population has lower educational attainment than the rest of the Kingborough Municipality with only 31% having attained an educational qualification above a Level III Certificate compared with 57% for Kingborough as a whole.
- During recent decades there has been a shift in the economic base of the island from primary industry to tourism, with 'Accommodation and Food Services' now overtaking 'Agriculture, Forestry and Fishing' as the primary industry group
- There is a high proportion of older people (60+) living alone
- There is a high proportion of older people (60+) providing unpaid assistance
- The declining population of middle years is attributed to people moving off island for work and schooling
- While only 1/3 of dwelling are permanently occupied, the on-island population is estimated to be in excess of 5,000 during peak periods.

## Tourism

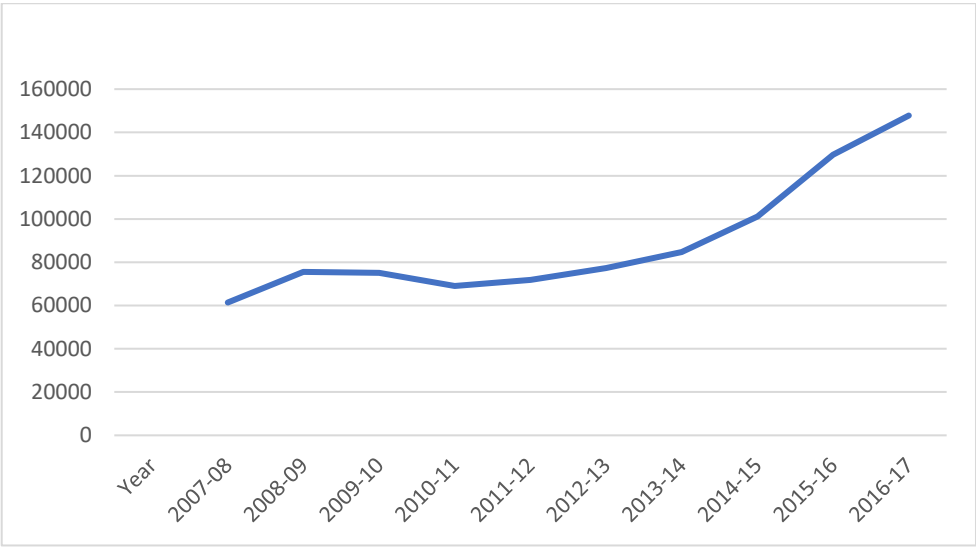
In 2016-17 there were 147, 807 international and interstate visitors to Bruny Island. If Tasmanian visitors are included, visitor numbers were estimated to be approximately 200,000 in 2015-16.

Visitor numbers have increased at an average of 20% per year in recent years and have doubled since 2011-12. This rate of growth far outstrips any other tourist destination in Tasmania.

Visitors to Bruny Island now account for 11.6% of Tasmanian visitors, and there is a steady increase in the numbers staying overnight or longer.

Table 9 illustrates the growth in visitor numbers over the past decade:

**Table 9. International and interstate visitors to Bruny Island, 2007-2017**



The Bruny Ferry



# The consultations

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Yarn-bombing on Bruny



# The consultations

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## Gathering the evidence

The aims and objectives of the project were clarified by the consultants and the BICAL committee as follows:

### Aim

- To identify current and potential needs and wishes of ageing islanders and recommend a range of options that will best meet those needs as a basis for approaching decision makers, health care providers, and funding sources.

### Objectives

- To identify the needs of Bruny Island senior residents as they age, enabling them to plan for the most appropriate forms of support and levels of care that will enable them to remain on-island for as long as they wish.
- To undertake a needs analysis of Bruny Island residents and stakeholders to determine options for ageing residents to remain on Bruny Island.
- To conduct a care and housing needs analysis for Bruny Islands' ageing population to allow Bruny Island Community Association (BICA) to thereafter (if the research supports it) submit evidence-based funding application(s) to develop a community based care and/or housing model on the island.

Collection of evidence included the following strategies.

### The survey

This was available either in paper format via eight distribution points on the island: the CWA Hall, Barnes Bay; the Bruny Island Community Health Centre; the Post Office at Alonnah; the Alonnah Store; the Alonnah Pharmacy; the Adventure Bay Store; the Bowls Club, Adventure Bay; and the Bruny Island café. Collection boxes for the paper survey were located in five of these key locations. As there were a lack of suitable outlets to distribute the survey in the north, information on the survey and a link to the online survey were distributed via local networks and an information flyer. A link to the online survey was also advertised via the Bruny News, and the Bruny Notices and BICA Facebook sites.

### The focus groups

Focus groups were held with the CWA, the Men's Shed and the BIRCH group. Two facilitators were present at each group and an open-ended series of questions were used. Participants filled out consent forms and also provided some demographic information to ensure that there was good coverage of a range of cohorts and views.

### The interviews

The BICAL committee provided a list of key stakeholders and community members who they believed could contribute to the project. Further suggestions were made by respondents as the project progressed and invitations to be interviewed were extended to all islanders via the Bruny News and Facebook sites. Open-ended questions were put to informants, with these being adapted to the individual and their role.

## The Informants

A total of 161 people contributed to the project.

Online survey	Paper survey	Focus group participants	Interviews - residents	Interviews – service providers	TOTAL
26	60	40	20	15	161

Survey respondents and participants in the focus groups completed a demographic profile. The following picture emerged\*:

Age		Sex		Government pension		Living arrangements		
Age group	%	Male	Female	Yes	No	Alone	With partner	Other
<50	2.8%	36.9%	63.3%	59.8%	40.2%	34.9%	64.2%	0.9%
50-59	7.5%							
60-69	42.5%							
70-79	33.0%							
80-89	12.0%							
90+	0.0%							

Location		Residency		
North Bruny	South Bruny	Full time	Part time	Holidays only
32.7%	67.3%	97.2%	2.8%	0.0%

\*Percentages include survey respondents and focus group participants. Attachment 1 provides data on survey participants only.

### Commentary

- Over a quarter (28%) of people aged 60+ on the island completed a survey form or participated in a focus group – a significant input indicating a lot of interest in the issues
- Focus group participants were more likely to be older, female, living on a pension, and living alone, full time and on South Bruny than were survey respondents
- North Bruny was well represented in the project, comprising 32.7% of informants from a population base of 30.7% of the total population
- While women had more input into the project overall and participated to a greater extent in the focus groups (CWA and BIRCH), men responded well to the survey (41.5% of respondents) given that women tend to use health and aged care services to a greater extent than men
- Numbers of people living alone, and/or on a pension was significantly higher than the population as a whole.

# The community speaks

## What they said...

*We live in our own home and plan to stay here on Bruny. We are completely in love with Bruny Island.*

*I wish to lay my bones to rest here.*

*Being on Bruny is living!*

*I prefer not to dwell on growing older & dying. I enjoy my life as it is each day...*

*We have the best community – it's very inclusive. If something happens, everyone pulls together.*

*The lifestyle is as good as you can get anywhere in Australia.*

*Low income people are moving off island – selling up because they can get a lot for their land. Alonnah is being gentrified.*

*Tourism is dividing the island. People are packing up and moving off.*

## Growing older on Bruny

When talking about life on Bruny and their plans for the future, people who responded to the survey or participated in focus groups and interviews were generally very passionate about the island and keen to remain living there until they died.

Almost all (98.9%) of the survey respondents wanted to stay on the island as they aged, most commenting on the healthy lifestyle (e.g. fishing, walking, being self-sufficient in veggies) and the strength of the community. Some had grown up on the island and had never known another home. Staying on-island as they grew older was a high priority.

People said that health services were critical to them being able to fulfil their wish to age and die in place, some commenting that lack of services were the only reason they would consider moving off-island. Service providers commented on the need not just for services, but for residents to have a personal support network to enable them to stay:

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*It is possible to live and die in place on Bruny. As long as there is support from neighbours or family, that is achievable.*

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Transport was frequently mentioned as a big issue for those who wanted to age in place.

The Bruny economy with its limited job opportunities, and the lack of a high school means that families of school age children tended to move to the mainland both for work and schooling. This also affected the availability of volunteers, with few younger people putting up their hands.

Tourism was another primary concern, sometimes causing people to re-locate or consider this possibility. Soaring land prices were said to have enticed some families with limited means to sell up and move off-island while others who had moved to Bruny for the peace and quiet it offered had found their dreams shattered by the roar of the tourist dollar.

## What they want...

*The population explodes in summer. We could really do with an extra pair of hands at the health centre.*

*People need to be informed of what they can expect in terms of on-island services.*

*We need much better infrastructure on Bruny to cope with the influx of tourists.*

### *What they said...*

*We have a lot of international tourists and some have no experience of gravel roads. That can become a health issue if we have more accidents.*

*We're not against tourists but you can't keep pushing people onto this island and expect they are going to have the experience that they should have.*

*People bitch and complain but it's pretty good here really.*

*I think Bruny is a great place to live if you're fit and you're get outdoors and experience everything that Bruny has to offer. But it's not a great place if you're old and stuck indoors. You may as well not be on Bruny.*

*There are some penalties to pay for living in a place like this.*

Both residents and service providers commented on the strain on services caused by the influx of tourists, particularly during summer months. The workload of staff at the Health Centre was observed to increase considerably, while tourists also put a big load on emergency services and the volunteers operating these services. Several residents commented on the increase in traffic and dangerous driving which was hazardous for all, and particularly distressing for older drivers. The sealing of the main Bruny Island road at The Neck was regarded by locals as a mixed blessing.

The call for better infrastructure on Bruny to cope with tourism (e.g. ferry services, roads, toilets, food outlets, walking tracks, environmental protection measures) is the subject of other enquiries but the links between the lived environment and health, and also between the number of people on-island and the burden on health services were topical to this survey.

A local government representative commented that Bruny is a particular challenge for the Council because of its low population and inability to self-fund. Ratepayers cannot bear the burden of costs necessary to support the thousands of tourists flooding the island each year.

Several service providers and some residents commented on the influx of retirees to the island and their perceived high expectations of services:

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*A lot of people retire to Bruny Island. They're doing it when they're in their 70s... It's a bit of a train wreck really. They want the same services that are available on the mainland or in a major city, but they're in an isolated rural community.*

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There are a high proportion of older people living alone on Bruny and several people commented on this. For some, this was a lifestyle choice:

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*You often find that in the more remote parts, that's where hermit-type people gravitate, and Bruny has a bit of that.*

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### *What they want...*

*We would support a levy on tourists to the island. An increase in people has a big impact on potable water supply, energy, sewage, waste, roads, toilet facilities...*

## What they said...

*There are great services here - equal to any I have had anywhere.*

*We get good professional care performed by caring people.*

*Help is always there - you just need to make a phone call to gain assistance with health and medical problems without having to leave the island.*

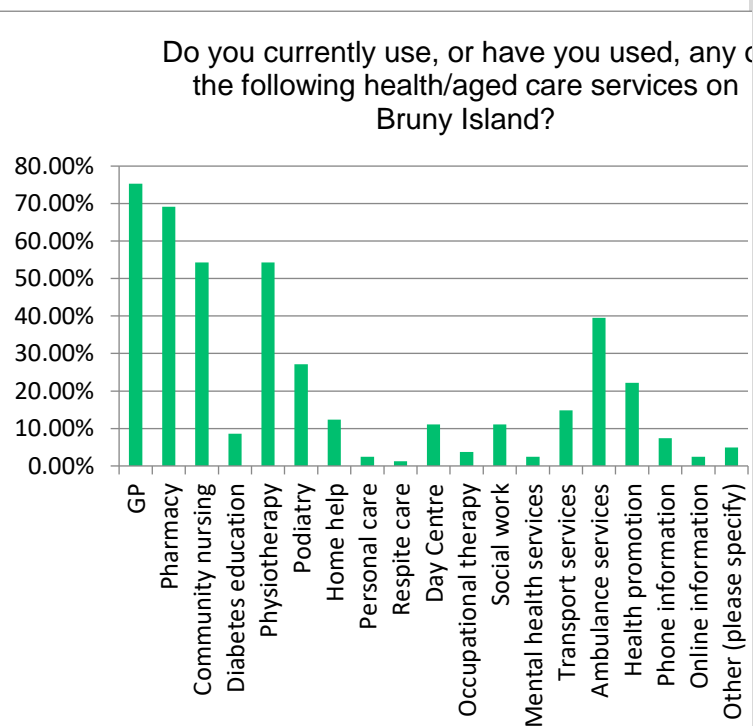
*We have a great medical centre. The staff and nurses are fantastic.*

*While we've got the support out there, Bruny is a good place to be, but if services are taken away, it could make it very difficult for everyone.*

## Service use

Most of the survey informants used health/aged care services on Bruny to some extent, though almost 80% said they also used off-island services - GPs, specialists, and allied health professionals.

As illustrated below, the most frequently used services were GPs, Pharmacy, Community Nursing, Physiotherapy, and Ambulance Services.



There was a high level of satisfaction with on-island services, with over 90% of respondents to the survey indicating that services met their needs. There was, however, a lot of concern for the future. Residents often expressed anxiety about services being taken away and how this might affect their ability to remain on Bruny as they get older.

While service providers said that there had been a real increase in services over the past year or so (e.g. a doubling of GP hours) the loss of the health promotion position, some reduction in support for BIRCH, and the need for the physiotherapist position to be cost-neutral (necessitating a charge for some patients) were topics of concern for residents.

## What they want...

*We need a more regular GP service and consistency with the same GP - who has access to personal medical files.*

### *What they said...*

*Bruny Island is over-serviced. Nowhere do people receive care like they do here. They have an expectation to get everything and more!*

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*They spent millions of dollars on the health centre and now the services aren't commensurate with the building. The way it's going, we'll end up with nothing.*

*Governments are always cutting back. It is difficult to see that health services are going to improve at all in future.*

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### *What they want...*

*We want the programs that we had access to, to be re-instated.*

Services that people said they would like to have available, or more readily available on Bruny included:

- Nurse practitioners (to reduce demand on GP services)
- More aged care services – home help, maintenance, wood cutting etc
- Reliable health and personal transport
- More BIRCH activities
- Reintroduction/increase in preventative health/health promotion activities – health and fitness programs, sports activities
- More/improved aged accommodation – to include independent living, and a respite facility
- More proactive outreach (to people's homes)
- Increased GP hours
- A dietician (not specifically diabetes-related)
- More respite care and in-home palliative care
- A physiotherapy hydro pool
- More meals on wheels
- More availability of podiatry and physiotherapy
- Mental health services – including psychiatric services, psychological therapy/counselling
- Dental care
- Audiology, Ophthalmology.

*We would like more health and fitness programs to enable us to stay as fit and healthy as possible in our ageing process.*

### **Health service changes**

The change of health services' funding and management that occurred in 2016 with Huon Regional Care awarded the contract for Australian Government-funded health services (with State-funded services continuing to be provided through the Tasmanian Health Service) and the uncertainty over service delivery at that time caused considerable anxiety in the community.

### What they said...

*In the grand scheme of things, the health issues here are not huge, but in a small place like this they do have a rippling effect, especially on elderly people. When you get to a certain age you get very set in routine and find it hard to cope when that is upset.*

*It's very much a cobbled-together system for supporting people on Bruny as they age.*

As several people mentioned, the island runs very much on rumour and innuendo:

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*The way it happened down here was that [one of the service providers] said to someone, 'I'm leaving.' Now it blew up because that person rang another friend and said, 'Did you know [the service provider] is leaving?' That friend happened to be on the BIRCH bus and all the old dears on the bus think 'We haven't got any services.' Well, trying to keep a lid on that - it just went nuts...*

*At that stage, we didn't know who the service providers would be. There should have been something going out from Primary Health Tasmania saying, 'This is what is happening.'*

*There were a lot of issues. I don't think it was made clear what the nurses role would be.*

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While some of the initial problems have been resolved, and service deliverers are working towards a team based model of care based on a Memorandum of Understanding (MOU) being developed between services, residents said that the changes continued to impact on service delivery:

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*There were always going to be problems having two entities running the health centre. I think it was better when it was run by THS and whether or not they ran it well, at least we only had one organisation to deal with.*

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Some service providers suggested that while the nurses and doctors work 'beautifully together' there was a lot of work still to be done in terms of communication and record-sharing, and the sharing of other resources. Some informants – both service providers and community people – proposed that an onsite manager/administrator could promote better service collaboration and integration – both within the health centre and with aged care providers, and enhance communication with the community.

### What they want...

*We don't need to know everything that happens at the health centre but we need information from the right people, rather than from neighbours that have tuned in to Chinese whispers - that's the way it works on Bruny unfortunately.*

*There needs to be an onsite administrator, with sharing of patient records and resources, and integration of services.*

*A coordinator at the centre could do the nursing, the doctors, the home care, the car... if they had one coordinator to cover all these things it would be a full time job.*

*They need to look at what resources they've got whether public or private, Commonwealth or State, and reach a shared vision of how they want to operate that service. There is a need for integrated policies and procedures, shared medical records, shared documentation etc. This integrated concept is not well implemented across Australia.*



### What they said...

*There are too many layers of bureaucracy – and there has been a lack of leadership.*

*I keep telling people, ‘you’ll get emergency medical help faster on Bruny Island than you will in town.’*

*When [my relative] died we had the most incredible cooperation. I rang 000 and within half hour 2 ambulances and 2 carloads of nurses arrived. She was in hospital within 3/4hr.*

*We have 800 people here, but for half the year we have more than double that. The tourists are clogging up our ambulance.*

*We used to have a police launch based here, but now the police boat and paramedics have to come from Bellerive, then the patient has to go in another ambulance over the bridge to the hospital.*

During the time consultations were underway, there was a changeover of doctors working on Bruny Island, one moving to another location and the other taking extended leave and this caused some concern among local residents. While GP services continued to be provided by locums, the changeover in GPs and other staff changes caused considerable anxiety in the community. There were frequent calls through the survey and interviews for continuity of GPs. Service managers said that this continuity is often not possible, especially in rural locations. Plans are to rotate their pool of GPs so that they all become familiar with local conditions and can provide an appropriate service. They are also planning to introduce case-conferencing among GPs via telehealth or videoconference so that GPs can have more collegial support.

### Emergency services

Residents expressed high praise for the responsiveness of services to medical emergencies. Several commented that it was much quicker to get to hospital from Bruny than from outlying Hobart suburbs. They noted that there is a volunteer ambulance officer and two nurses are on duty 24/7 to attend emergency callouts, with people requiring hospital treatment evacuated via helicopter, police launch or ambulance. These services were very highly regarded by Bruny residents.

There was a lot of concern about the reliance of ambulance services on volunteers. Informants frequently pointed out that ambulance volunteers were all ageing and there was a particular shortage of volunteers on South Bruny. When this study was conducted, the primary officer was away on the mainland and there was no one else trained up to take on this role. In response to local advocacy, Ambulance Tasmania had temporarily located a paramedic in the area. Local residents said that they were hoping some more volunteers would put their hands up to take on this role when Ambulance Tasmania was able to organise some on-island training. However, some indicated that the training requirements were too onerous. Several people said they would be willing to take on driving and lighter duties but felt they were not able to fulfil all requirements of the role. Some people said there was a need for a paid paramedic on the island.

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*I am worried that the ambulance service is heavily reliant on volunteers who are asked to do more and more as the number of visitors to the island keeps increasing, as do road accidents. There doesn't seem to be a plan for dealing with this increase, and eventually this could impact on the services' capacity.*

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### What they want...

*What we need is for someone to do a clean sweep and pool all the money and start from there...*

*To provide the best outcomes for people, we need to pool resources - financial, human, buildings.*

*A paid paramedic would be good but we would need to ensure that it did not take away from nursing resources*

*We need to get the ambulance authorities to provide some training down here because I believe there are people standing in the wings waiting for training, but the training these days is very rigid and they want lots of qualifications for people to do it.*



### **What they said...**

*The pharmacist is great. He has a little car and delivers things to people's houses... He has been embraced by the community and there is a lot of support for him and his services.*

*The pharmacy is very important to the island.*

*The doctors were fabulous.*

*The doctors are often booked out and even when not, you need to wait until a Thursday or a Friday which is not likely to be when you get sick or injured.*

*You very rarely go to the health centre that you don't have to wait at least an hour.*

*During the summer a lot of people couldn't get in to see a GP because we were overloaded with tourists and accidents.*

*Because we are old, we like having the same doctor – they know our problems.*

## **Pharmacy**

There was much praise from residents and service providers alike for the pharmacy and how it had become an integrated and essential part of the Bruny community during its six years of operation. Some recalled the days when pharmaceutical supplies had had to be flown to the island.

There was some concern among residents about the pharmacist being charged off-island rates for the ferry service (as do several other health services). Because of the essential services he provides to the island, residents thought he should get a subsidised ferry fare, and had advocated for this without success.

## **General Practitioners (GPs)**

The two doctors who had recently been practicing through the health centre were highly regarded by residents. Some people had transferred from off-island GPs as they liked the services provided by those at the health centre. As salaried doctors working in a team, they were seen to have the flexibility to provide a much more comprehensive model of care than would be possible in private practice and this was much-appreciated by residents. Women patients commented that they liked to have a female GP, though some of the men said they would prefer to have a male doctor.

While GP hours had been increased when HRC took over responsibility for the doctors, people commented that they often had to wait for an appointment.

There was a strong call from residents for a full time GP service so that doctors could be accessed throughout the working week. The pressure on GPs was noted to increase significantly in summer with the influx of 'shackies' and tourists.

The changeover in GPs caused a lot of anxiety particularly among some of the elderly residents who said that they preferred to have a GP who knew about their problems and with whom they had established a rapport.

GPs commented that a more collaborative nurse-led model of practice would be beneficial on the island, with some extension of the nurses' scope of practice, more integrated record-keeping, and sharing of resources. One suggested that

### **What they want...**

*We need a GP every day. Not just 2 times a week.*

*They need to listen to the doctors who were there, and what they recommend.*

*The [service providers] need to be more proactive in terms of letting people know what they're doing with the doctors so that misinformation doesn't get out there and get out of hand.*

*I believe we should have a doctor in residence on the island.*

### *What they said...*

*They bring in doctors – you get to know them – then next moment they're gone.*

*There is nothing wrong with the girls down here. They are beautiful... They have their hearts on the outside. But they are restricted...*

*Our nurses are great. They are available 24/7 and if they're not sure, they get hold of the doctor and they can ship you out by ambulance or helicopter straight to the Royal.*

*The nurses do a great job – in the capacity that they are allowed to work.*

*Before their activities were restricted, we had a really good team of nurses here.*

*Nurses are much restricted in what they can do now. We used to have fully qualified rural nurses on the island.*

a nurse practitioner would be a valuable addition to the service.

While there had been some interest from GPs wanting to establish a private practice on the island, one of the practicing GPs commented that this would not be conducive to a team-led model of care and could result in greater service fragmentation.

## **Community nursing**

There was much praise from residents for the community nurses. Most felt very well served by them, particularly due to their after-hours (24/7) availability. Residents liked the fact that some of the nurses lived locally and were part of the community.

The primary concern regarding the nurses related to their scope of practice. There was a widespread perception in the community that because of a change in classification of Bruny Island from remote to rural, the nursing role had been restricted so that they were no longer able to do procedures such as suturing and cannulation - which were considered necessary given the expanding population in summer.

There were lengthy discussions about the nursing role in the focus groups and in several of the interviews.

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*There has been a change of what the nurses can and cannot do. Bruny Island was graded into a different category, from remote to rural, and that has disappointed so many people. Now they're not allowed to do one stitch, we have to go through to the Royal. And if it's in the middle of the night, how do we get there and back?*

*We are treated very well by the nurses but they're constrained by what they're allowed to do. How much more remote do you have to be than an island?*

### *What they want...*

*It's good to have a team-based model of care – this would be hard to maintain as a sole general practitioner.*

*There are several lifesaving procedures that nurses should be trained to do.*

*The nurses should be given more power and the resources to expand their scope of practice.*

*What they said...*

*In the old days, only 4 years back, if you had a cut on your head you could just get treated but now you are sent off the island. They are not allowed to take blood samples or anything. It's like they feel they are useless.*

*I have even been in a helicopter off here because some things that are simple to solve are not allowed."*

*Qualifications as remote area nurses don't seem to count.*

*There are a lot of complaints about the level of nursing on the island. We need them to be as trained up as possible so that they can cover when there is no doctor on the island. It's a worry because if you cut yourself, you have to go off-island to get stitched up. For a small thing that needs stitches, you don't want the helicopter to have to take you to town.*

Service managers and some nurses said that changes in nursing practice had occurred due to a need to bring this practice into line with nursing classification and competency standards. Some suggested that while there had been more flexible interpretation of the role in the past, the profession was now more strictly regulated.

*There is an idea that nurses can't do all that they used to do but the nurses haven't done the official training/assessing in various things.*

One service manager said that nurses were able to apply for further training to achieve advanced level qualifications but none of the nurses on the island had chosen to do so. Some informants said that the requisite training is now only available interstate.

A primary concern of administrators was that if nurses were to become more highly trained, there would be insufficient call on their advanced level skills in the community, therefore they would not be able to maintain their competency: 'If you don't do something constantly, you're putting patients at risk.'

Some residents and service providers contested this view citing the large numbers of tourists visiting the island, especially in summer, swelling the population by 2 or 3-fold and engaging in activities likely to require these procedures. A nurse talked about an experience interstate where she had

*What they want...*

### What they said...

been a first-responder and saved a baby's life using a procedure not recognised within her skill set in Tasmania.

GPs also perceived a need for the nurses' scope of practice to be extended. They believed nurses should have more power within the team-based practice model and be provided with the requisite training to further develop their clinical skills.

Some informants suggested that a nurse practitioner model might work well on the island, with the person taking on that role providing back-up for the GPs when not on the island and supporting other nurses when more advanced procedures are required.

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*Bruny Island and Cape Barren Island are the only health centres in Tasmania that have community nurses working entirely on their own – that attend accidents and emergencies without the backup of a GP. Bruny would be an ideal place to trial a Nurse Practitioner.*

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Service managers also said that maintaining competency would be an issue for a nurse practitioner as there would be limited opportunity to use their enhanced skills. While acknowledging that finding a nurse practitioner willing to live in the island would be a challenge, one service provider suggested that one of the current nurses could be funded to upgrade their qualifications.

Another issue frequently raised by interviewees and focus group participants was a perceived cessation of home visiting by the nurses. Many of the elderly residents believed that they could no longer have a nurse visit them at home. Again, there appeared to be some discrepancy between people's perceptions and the situation described by nursing staff and administrators - who said that while home visiting is not as prevalent as it used to be and people are encouraged to attend the centre where possible, they can still have a nurse visit them at home. Nurses were also able to do personal care tasks in the home until other aged care services kicked in.

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*A few years ago, we always made home visits, but we now make a judgement about whether they are able to attend the centre. It's much more efficient for us to see people here.*

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### What they want...

*Bruny would be an ideal place to trial a Nurse Practitioner.*

*If people are going to age in place and they're unable to travel, then there is no option but to have home visits by the nurses and other staff. Maybe the individual care packages can cover this.*

*It's not the nurses fault, it is just that they are directed not to make home visits.*

*The nurses can't do home visits at all now...*

*They can't come and do the little things for you now either."*

*It used to be when you came out of hospital they'd come and check up on you, but that's all gone now.*

*When I left hospital late at night, they asked 'do you have someone to take you home?' That was it. No 'have you got someone to look after you?'*

### *What they said...*

*There are a lot of people on the island who don't have places to stay in town. If you've got to go to the Royal to get 2 stitches out, you can't get back until the morning.*

*Discharge is working much better now ... They don't throw you out anymore.*

*You can get services but not often enough. There are long waiting lists for the podiatrist and physio.*

*The physio is very proficient but sometimes hard to get into due to high demand.*

*The physio used to come and see you at home when you came out of hospital; now she can't.*

*I'd like to say something about podiatry. As you get older you can't reach your feet. I tried to book in at the health centre for podiatry, but they were already full.*

With regard to hospital discharge, health services' staff acknowledged that there had been some discontinuity in the past but with the appointment of new Community Liaison Nurse positions at RHH who cover a 7-day week, better discharge planning processes were now in place.

Residents frequently mentioned their confusion about aged care services and how to access them. Nurses and service managers acknowledged that co-ordination of care between services is a big issue – one that is generic to the health/aged care system and goes well beyond Bruny Island. It was noted that the nurses on Bruny play an active role in coordinating services for elderly patients and helping them negotiate the aged care system. Nurses said that most of the referrals for community aged care nursing came from the GPs but nurses and the social worker could also arrange referrals.

### **Allied health/specialist services**

Physiotherapy and podiatry were the most frequently used allied health services noted in the survey, followed by social work and diabetes education.

Since services provided by the physiotherapist transferred over from the THS to HRC, they had needed to be cost-neutral – and were generally funded as part of a Health Care Plan arranged by one of the GPs. These Plans are regulated by the Australian Government and restricted to 5 sessions of any designated CDM (Chronic Disease Management) items per year. Several residents said that this was not adequate for their needs, particularly for physiotherapy. It was noted that they could continue to receive services on a user-pays basis.

The physiotherapist also ran regular exercise classes that were popular with residents. The small charge for these classes was said to be a disincentive for some people. There was a strong call for preventative physiotherapy programs to be reinstated.

There was much discussion about podiatry services, which were said to have been a big gap on the island. Residents access had been improved via a private podiatrist who now visits the island each month. This can also be accessed via a GP as part of a Health Care Plan, or as a user-pays service.

### *What they want...*

*When people are discharged from hospital, it's about having good communication, so nobody is left high and dry.*

*We need more podiatry. They only come once a month, and that's not enough. Elderly people need to be seen regularly every 8-12 weeks.*

### What they said...

*Because of the new set up here, we've got fees for podiatry and stuff.*

*Some people are going off-island to use podiatry because it is cheaper on the other side.*

*Bruny Island is woefully inadequate for psychiatric/psychological therapy and counselling (as is the rest of Tasmania).*

*The BIRCH group that meets on Mondays gets the community together. You're either in the kitchen working or you're having meals, playing games, doing things.*

*The BIRCH group is very important to connect people. People there know if someone is sick and the community will look after you...*

It was noted that a community physiotherapist and occupational therapist based at Kingston were able to service the island, but these services were 'not timely and consistent'.

The social worker who visited the island once per week had been transferred over from the THS to HRC and had continued to work on the island. This service was valued by residents. Nurses commented that the social worker could make referrals to My Aged Care and was particularly useful in mobilising aged care services for older people on the island.

Informants – both residents and service providers - said there was a big unmet need for mental health services on Bruny.

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*We used to have a mental health worker come over... and that was a real benefit...  
A lot of people who have mental health issues don't want to go off the island to see somebody. It's too much for them.*

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Informants saw a need for psychiatric assessment services, as well as therapeutic services and dementia care.

### Respite/day centre

The Bruny island Respite and Community House (BIRCH) was a well-regarded and popular service on the island, providing meals, activities and outings for elderly people. It is run by an active coordinator and group of volunteers from the Bruny Island Community Health Centre Auxillary. Fortnightly lunches and other weekly activities attract up to 40 participants. These were important in helping to connect elderly people, break down isolation and ensure that someone was keeping an eye on anyone who was frail or ill.

Prior to the transfer of services from the THS to HRC, support for BIRCH and the BIRCH coordinator had come from the THS. While there was acknowledgment among informants that HRC was now providing support to BIRCH and the service would be ongoing, there was also dissatisfaction about reduced support to the group, which meant that subsidised lunches had been reduced from weekly to fortnightly and outings from fortnightly to monthly.

### What they want...

*I think having mental health services on the island, or in any community, is a real benefit.*

*We need BIRCH to continue, and to be resourced.*



### *What they said...*

*The biggest thing we are missing is transport.*

*Getting the car is a challenge, then it isn't reliable.*

*A lot of the old folk don't drive so if they can't get some good neighbour to take them somewhere, they use the community car. It's quite an exercise to go off shore... It takes a whole day.*

*It started off really well, with the car here and everything organised though the health centre. And it was all local knowledge, everyone chipped in and it was fine. But then when it got taken away, that's where it got ridiculously messy because people off island didn't have that local knowledge.*

## **Community transport**

There was frequent discussion during consultations about on-island and off-island transport. Access to timely and appropriate transport was considered essential for those wishing to age in place on Bruny Island. Over half of the respondents to a survey question about facilities required for people as they aged on Bruny mentioned the need for better transport.

Bruny is serviced by a community car located at the health centre. This had previously been coordinated by health centre staff and is now managed by Community Transport Services Tasmania Inc (CTST) from its Kingston-based office which operates from 9:30am to 1pm weekdays. The car is driven by local volunteers.

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*The car's not just for medical things. It can be for shopping or social things too. At the beginning of every month we get a roster. The car can be used either on-island or off-island. Most of our trips are to Kingston or Hobart for medical issues or shopping.*

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Residents and service providers alike expressed concern about the car and how it is managed (although there was praise for the drivers). This issue generated more negative comment than any other service. There was extensive discussion about the community car among some of the elderly residents in a focus group. Below is an abridged version:

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*You've got the community car but that doesn't seem to run as smoothly as it should...*

*They've got a roster now, but you've still got to try and get hold of someone to take you on the day you want. They say you've only got to ring 2 days before but you nearly have to ring a week before... and then it doesn't always work out. You've got to ring before 12 o'clock...*

### *What they want...*

*We desperately need more community transport services on the island. They need to be free or low cost and organised from here.*

*We need a Bruny-based assisted transport system to replace the external one that is out-of-touch with the community.*

*Transport is a must as we age.*

*CTST needs to be reviewed as it is not always possible to give the Kingston office their required two days' notice for a booking.*

*The community car needs to be organised by someone who knows the local scene – the receptions at the health centre, or the BIRCH coordinator...*

### *What they said...*

*The old system [prior to the community car] was that that you could pick who you wanted to go with and whoever took you put in a claim, they used their own car and it was x amount per kilometre...*

*The problem is that now a lot of people aren't using the car. We've been told we will lose it if we don't use it. People are relying on neighbours. Because it is so hard to book the car, numbers are down and if we don't use it then it won't be there at all.*

*Ever since it was taken over, it hasn't worked... we've complained, and we've complained, and we've complained.*

*It really needs to be organised from here, but they won't, it never will.*

*When it was organised from here it worked really well. You could ring the girls and they would have a driver within an hour for you, and they would say, 'Right this person will pick you up at the time you want'.*

*I had to wait to be picked up one night and it was half past six before I got home and I'd gone at half past eight in the morning.*

*It's now organised from Kingston. They don't understand what conditions are on Bruny Island, or the distances... They had someone picking up someone who was already meant to be at an appointment... They didn't factor in the time to get off the island.*

*It's a shame because we really need the car; it really is essential for us ... I depend on it, and if the booking is mucked up I miss my appointment up town. It really should be managed from here.*

Other informants pointed out that some of the elderly people needing transport were not fit enough to organise the car for themselves, as required under the off-island booking system. When coordinated through the health centre, centre staff had assisted with the booking process.

There was a lot of concern about a drop in the use of the car and a perceived threat that it could be taken away from the island. A scan of usage data by one of the drivers indicated that bookings had fallen off considerably since the change in management.

### *What they want...*

*It's difficult to be a driver if you live in the north of the island... Better to have a pool of cars, and in more than one location. A local uber-style service might work.*

*I would like to see a bus service on the island. The community car is too costly.*

*We need to look at a community bus, run by a tourist tax.*



There were also issues mentioned about what drivers are allowed to do and not to do:

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*We [the drivers] are not supposed to get out of the car. We're not supposed to assist with their shopping... The things that we are not allowed to do are crazy. And they don't cover us for any insurance at all. If we do anything outside of their guidelines and injure ourselves, that's tough. I understand that there has to be rules, but I think there has to be more common sense.*

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Some informants favoured the idea of a community bus, perhaps subsidised by a tourist tax, that could take locals around the island and also cater for some tourists, relieving pressure on the road system. Others suggested a community-run carpool, with drivers using their own cars like the Uber model. One person pointed out that the Bruny Notices Facebook site already provides an informal transport link-up for residents, but this is ad hoc and not sustainable.

## Health promotion

With the re-focus of federal funding from health promotion/prevention to chronic disease management, the health promotion position on Bruny ceased, as did most of the health promotion activities. When asked what services they would like to have available or more readily available on Bruny, almost 40% of respondents to the survey mentioned reinstatement of health promotion programs and activities. In interviews, people often commented on the social and mental health benefits of the health promotion programs, which were seen as particularly important for those who were elderly or isolated.

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*The demise of the health promotion position was a huge loss. The programs connected island people in with the health centre and with each other.*

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*I very much miss the variety of health promotion programs that were in place in 2015 and 2016.*

*Before the focus changed from prevention to acute care, my needs were well met.*

*We used to have many activities where people could get together for health and social reasons.*

*We need to increase the health of the ageing population in the island and decrease the burden of care - increase access to lifestyle programs, and social connectedness. There are quite a few people on island who are socially isolated.*

*I think there should be more preventative programs.*

### *What they said...*

*The thing that they have cut dramatically is the preventative classes. I think they are very important. They were marvellous.*

*The wellness stuff is really important to me. I did all the activities. I became much fitter and had a 5% increase in bone density. Keeping people well is huge – instead, the focus of the new contract seems to be on treating chronic illness.*

*As we age, the services on the island are not really sufficient to cope with us. We could have to leave for health reasons.'*

*How can My Aged Care have services advertised when they can't provide?*

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*That preventative stuff is really important. We had back strengthening and muscle toning things and all sorts of things. A lot of them were fun but they were exercise at the same time. They were structured towards different age groups. It was the connection they got as well. So we lost all those.*

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While the physiotherapist has continued to run low-cost exercise classes that were greatly valued and well-attended, some of those on pensions found the \$5 per session was a deterrent.

The role played by nurses and GPs in educating individual patients was acknowledged. However, it was pointed out that this could not replace group activities or facilitate the social connection that occurred with organised health promotion programs.

Health promotion facilities that people suggested for the island were a physiotherapy pool and a hydro pool.

### **Aged care services**

There was a lot of concern among informants about the ageing of the population on the island and perceived inadequacies of the aged care system to cope with current and future demand. Residents indicated a strong preference for ageing in place at home, with visiting services to support them, though some acknowledged that this might not be possible, particularly for those living alone.

Most of those surveyed had something to say about aged care services. Quite a few of the focus group participants either received services themselves, or had family or friends receiving services. Twelve percent of respondents to the written survey had used home help, although few had used personal care or respite care (nursing and allied health services were not delineated as aged care/other). Most of those interviewed commented on aged care services, and several talked from personal experience with the aged care system.

### *What they want...*

*I think we need to be pro-active and stop people from going downhill too quickly, and we need to have programs in place.*

*There should be a lot more emphasis on preventative medicine/health promotion.*

*A swimming pool – not only for school kids but therapy for people recovering from breaks etc, would be good.*

*My wish is to age in place. The services are critical for that.*

### *What they said...*

*It's very much a cobbled-together system for supporting people on Bruny as they age.'*

*It's not just old people who live by themselves who need help.*

*A lot of people are getting the home help and that's how they can stay in their own homes.*

Service providers and residents talked about the complexity of My Aged Care and the large numbers of providers. Depending on the type of care requested, about 28-30 providers were listed on the website as offering services on Bruny – although few of these appeared able to deliver on these services. Aged care service providers were also dealing with a complicated process - one commenting that their organisation had over fifty partnership agreements with other services.

Some of the health service providers commented on a lack of coordination between aged care and health services and other difficulties with the aged care system:

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*I think it's overwhelming people. The structure or the administration of the packages. It seems to be quite difficult for a lot of people.*

*No one is getting those packages quickly though - it's not just Bruny.*

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Nurses said that they frequently did the paperwork for elderly patients through the My Aged Care system. They would sometimes go through all aged care packages and find there was no one available to work on Bruny. They found it distressing when they could not get anyone in to help a patient when they needed that help, sometimes bypassing the system and filling in the paperwork later. The social worker often played a role in getting services happening for people.

While acknowledging that the current system is very complex and confusing, some of the providers suggested that when the problems were ironed out, the process would become more streamlined and more client-focussed as had previously been the case. They said that part of the current difficulty was that people needing services did not understand that they could get integrated care from a single provider.

From the residents' perspective, the primary issues relating to aged care were their confusion about the system and problems in accessing help when they needed it. Some of the

### *What they want...*

*There should be a shared record or shared care plan for older people getting health and aged care services.*

more elderly participants in a focus group were quite vocal about aged care services:

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*I was supposed to have someone come 2 days a week to help me shower... The lady came on the first day and she was gone 20 minutes later and never came back.*

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*When I came out of hospital with pneumonia I wasn't up to doing a lot of things. [One of the service providers] said 'by the time these forms go in you know you'll be better anyway'.*

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In interviews, people told complex stories of friends, neighbours and relatives not able to get the help they needed when they needed it – some ending up in nursing homes because of this. One resident who had been advocating on behalf of a neighbour, had found the process very confusing and said that 'for anyone a bit older and muddled it would be impossible to find their way through it'. Another carer of an ageing relative had been tenacious in her search for help, commenting that she 'had a hell of a job' getting the right level of care, but 'in the end, the care was wonderful.'

For some elderly people, the turnover in carers was distressing:

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*Talking to the old fellas, what really annoyed them was that they hooked up with one carer, and then the contract changed and they were very uncomfortable with the change in carers. They were getting carers coming from off-island. And the difference in the knowledge of someone who's off island and on-island is just chalk and cheese.*

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Aged care service providers also commented on difficulties with the system. While they are expected to provide services wherever they are needed, they do not receive funding for

*Meals on wheels would be good for some people. Could they be produced on the island?*

#### *What they said...*

*As the population is ageing, there are a lot of people coming here to retire. Where are they going to get all the carers from?*

*I am sure that they could do with more units for elderly people who are on their own to live in.*

training, for travel costs to rural areas, or for time spent assisting clients through My Aged Care.

For organisations servicing Bruny Island, the primary issue discussed was getting local people willing and able to take on the role of carer (care assistant). Some organisations required carers to be trained to Certificate III level, although government funders do not stipulate this as essential and it was suggested that some organisations are employing untrained staff.

The lack of local carers was discussed by many local service providers and residents. Some commented that changes in conditions for care assistants had caused some to leave the industry, and few locals were now willing to take on this role under current pay and conditions:

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*A lot of the ones that used to do it, don't do it anymore. None of the young ones want to do it.*

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Because of problems getting local workers, some aged care providers were transporting care assistants from off-island. This was regarded as highly inefficient.

One of the care assistants who has continued to work on the island said that although she personally enjoyed the work and the contact with clients, the pay was not sufficient or reliable enough to live on if you had no other source of income. She suggested that if aged care services could be coordinated locally, then they could be organised to ensure there was sufficient work and flexibility to meet the needs of local staff.

### **Aged care living options**

Of the 72 respondents to the survey question on preferred aged care living options, 80% indicated that they would like in-home care; 67%, independent living; and 44% residential care (multiple responses were possible). Most survey respondents and interviewees indicated that they would like a residential option available as they age. While most were quite happy with their current living arrangements, they foresaw a time when deteriorating health or the loss of a partner could necessitate a move to residential care – and most would like these facilities to be on-island.

#### *What they want...*

*We need 3-4 good carers on island who are paid for a full day. They need to be given a block of time that they are paid for. If you had a groups of really good carers who were trained up, they could move between residential care and home care.*

*The Allied Health Assistant model could be good, as long as they were supervised by an Allied Health Professional.*

*Carers are chronically undereducated and underpaid. Education is held back so their pay level is held back. Need to be trained and paid appropriately.*

*What is the solution? Is it a home-care solution, is it a built solution or is it a mixture of both?*

### *What they said...*

*A lot of people haven't got any family, or family don't want anything to do with them. We can't have people living on their own without someone going in to do things for them.*

*To me it's really important to see young children, to see a mix of life. You need to feel that you are part of it all. You need to be able to walk somewhere – to the shops or post office - so you can still be independent and be part of life.*

*These [residents of Glensyn] are elderly people who spend their lives here and they deserve better, they really do.*

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*It is impossible to predict what level of support we need as we age so having choices will make it possible for more people to stay and to maintain friendships and relationships on the island rather than losing all of this because they have to move off island to find an appropriate level of care.*

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In interviews, some people talked about friends and neighbours who had had to move off the island.

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*We've had several really sad cases of elderly people who have been here just about all their lives but there were no facilities for them to stay here, so they've gone off island to live in a nursing home - six months later, they're gone. And it's so sad. They leave their home and go somewhere where they try to fit in, and they just fade away.*

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There was a lot of discussion about the Glensyn units owned by Kingborough Council and located near the health centre and the potential for expansion, either on that site or nearby. Local residents and service providers said the units were cramped, rapidly deteriorating, and inappropriate for elderly residents. The lack of walk-in shower facilities was of particular concern. There were also queries about the process used to allocate the units and whether this process was transparent and equitable.

A Council representative agreed on the need to upgrade the units but said the Council was keen to see islanders come up with their own plan for aged care facilities, and determine whether re-development and/or extension of the units was a preferred option.

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*We've been working with the local community - with various individuals - over the last couple of years to look at how the older people on Bruny Island can*

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### *What they want...*

*I definitely think that elder care residential living would be fantastic, to keep our elderly on the island means more support from friends and family and a familiarity with their community*

*What would be ideal? A hub, with supported living through to independent living with live-in carers.*

### What they said...

*age in place. It's been very much their project to try and identify a solution. We would be happy to pass over the land and the units to a new development... but it seems that people would rather have a home-care service or some other kind of option. We don't have a view as a council of what is appropriate or should be imposed. Aged care is not our area of expertise. We don't see ourselves as being an aged care provider.*

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The Council had approached officers of the Department of Health and Human Services to ask whether the Department was interested in taking over the units but they declined this offer. Some informants to this study indicated that there were other agencies interested in further development of aged care accommodation on the unit site, or in close proximity to the health centre.

*They were looking at Abbeyfield, but that's gone. It was getting way out of people's reach. It wasn't ideal.*

There were a range of views as to what model of residential care would be most appropriate on Bruny. People talked about the Abbeyfield model, which had initially been favoured by residents but enthusiasm for this had waned for various reasons.

There was much enthusiasm for re-development of the Glensyn complex to encompass a further two to six additional units. A service provider commented:

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*You can never have too many of the units – they are always in demand. It's a great set-up, so close to the health centre. People wear a track to the centre.*

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The need for any new development to encompass one or two respite beds was mentioned frequently by informants. This would enable residents to be discharged earlier from hospital, or could prevent some people from needing to go into hospital or nursing home accommodation. While a respite facility would be costly to service and would require additional nursing services, informants said that there would be commensurate savings to the acute care system and

### What they want...

*My wild wish would be to have the option of moving to an aged care facility located in scenic place, in walking distance to beach and bush and close to wildlife and birds.*

*Bruny needs an aged care facility that incorporates independent living, and nursing home/dementia care, to allow residents to age in place with dignity, in their own community. It is very difficult for a person already affected by dementia to move off the island.*

*Overnight respite would be a really good idea – but demand ebbs and flows.*



#### What they said...

emergency services. The benefits in terms of quality of life for elderly people would be immeasurable.

Another suggestion for a proposed new development was to include a 2-bedroom unit that could accommodate elderly couples or a patient and a carer.

There was a call for on-island control of any new development.

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*That needs to be an on-island process. It should be administered by someone who knows the applicants and how they will fit in with the others.*

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Some respondents to the survey said they would like to have on Bruny 'an elderly retirement village', 'a small nursing home or convalescent hospital' or a 'residential dementia care facility'.

A service manager said that the population on Bruny was not large enough to support options such as residential aged care or in-patient care, but another provider acknowledged the need for some action.

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*Bruny Island doesn't have a population which would support a lot of the things you can support in Hobart or elsewhere, but ultimately a solution has to be found for the ageing population. As the numbers grow, it's not going to get any better, it's only going to get worse.*

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For people who require off-island nursing home accommodation, it was suggested that there should be priority given to Bruny residents in facilities enroute to Hobart, as these enable friends and families to visit more readily.

#### What they want...

*I think building some more independent living units similar to the ones at Alonnah would give older people some options. These units should be built close to the medical centre at Alonnah.*



### What they said...

*Keeping people out of hospital has to be cheaper.*

*I want to die on the island, but I don't think I'll be able to. Well I'm living on my own, so I've got nobody to help me.*

*We lost someone here recently. He stayed at home and had palliative care. Apparently, it worked ok and his daughter and son were very happy with the treatment he got. The nurses did a lot of the care.*

*Keeping people at home is important - If that's what they want to do of course.*

*Palliative care at home can only work if there is family etc there to support – big onus on family.*

## Palliative care

When asked about palliative care/end of life options that they would like to have available, over 80% of survey respondents mentioned palliative care at home. This is consistent with national data that suggests over 70% of Australians wish to die at home (Productivity Commission, June 2017). Most respondents indicated that they would like to die at home, as pain-free as possible and with friends/family around for support. 'A comfortable bed in the sunshine' was a preferred option. Dying with dignity was high on the agenda, and some people commented that they would like a euthanasia option – 'a pill if I need it'. One mentioned their wish to have medicinal cannabis on hand for pain-relief.

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*In the event of needing palliative care/end of life care we would like to have this available on the island. This is our home and we have chosen this wonderful island to see out our years. We have worked long and hard all our lives till now, and feel we have earned the right to live our lives out here, in a place that makes us happy.*

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*If the need arose I would dearly love to stay at home and receive palliative care/end of life care. Having to move off the island could make it a very lonely experience.*

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The main concerns expressed about dying at home were having access to a GP or other health professional for pain relief, and having enough support and necessary modifications around the home. A couple of people said they would like a palliative care unit – 'something like the Whittle Ward' but doubted that this would be possible.

Health service managers and nurses said that nursing staff and GPs generally coped well with palliative patients at home and were used to dealing with people at end of life. They were able to call for advice from the Specialist Palliative Care team at the Whittle Ward but this was seldom necessary. Health service managers and GPs said they believed that people had

### What they want...

*Ensure staff are skilled in end of life care, and personal carers can receive training in end of life care.*

*We should have a cold plate available to keep loved ones at home after they pass away to give a bit of time with the body.*

*[A long-term resident] really wanted to stay at home till she died. Having hospice@HOME allowed the nurse to be there overnight but in the end, it got too hard for the family and she went into palliative care. They were told she was living too long.*

*hospice@HOME was really good for people who wanted to die at home. The 'Just in Case Box' [emergency medical kit] was excellent.*

*I don't think I could be any more connected!*

*Bruny is a warm, embracing and supportive community.*

*The community is fantastic. I don't lock my door.*

*We moved here because of the great community.*

the right to die on the island if possible, and would do what they could for this to occur.

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*Palliative care is usually our job. As community nurses, we do a lot of the coordination. So, if someone becomes palliative on the island, we are often the key body coordinating their health care.*

*We also coordinate with aged care services to get home help and anything else that they need. If someone wants to die at home, we will do whatever possible for this to happen.*

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Residents told stories of their encounters with the palliative care system. Most of these experiences were very positive, although some had had to battle to get what they needed.

A few people mentioned the hospice@HOME program that had provided 'top-up' funding for extra palliative care, enabling care in the home, respite for families, overnight nursing and other support when people neared end of life. An emergency medical kit supplied by the program had been used in two instances on Bruny and one of the GPs commented on how useful it had been, although service managers said that medications were already available through the health centre and pharmacy. The hospice@HOME program funding ceased in mid-2017.

## Community connection and volunteering

Almost all (99%) of respondents to the survey felt connected, or somewhat connected to the Bruny Island community; with 30% said they would like to feel more connected. Those who said they did not want to be any more connected frequently stated that they already felt connected enough.

A wide variety of community groups and activities were mentioned that people could join in if they chose to do so. Some of those noted were: the library, history room, online access centre, SES, fire service, boat club, film society, men's shed, BIRCH, CWA, Sew&Sews, a bushwalking group, the food coop, a poetry group and the Cork Club. The Bruny Island

### *What they said...*

*As you give so do you receive...*

*There is a quiet recognition between locals. Plenty of activities are available.*

*We had many activities organised through the health centre including exercise classes, garden tours, workshops, etc. for social and health reasons. I think these should be brought back.*

*Community involvement is essential in a small community.*

*People in the community are very genuine and friendly and provide practical support.*

*The friends we make here mean we can help each other when needed.*

*We have a wonderful neighbourhood where people regularly look out of each other.*

*I feel much safer in my home here than I did in Hobart.*

Community Association, Friends of North Bruny and other environment-focussed groups were also mentioned.

People said these groups provided a social outlet as well as a way to contribute to the fabric of the community. Some did regular fund-raising while other such as the firefighters, the SES volunteers and local police chopped wood for elderly people. An informant mentioned that the local police officer often looked in on elderly people and took them fresh fish. Interviewees talked about neighbours looking out for each other and the community rallying to care for anyone in need – ‘that’s an island thing – we look after each other’.

The need for better community transport (discussed elsewhere in this report) was the single biggest issue raised in terms of social connection for people as they age on Bruny.

Other items on the wish list included:

- an upgrade to the Alonnah Hall
- table tennis, snooker, etc
- assistance with technology
- a permanent location for the food co-op
- informal meeting spaces
- a neighbourhood house-type facility with drop-in social activities, and transport for those who need it
- a bistro/book shop
- walking groups
- Information sessions on preparing for death
- more BIRCH-style activities
- dancing and music classes
- indoor heated therapy pool
- community garden
- online special interest groups.

Some people mentioned that there were a lot of halls and other venues around the island but some required organisations to pay rent and cover their insurance costs. It was suggested that the community room at the health centre should be accessible by local groups on weekends and out of hours.

When asked whether there are people who are isolated and not being picked up through the local networks, informants

### *What they want...*

*A meeting place for informal gatherings during the day and evening would be good.*

*It would be good if we had more access to the BIRCH room at the health centre on an informal basis.*

### What they said...

*I like being of my own and also sometimes like company, but I wouldn't really want people dropping in all the time.*

*Bruny is a great place to live, with plenty to do and mostly friendly people. Unfortunately, the increasing number of tourists coming to Bruny is changing the dynamic and dividing the community on whether this is a good or bad thing.*

*If you are self-motivated, there are plenty of things to do. But if you want to sit on your front veranda and say, 'Oh my god there's nothing to do', no one will come and save you.*

said that there were certainly some islanders who were not connected – either by choice or circumstance:

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*There are still people who fall through the cracks – it's often the quiet ones.*

*There is sometimes a fine line between people looking out for each other and someone feeling that their privacy is being compromised.*

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People sometimes requested help (particularly transport and shopping purchases) from friends and neighbours. The Bruny Notices Facebook site was useful for such requests, but it was suggested that some people did not like to ask for help.

Some informants saw value in a more formal coordination mechanism for volunteers, to back up the informal system and ensure people did not fall through the cracks. They thought that an on-island volunteer coordinator could be proactive in recruiting younger people to volunteering roles and could also streamline the booking process for local facilities.

The problem of an ageing volunteer network was frequently mentioned. People said that many of the younger people were working. Some had moved off-island because there is no high school on Bruny and they did not want their children to do a daily commute to school.

This lack of younger volunteers was particularly critical for the ambulance service, which required volunteers to have physical strength and agility and to be able and willing to undergo ongoing and intensive training. At the time of this study, there was a shortage of trained ambulance volunteers in the south, and several months delay until Ambulance Tasmania could do any training of new recruits.

### What they want...

*A home-visiting service (run by volunteers) to check on single, older people would be good.*

*A supported and structured volunteer service would be good.*

*There are lots of things that need coordinating from the island, not from off-island – home help, transport etc...*

## Discussion and proposed actions

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The following discussion is based on the voices of the Bruny community - in interviews, in focus groups or through the survey. Many of the issues informants raised had already been discussed in other forums over the past few years. Some are common to other rural communities. This research however, testifies to the levels of concern among the Bruny population about ageing in place on the island and the services and support they might need, depending on their health and care needs along the way.

What defines Bruny Island from other communities is the rapid growth in its ageing population (with almost 50% aged 60 and over), and the speed with which tourism has become an all-consuming industry. Various levels of government are struggling to develop the on-island infrastructure to support these changes. The future sees a need not only to cater for the influx of tourists while maintaining the environment that draws them to the island, but also to ensure that adequate services are in place to support the resident population.

The Bruny Island Community Aged Living project reached one third of the island's aging and elderly population. Over 97% of respondents were full time residents; 87.5% were aged 60 and over. This sample provides a robust basis on which to plan future directions for health and aged care services on Bruny Island.

In essence, Bruny Islanders want to maintain their health and wellbeing for as long as possible with programs and facilities to help them do so. As they age and need further support, they want to continue living in their own homes with the services they need to enable this to happen. If this is no longer possible, they want residential facilities on the island so that they can age and die in a familiar place with friends and family around them.

While 90% of survey respondents indicated satisfaction with the current services they access on Bruny (GP services, emergency services, the local pharmacy, community nursing, allied health services and BIRCH in particular) they also identified significant service gaps in aged care and health services. There were many stories of people not being able to get the help they needed when they needed it. For some, this was merely an inconvenience; for others it was a cause of frustration; for a few it resulted in unnecessary suffering. There were calls for more services, different services, and changes to existing services; and for better infrastructure to assist people on Bruny to age and die in place. Above all, they wanted services to be integrated, accessible and responsive to local need.

As with any research of this kind, there is a need for caution in interpreting people's wishes – in separating what is feasible and economically viable from the 'pie in the sky' - and in weighing up differing and sometimes opposing points of view. The recommendations below are considered realistic, based on sound advice from informants and in line both with Bruny Island's aging population, its value as a retirement location, and its significance as a prime tourist destination.

### **Ageing well and dying at home**

Most people who participated in the survey, focus groups and interviews indicated a clear preference to stay in their own homes as they age. They would like activities and support to help them maintain good health for as long as possible, and services to cater for their needs as their health declines and they approached end of life. When asked what palliative care/end of life options they would like to have available on Bruny Island, 84% of survey responses indicated a preference to die at home. This

reflects the findings of the Grattan Institute report, *Dying Well*<sup>15</sup>, which found that while 70% of Australians want to die comfortably at home, only 14% do so.

### ***Proposed actions***

1. *The clear preference of Bruny Island residents to age and die at home to be reflected in all future planning and policy decisions regarding health and aged care services on the island.*

## **Residential aged care**

A primary aim of this project was to assess the need for a residential aged care facility on Bruny Island. While most people indicated that they would prefer in-home care, there was also strong support (from almost half of respondents to the survey) for an on-island residential aged care facility for those who could no longer cope at home. This was considered especially necessary for those living alone. Several people interviewed talked of family, friends and neighbours who had had to move off-island into residential aged care and the trauma and loss that this had caused them due to severed ties with their support networks and all that was familiar.

There were varied views on what type of facility was required – from independent ‘retirement’ living villas through to a fully-serviced hospital. Most supported the refurbishment of the existing Kingborough Council Glensyn units, with the addition of some additional purpose-built units, and some limited access to services.

The Council’s wish to transfer the existing units to a more appropriate management entity was noted. While there had been a proposal from Abbeyfield (a not-for-profit community housing provider) to build an additional 10 units, most informants suggested 2 to 6 additional units might be sufficient for the foreseeable future, with the existing four units being refurbished. Full occupancy of the current units and a waiting list for them indicate that any additional development would be fully occupied.

If this proposed residential aged care development were to proceed, some of the matters to be considered would be:

- an appropriate management entity and structure for the units
- viability of the current location for further development
- initial cost of building/upgrading and a source of funding for this to occur
- future staffing and resourcing; integration with other facilities in the Alonnah service hub
- requirements for a respite facility
- the need for community engagement and a community advisory mechanism
- the need for the units to be low-cost and allocated according to transparent needs/equity criteria.

During the course of consultations, several organisations were mentioned that might be interested in taking on such a development should it be put out to tender.

There was strong support from informants for a respite care facility – either incorporated into an expanded unit development or attached to the health centre which had been designed for future expansion. While it was acknowledged that a respite facility would require additional staffing and medical back-up, it could reduce pressure on ambulance services and acute care, enabling people to remain on island when ill or to be discharged to this accommodation for post-hospital recuperation.

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<sup>15</sup> Swerissen, H and Duckett, S., 2014, *Dying Well*. Grattan Institute.

This would be in line with Ambulance Tasmania's recent review and the recommendation to 'engage with primary and community health services to... support alternative pathways to care.'<sup>16</sup>

#### **Proposed actions**

2. *BICA, Kingborough Council, and State and Commonwealth government representatives to immediately progress the planning of an expanded aged living complex on the current Glensyn site and identify funding to proceed with a call for expressions of interest in such a development, via a transparent process, with due consideration to: an appropriate management entity and structure for the units; viability of the current location for further development; initial cost of building/upgrading and a source of funding for this to occur; future staffing and resourcing; integration with other facilities in the Alonnah service hub; requirements for a respite facility; the need for community engagement and a community advisory mechanism; and the need for the units to be low-cost and allocated according to transparent needs/equity criteria.*
3. *BICA, Kingborough Council, and State and Commonwealth governments to determine the optimal configuration for a respite facility on Bruny Island, either as part of an aged living complex or as an adjunct to the health centre.*

### **Home based aged care and palliative/end of life care**

While the preference from Bruny residents was to age and die at home, the supply of aged care services on Bruny does not appear to be commensurate with demand. Unmet need for home help, personal care, home maintenance and respite care services were noted, as well as problems in accessing aged care packages. Several cases were discussed during the course of this research of people seeking in-home assistance and this either not being available at all or being much delayed. While over 30 providers of aged care packages are listed on the My Aged Care website, most of these providers had indicated that they were unable to source local workers and transporting workers from off-island was too costly and inefficient. For potential local workers, working conditions, remuneration and the availability of regular and sufficient hours were not considered attractive enough, with tourism enterprises offering better pay and more regular work.

It was noted that many older people found it difficult to negotiate their way through the aged care system to access the help that they needed. They also had concerns about the amount of in-home care that might be available to them should they need palliative/end-of-life care and whether they would be able to receive sufficient pain relief. It was proposed that all aged care workers and nursing staff should be trained in end of life care.

While worker supply issues and the complexity of the system are not peculiar to Bruny Island, it was suggested that local coordination of services and on-island aged care workers could assist people to access the care they need while ensuring sufficient working hours for individual workers and assisting with the recruitment and training of workers.

#### **Proposed actions**

4. *A strategic planning forum (see Action 6 below) to consider the potential to include aged care services and coordination of on-island aged care workers as part of an integrated health and aged care services model.*

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<sup>16</sup> Department of Health and Human Services, Tasmania, May 2017, Review of Ambulance Tasmania Clinical and Operational Service. Final Report.

5. *THS and aged care providers to investigate staff needs for training in palliative/end of life care and provide as necessary.*

## **Service integration, collaboration and communication**

Informants said that the service changes that had occurred during 2017 caused a lot of anxiety and uncertainty in the community, particularly as they affected GP services, physiotherapy, health promotion and the BIRCH group. While some of the service supply issues of concern to the community had been resolved, the loss of a dedicated health promotion service was a continuing issue raised in the survey and in discussions. Communication was another concern, with rumour and innuendo often spreading quickly in the absence of factual information being circulated in the community. Residents were keen to receive substantive and timely information on what was being achieved in terms of health services' reform as well as on any matters of concern.

Some informants (service providers and residents) considered the dual funding model that occurred in 2017 - with Huon Regional Care taking on the Australian Government contract for the provision of primary care services and the Tasmanian Health Service retaining responsibility for the building and the community nurses - to be problematic. While a shared care model and a Memorandum of Understanding between services was being developed, there were ongoing concerns relating to sharing of client information and records, sharing of resources and involvement of service providers and community leaders in decisions. The 2005 investigation into health services on Bruny Island conducted by Community Focus<sup>17</sup> commented that:

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*Bruny works well as a 'shared model' whereby service providers and local residents and community groups work together to address issues of concern.*

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Some informants thought that this 'shared model' had been lost to some extent and they were concerned that the community was not seen as an equal partner in decisions. Several people expressed the view that, given the nature of the community and the service mix, Bruny Island could well become a model of how a fully integrated service might work in a rural and remote island community.

As discussed elsewhere in this report, there was also seen to be a need for more local coordination of aged care services and community car bookings, with local knowledge resulting in more coordinated, efficient and effective service delivery.

As part of the project, some innovative ideas and service delivery models were considered such as Health Care Homes, the Huon Valley's 'The Right Place' initiative, Health Care Neighbourhoods, Compassionate Communities, Multi-Purpose Services, Hospital in the Home, and the hospice@HOME model. These require further investigation to ascertain their relevance and appropriateness for Bruny Island.

It was suggested during the consultations that GPs who had worked on the island might have some creative ideas to contribute to a future planning process.

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<sup>17</sup> Community Focus (unpublished report), April 2005, Bruny Island Regional Health Service: Evaluation Report.



### **Proposed actions**

6. *A community-driven, time-limited strategic planning forum to be jointly convened by BICA and BICHSAC within 3 months of release of this report to include HRC and THS managers and staff, aged care providers, Kingborough Council, community representatives, GPs who have worked on island, and other key stakeholders, to engage in a planning process to further the development of a fully-integrated, innovative health and aged care service delivery model on Bruny Island and determine what further actions are required to achieve this vision.*
7. *The planning forum referred to above, to further investigate the applicability of different approaches such as Health Care Homes, the 'The Right Place' initiative, Health Care Neighbourhoods, Compassionate Communities, Multi-Purpose Services, Hospital in the Home, and the hospice@HOME model to determine what might be included in an integrated service delivery model.*
8. *Consideration be given to the appointment of a jointly funded onsite manager/coordinator at the health centre to have oversight of all services provided at the centre, other health and aged care services provided on the island, visiting services, centre budgets and resources, and a shared client records system.*

### **GP availability and continuity**

While GP services on Bruny had increased, residents continue to be concerned about waiting times for appointments, the availability of GPs on only 2-days per week, and the high turnover of GPs.

The current 0.8FTE of GPs for a population of 814 people on Bruny Island is below the Australian Institute of Health and Welfare (AIHW) 2015<sup>18</sup> estimate of 116.3 GPs per 100,000 population for outer regional areas in Australia. Bruny Island is classified by the Australian Government as a District of Workplace Shortage (DWS). As pointed out by the National Rural Health Alliance<sup>19</sup>, the adequacy of GP supply should also take account of:

- the underlying need for greater quantities of primary care, given poorer health status in rural and remote areas
- the need for rural and remote GPs to have a broad scope of practice
- the need for rural GPs to spend time travelling between different worksites and patients.

The situation on Bruny is compounded by its rapid ageing population profile and the huge influx of tourists, swelling the population to more than 5,000 people during peak periods. While some residents attend off-island medical practices, waiting lists for on-island GP services suggest more GP coverage is required.

Concerns about lack of coverage some days of the week point to a need to consider a different rostering system for GPs (or upgrading of nurses' qualifications). It was noted that continuity of GPs is difficult to achieve in a free market system. HRC is actively recruiting more GPs and are trying to establish a pool of doctors who are familiar with the island.

### **Proposed actions**

9. *HRC to consider rostering of GPs to increase coverage during the week.*

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<sup>18</sup> Australian Institute of Health and Welfare (AIHW) (2015). Medical Workforce Australia. <https://www.aihw.gov.au/reports/workforce/medical-practitioners-workforce-2015/data>

<sup>19</sup> National Rural Health Alliance (2013). How many doctors are there in rural Australia? Fact Sheet, December 2013. <http://ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-doctor-numbers.pdf>

## Nurses' scope of practice

Bruny residents very much valued their community nurses but there were concerns that the nurses' scope of practice had contracted over the years and they were not able to perform some of the tasks that residents expected of them. There were different opinions expressed about whether there would be sufficient call on a more advanced skillset to justify further training of nurses and if this were to occur, for them to maintain their competency. The potential for nurses to expand their scope of practice and reduce the need for medical evacuations from Bruny was mentioned. This would be in line with the recent review of Ambulance Tasmania<sup>20</sup>.

The employment of a nurse practitioner was frequently suggested during consultations and was supported by GPs. This has long been mooted. The employment of a nurse practitioner was initially intended to occur when the new health centre opened in 2010. A nurse practitioner could perform many of the tasks undertaken by GPs and cater for some of the needs of elderly and palliative patients. While recruitment of a qualified nurse practitioner who would be willing to reside on the island was a potential challenge, it was suggested that a training scholarship could be offered to one of the current nurses.

The issue of home visiting by nurses was one where views of the community were out of step with the situation presented by service managers - who said that while patients were encouraged to attend the health centre for treatment, home visits were still possible. Data provided on service use indicated that there was ongoing servicing of clients needing in-home care, including some who were palliative.

### **Proposed actions**

10. *THS to provide funding and support to nurses who wish to upgrade their qualifications; and the potential recruitment and/or training of a nurse practitioner.*
11. *THS to provide clear information and assurance to residents about nursing services that are available to them to help them age and die in place and how they can access these.*

## Health promotion and allied health services

Survey respondents and consultations indicated that Bruny Island residents greatly valued the health promotion programs that were on offer pre-2017. These were seen to contribute to better health, wellbeing and social connection, and to be very important in enabling people to remain in their own homes as they aged. The 2005 evaluation of Regional Health Services on Bruny Island by Community Focus stated that combining the health promotion and nursing role had worked well.

Physiotherapy, podiatry and social worker services were popular among informants and were considered essential for maintaining ageing people in their own homes. The strengths-based exercise programs run by the physiotherapist were particularly valued by older residents.

The potential for Allied Health Assistants to be trained to take on some of the functions of health professionals, a model that is proving successful in other Australian states and territories, was noted. This entails aged care workers being trained to take on some of the functions of allied health professionals (under supervision from the professional). It is possible that increasing the skills and

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<sup>20</sup> Department of Health and Human Services, Tasmania (2017). Review of Ambulance Tasmania Clinical and Operational Service Final Report, May 2017.

employability of aged care workers on Bruny might make this role more attractive to locals and also relieve some of the pressure on allied health services.

#### ***Proposed actions***

- 12. THS to seek further funding for health promotion activities and consider adding a health promotion coordination function and dedicated health promotion hours to a community nursing position.*
- 13. HRC to continue monitoring demand for allied health services and their responsiveness to community needs and fill any gaps indicated.*
- 14. The potential to use the community development/health promotion skills of allied health workers as part of a comprehensive health promotion program to be further explored.*
- 15. The potential for aged care workers to be trained as Allied Health Assistants to be considered in long term health/aged care service planning.*

### **Community transport**

The importance of community transport towards aging in place was also a strong theme in discussions. For those who could no longer drive, the community car was vital for accessing services and maintaining connection with family and community. According to many informants, the community car and the rostering of volunteer drivers had worked very well when coordinated through the community health centre. Problems with the current arrangement whereby management is under control of Community Transport Services Tasmania (CTST) were frequently raised. Elderly people had difficulty booking the car, and often found the system unreliable and inefficient. Service use had fallen off with many residents relying on neighbours and friends for transport. Informants were concerned that if the car was not used enough, the island would be in danger of losing it.

Other transport ideas proposed by informants included an Uber-style volunteer carpool and a community bus service.

#### ***Proposed actions***

- 16. BICA to raise Bruny Island concerns about coordination of the community car with the responsible government minister and area of government with a view to returning responsibility for its coordination to the health centre.*
- 17. Coordination of community car volunteers to be considered in conjunction with a coordinator of volunteers (Action 21) at the planning forum outlined in Action 6.*
- 18. Broader transport issues and proposals (e.g. volunteer carpool, a community bus service) to be referred to those responsible for the Bruny Island Liveability Study and the BICA -BICHSA Strategic Planning Forum.*

### **Emergency services**

While there was a lot of praise for the responsiveness of emergency services on the island and the efficiency of transfers to acute services in Hobart, there was concern for the sustainability of the volunteer ambulance system on Bruny given the ageing of the volunteer force, and increasing demands on these services due to the ageing population and the annual influx of tourists. There were issues identified in recruiting new volunteers and in accessing the requisite training.

The recent review of Ambulance Tasmania and moves towards secondary triaging (diverting low-acuity patients to alternative services) and the introduction of Extended Care Paramedics in local areas is seen as relevant to this discussion<sup>21</sup>:

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*Secondary triaging will rely on an ability to access alternative pathways to care for patients... it is strongly recommended that Ambulance Tasmania works with the broader health system to identify appropriate pathways to alternative care.*

*...Tasmania has recently introduced Extended Care Paramedics (ECPs). These paramedics have an increased scope of practice that means they can treat a range of patients at home, without transporting them to an emergency department. Additional interventions include suturing, catheter replacement and distributing short-term antibiotics which will tide the patient over until they can see their GP. ECPs can also refer patients to other community based services.*

*A particular challenge for deploying ECPs to rural communities is that the demand for ambulance services is significantly reduced and there is the potential that an ECP will be under-utilised. A potential strategy to mitigate this risk is to consider embedding an ECP into local health services (eg with community nurses, GPs or local health facilities) so that their skills add value when not dispatched to patients.*

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#### **Proposed actions**

19. BICHSAC/BICA to continue advocating for recruitment and training of volunteer ambulance officers.
20. The strategic planning forum (Action 6) to consider the appointment of an Extended Care Paramedic on Bruny Island.

### **Volunteer coordination and recruitment**

A major asset to growing older on Bruny referred to throughout the consultation was the pool of dedicated volunteers and the amount of goodwill on the island (often referred to as social capital). Coordination of voluntary work currently relies heavily on local networks, with the potential for some people needing assistance (particularly those who are elderly and isolated) falling through the cracks. While it was noted that some volunteers are registered with the Kingborough Volunteer Program, this program does not appear to function effectively on Bruny Island.

The study indicated that there was a potential role for a coordinator of volunteers to be located at the health centre who could be responsible for monitoring need in the community, connecting volunteers with those needing services, recruiting volunteers, organising training, and perhaps undertaking the rostering of drivers for the community car.

#### **Proposed actions**

21. The strategic planning forum (Action 6) to consider the feasibility of funding a coordinator of volunteer services on Bruny Island.

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<sup>21</sup> Department of Health and Human Services, Tasmania (2017). Review of Ambulance Tasmania Clinical and Operational Service Final Report, May 2017.

## Other health and aged care needs

The need for on-island mental health services was identified through the consultation. While there had previously been a visiting mental health worker on the island, this service had ceased. There were perceived needs for specialist psychiatric and dementia services, and for psychological therapy and counselling.

There were also calls for a visiting dental service and for a dietician with knowledge of nutrition and ageing (not specifically focussed on diabetes management). While respondents to the survey indicated a need for audiology and ophthalmology services, it was noted that these are available from visiting private providers.

### **Proposed actions**

22. *The BICA/planning forum (Action 6) to explore the potential for procuring visiting mental health, dietetics and dental services on Bruny Island.*

## Community facilities

Some informants saw a need for facilities on Bruny that provided older people with a place where they could drop in casually for company and social connection – beyond the weekly sessions provided through the BIRCH group. The neighbourhood house concept was considered to have merit. There were calls for extended access to the Jane Finn room at the health centre to enable casual drop-ins throughout the week and for this room to be more available for community groups to meet, as was a stated intention of the original design specs for the health centre<sup>22</sup>:

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*The activity room is going to be a multipurpose room... It is quite a large room and you can see from the design that it is slightly removed from the centre. This is deliberate because the community members will have access to it for a range of activities... Someone can book that out for [community] meetings...*

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It was noted that a proposed action of the Kingborough Council's Bruny Island Tourism Strategy is to upgrade community halls on the island. These could provide additional community meeting spaces for people growing older on Bruny.

Another facility requested by residents was a swimming/hydrotherapy pool that could also be used by school groups. This had also been highlighted during consultations that occurred as part of the 2005 evaluation of health services.

### **Proposed actions**

23. *The strategic planning forum (Action 6) to consider increasing access of community members and groups to the Jane Finn room at the health centre.*

24. *Calls for hall upgrades and a swimming/hydrotherapy pool to be referred to the Bruny Island Liveability Study.*

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<sup>22</sup> The Parliamentary Standing Committee on Public Works: Bruny Island Community Health Centre. Transcript of proceedings, 13 March 2009.

## Impact of tourism on health and aged care services on Bruny Island

The current and potential impact of tourism on health and aged care services on Bruny Island and on residents' desire to age and die in place was only briefly touched on during this consultative process but this likely to be significant.

Kingborough Council's Bruny Island Tourism Strategy<sup>23</sup> notes the compounding effects of the ageing population and increased tourism on local services, and the strain on community volunteers:

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*Another particular issue is that the need for health services will become increasingly apparent. The Community Health Centre at Alonnah is able to partly address this need, though there will be other ongoing health services, support and activities for the elderly required and there will be significant economic (eg employment) and infrastructure implications. It is likely that the continued provision of such services will become problematic, and older residents will need to leave the Island. These same health and emergency services are being placed under increased pressure as visitor numbers increase – for example the increased number of road accidents is said to be because of drivers that are unfamiliar with local conditions.*

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### **Proposed actions**

25. The impact of tourism on health and aged care services to be referred to those responsible for the Bruny Island Liveability Study and the BICA -BICHSA Strategic Planning Forum.



Glensyn Units, Alonnah

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<sup>23</sup> Kingborough Council (2017). Bruny Island Tourism Strategy. p 10.

# A way forward

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Bruny Island Community Health Centre, Alonnah

The aim of this project was to be a sounding board for ideas – to gather the collective wisdom of Bruny Islanders and the people operating the health and aged care services that cater for their needs. As not everyone on the island participated in the project, there is a chance that some key issues have been missed or misrepresented. However, the frequent repetition of issues that occurred during consultations – which also reflect issues noted in previous reports, minutes of meetings and local media, suggests that the evidence presented in this report is robust.

These are the issues that Bruny Islanders need to be addressed so that they can live well, age in place and die with dignity in their island home. Much has been achieved over the past decade. Bruny Island now boasts a state-of-the-art health centre and a suite of services that have high satisfaction ratings, but there remain unmet needs and challenges ahead.

Change is a continuum, and the following list of ‘proposed actions’ arising out of this project build on the successes of the past decade, and ideas of those who have generously contributed their thoughts on what has yet to be achieved in order to provide for people’s current and future needs as they age on Bruny Island.

While these actions have not been listed in order of priority or given timeframes, the need for a residential aged care facility has been discussed at length over the past decade and what people want in terms of such a facility has been fully explored through this consultation. It is now time for action on this proposal.

The need for an integrated health and aged care services’ model underlies many for the discussions that occurred as part of this project. This will require further focussed planning (including the identification of funding requirements and sources, and allocation of timeframes and tasks) by local

representatives, health and aged care planners, and other key stakeholders. A time-limited strategic planning forum is proposed. Actions that relate to this have been grouped together in the summary of proposed actions, below.

### Summary of proposed actions

The following table summarises the proposed actions discussed in the report, with reference to where they are listed in the text.

Action area	Proposed actions	Proposed Action No.
<b>Ageing and dying at home</b>	The clear preference of Bruny Island residents to age and die at home to be reflected in all future planning and policy decisions regarding health and aged care services on the island.	1, p.54
<b>Residential aged care</b>	BICA, Kingborough Council, and State and Commonwealth government representatives to immediately progress the planning of an expanded aged living complex on the current Glensyn site and identify funding to proceed with a call for expressions of interest in such a development, via a transparent process, with due consideration to: <ul style="list-style-type: none"> <li>• an appropriate management entity and structure for the units</li> <li>• viability of the current location for further development</li> <li>• initial cost of building/upgrading and a source of funding for this to occur</li> <li>• future staffing and resourcing</li> <li>• integration with other facilities in the Alonnah service hub</li> <li>• requirements for a respite facility</li> <li>• the need for community engagement and a community advisory mechanism</li> <li>• the need for the units to be low-cost and allocated according to transparent needs/equity criteria.</li> </ul>	2, p.55
	BICA, Kingborough Council, and State and Commonwealth governments to determine the optimal configuration for a respite facility on Bruny Island, either as part of an aged living complex or as an adjunct to the health centre.	3, p.55
<b>An integrated health and aged care services' model.</b>	A community-driven, time-limited strategic planning forum to be jointly convened by BICA and BICHSA within 3 months of release of this report to include HRC and THS managers and staff, aged care providers, Kingborough Council, community representatives, GPs who have worked on island, and other key stakeholders, to engage in a planning process to further the development of a fully-integrated, innovative health and aged care service delivery model on Bruny Island and determine what further actions are required to achieve this vision.  The forum to consider the following:	6, p.57
	<ul style="list-style-type: none"> <li>• Inclusion of aged care services and coordination of on-island aged care workers as part of an integrated model</li> </ul>	4, p.55
	<ul style="list-style-type: none"> <li>• The applicability of different approaches such as Health Care Homes, the 'The Right Place' initiative, Health Care Neighbourhoods, Compassionate Communities, Multi-Purpose Services, Hospital in the Home, the hospice@HOME model and telehealth to determine what might be included in an integrated, client-centred service delivery model appropriate to the needs of Bruny Island.</li> </ul>	7, p.57

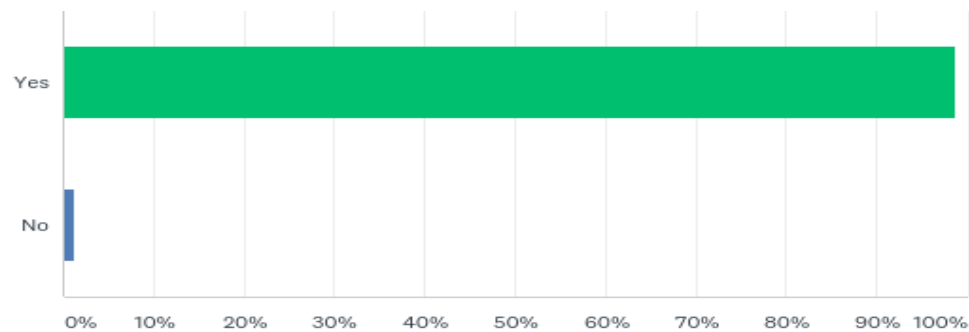


	<ul style="list-style-type: none"> <li>Appointment of a jointly funded onsite manager/coordinator at the health centre to have oversight of all services provided at the centre, other health and aged care services provided on the island, visiting services, centre budgets and resources, and a shared client records system.</li> </ul>	8, p.57
	<ul style="list-style-type: none"> <li>Appointment of an Extended Care Paramedic on Bruny Island.</li> </ul>	20, p.60
	<ul style="list-style-type: none"> <li>The feasibility of funding a coordinator of volunteer services on Bruny Island with responsibilities to include the coordination of community car volunteers.</li> </ul>	21, p.60 17, p.59
	<ul style="list-style-type: none"> <li>Potential for procuring visiting mental health, dietetics and dental services on Bruny.</li> </ul>	22, p.61
	<ul style="list-style-type: none"> <li>Increasing access of community members and groups to the Jane Finn room at the health centre.</li> </ul>	23, p.61
<b>Palliative/end of life care</b>	THS and aged care providers to investigate staff needs for training in palliative/end of life care and provide as necessary.	5, p.56
<b>GP availability and continuity</b>	HRC to consider rostering of GPs to increase coverage during the week.	9, p.57
<b>Nurses' scope of practice</b>	THS to provide funding and support to nurses who wish to upgrade their qualifications; and the potential recruitment and/or training of a nurse practitioner.	10, p.58
	THS to provide clear information and assurance to residents about nursing services that are available to them to help them age and die in place and how they can access these.	11, p.58
<b>Health promotion and allied health services</b>	THS to seek further funding for health promotion activities and consider adding a health promotion coordination function and dedicated health promotion hours to a community nursing position.	12, p.59
	HRC to continue monitoring demand for allied health services and their responsiveness to community needs and fill any gaps indicated.	13, p.59
	The potential to use the community development/health promotion skills of allied health workers as part of a comprehensive health promotion program to be further explored.	14, p.59
	The potential for aged care workers to be trained as Allied Health Assistants to be considered in long term health/aged care service planning.	15, p.59
<b>Community transport</b>	BICA to raise Bruny Island concerns about coordination of the community car with the responsible government minister and area of government with a view to returning responsibility for its coordination to the health centre.	16, p.59
	Broad transport issues and proposals (e.g. volunteer carpool, a community bus service) to be referred to those responsible for the Bruny Island Liveability Study.	18, p.59
<b>Emergency services</b>	BICHSA/BICA to continue advocating for recruitment and training of volunteer ambulance officers.	19, p.60
<b>Community facilities</b>	Calls for hall upgrades and a swimming/hydrotherapy pool to be referred to the Bruny Island Liveability Study.	24, p.61
<b>Impact of tourism</b>	The impact of tourism on health and aged care services to be referred to those responsible for the Bruny Island Liveability Study and the BICA - BICHSA Strategic Planning Forum.	25, p.62

# Attachment 1: Bruny Island Community Aged Living Survey results

Q1. Do you plan to continue living on Bruny Island for the foreseeable future?

Answered: 82      Skipped: 4

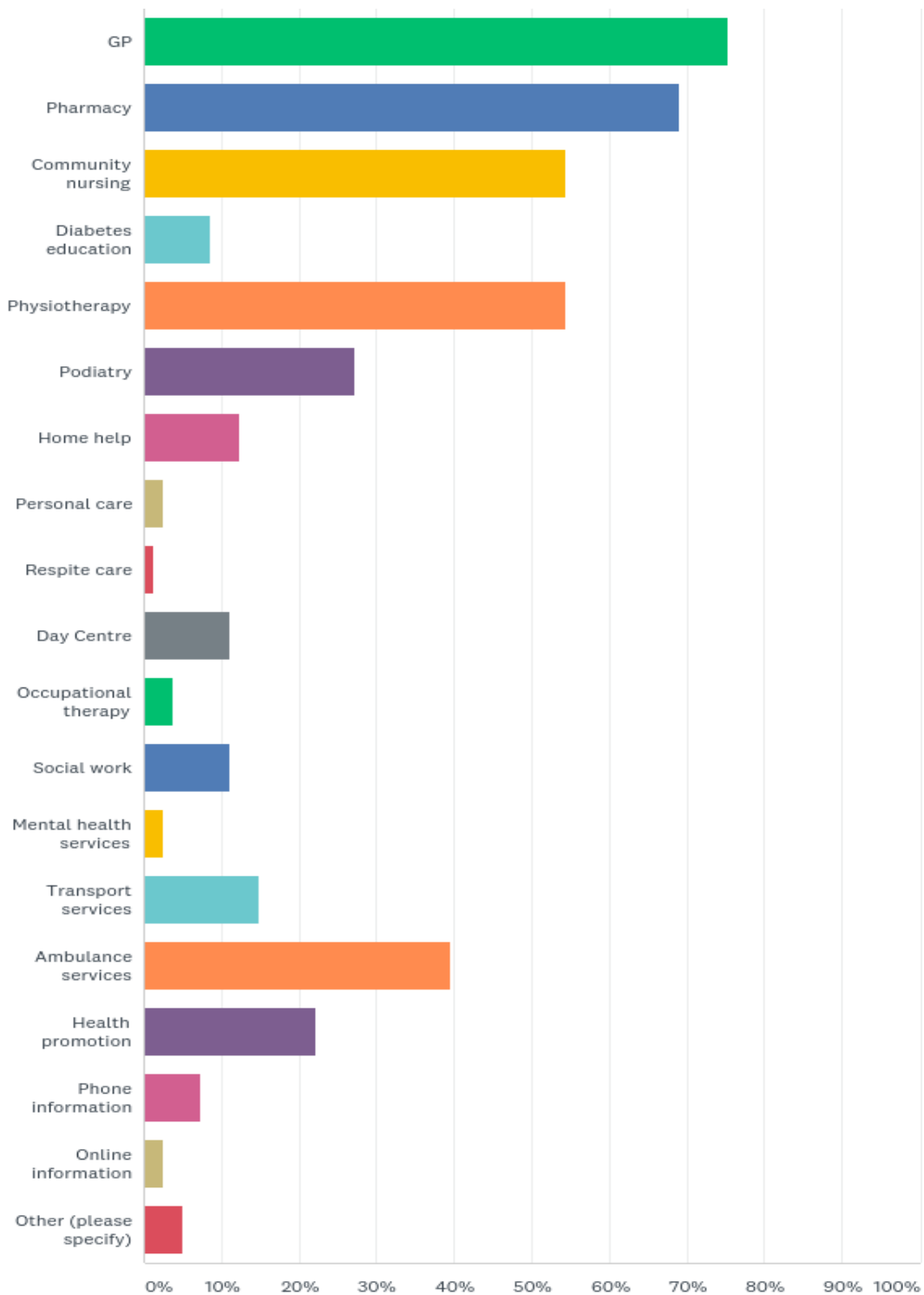


ANSWER CHOICES		RESPONSES	
Yes		98.78%	81
No		1.22%	1
TOTAL			82

## Comments summary

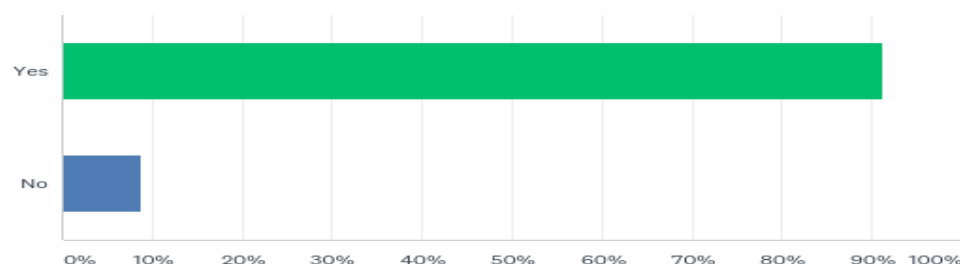
- Reasons for staying: love Bruny, environment, lifestyle etc
- Concerns: personal health, adequate health care services, transport.

**Q2. Do you currently use, or have you used, any of the following health/aged care services ON Bruny Island?**



ANSWER CHOICES	RESPONSES	
GP	75.31%	61
Pharmacy	69.14%	56
Community nursing	54.32%	44
Diabetes education	8.64%	7
Physiotherapy	54.32%	44
Podiatry	27.16%	22
Home help	12.35%	10
Personal care	2.47%	2
Respite care	1.23%	1
Day Centre	11.11%	9
Occupational therapy	3.70%	3
Social work	11.11%	9
Mental health services	2.47%	2
Transport services	14.81%	12
Ambulance services	39.51%	32
Health promotion	22.22%	18
Phone information	7.41%	6
Online information	2.47%	2
Other (please specify)	4.94%	4
Total Respondents:		81

### Q3. Do/did these services meet your needs?

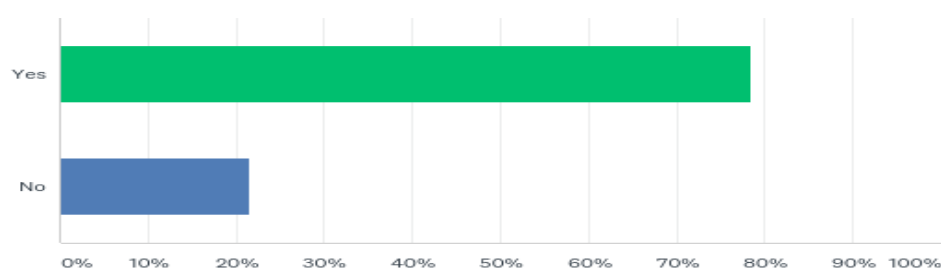


ANSWER CHOICES	RESPONSES	
Yes	91.14%	72
No	8.86%	7
TOTAL		79

#### Comments summary

- Met needs: pharmacy/pharmaceutical delivery, physiotherapy, podiatry, professional care, caring people, good volunteers...
- Concerns: waiting lists, GP only 2x week, home help promised – not delivered, community car issues, cessation of health promotion, need for dental services, lack of outreach services to the home.

### Q4. Do you currently travel OFF Bruny Island to access any health/aged care services?

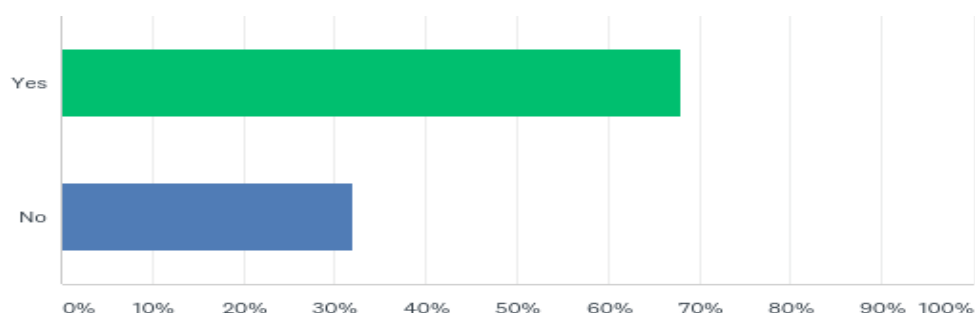


ANSWER CHOICES	RESPONSES	
Yes	78.48%	62
No	21.52%	17
TOTAL		79

#### Use of off-island services (summary)

- GPs (47%), specialists (oncologist, gynaecologist, cardiologist, rheumatologist, psychiatrist etc), x-rays, pathology, radiology, dental services, optometry, hearing checks, chiropractor, podiatrist, skin cancer checks.

**Q5. Are there any other health/aged care services you would like to have available, or more readily available, ON Bruny Island?**

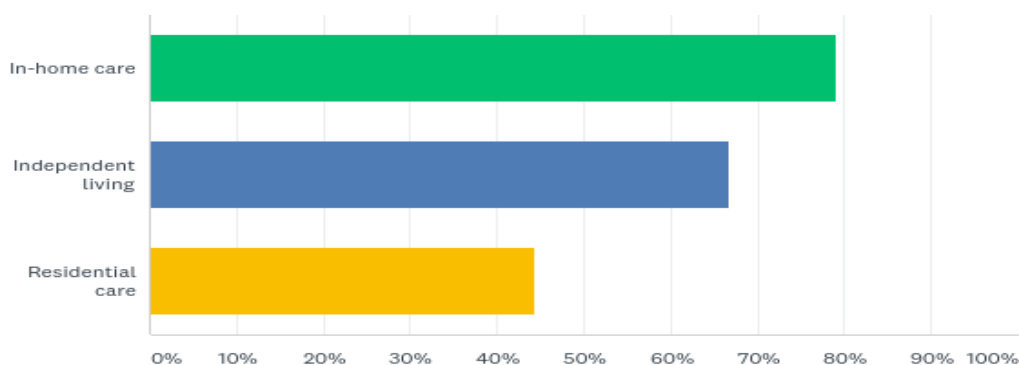


ANSWER CHOICES	RESPONSES	
Yes	68.06%	49
No	31.94%	23
TOTAL		72

**Other services wanted (summary)**

- To have available: Nurse practitioner, psychiatric services, dietician (not diabetes-related), physiotherapy pool/hydro pool, residential aged care, sports classes, yoga, dental, audiology.
- To have more readily available: Health promotion/preventative health services (mentioned by 38%), GPs, aged care services, exercise classes, outreach help, transport for people with disabilities, respite care, in-home palliative care, meals on wheels, home help, home maintenance.

**Q6. What aged care living options would you like to have available ON Bruny Island?**

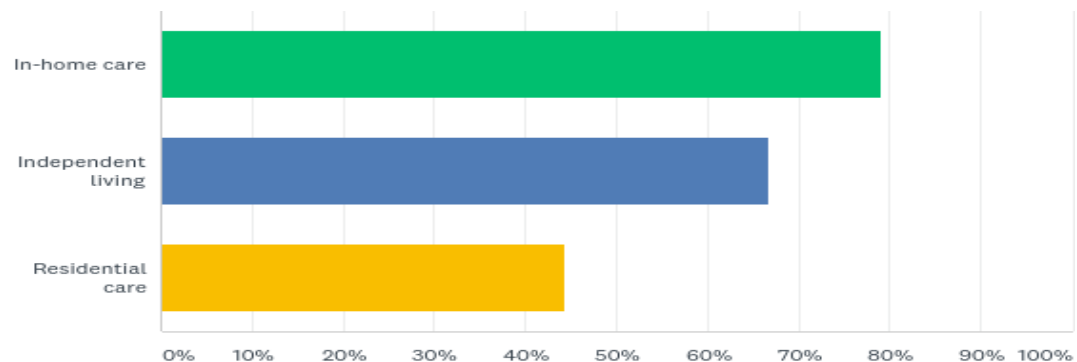


ANSWER CHOICES	RESPONSES	
In-home care	79.17%	57
Independent living	66.67%	48
Residential care	44.44%	32
Total Respondents:		72

### Aged care living options (summary)

- In-home care (mentioned by 78%), independent units with care available as required, residential care, palliative care, home nursing, respite care, transport, social activities, better transport/bus service, elderly care retirement village, small nursing home/convalescent hospital, nursing outreach, personal care, home maintenance, dementia care facility.

### Q7. What palliative care/end-of-life care options would you like to have available on Bruny Island?



### Comments summary

- Strong preference for in-home palliative care (84%), home help, palliative care nurse, home care, nursing, social service support, registered paramedic/nurse for pain relief, GP to administer pain relief, small hospital staffed by local nurses, meals on wheels, to have an option..., friends/family close, hospice, a pill, medicinal cannabis, die peacefully without intervention, a comfortable bed in the sunshine, assisted euthanasia, something like the Whittle Ward, leave island to be closer to family.

### Q8. Do you feel connected to the Bruny Island community?

ANSWER CHOICES	RESPONSES	
Yes	85.19%	69
Somewhat	13.58%	11
No	1.23%	1
TOTAL		81

### Comments summary

- Strong community connections, social fabric, welcoming community, lots of groups to join and activities on offer, volunteerism, feelings of safety, neighbours looking out for each other.

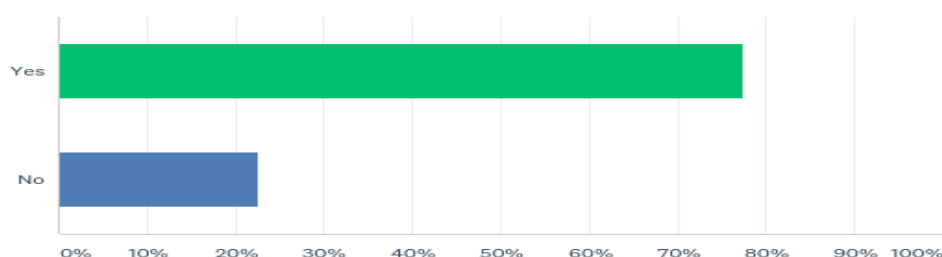
### Q9. Would you like to feel more connected to the Bruny Island community?

ANSWER CHOICES	RESPONSES	
Yes	30.43%	21
No	69.57%	48
TOTAL		69

#### Comments summary

- Most (almost 70%) indicated they were connected enough already. Transport noted as an issue.

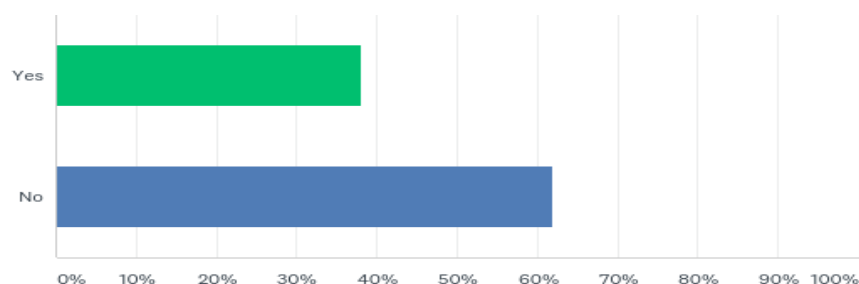
### Q10. Are there any community facilities/activities that you would like to see on Bruny to assist people to connect with others as they age?



#### Comments summary

- Better transport (community car, community bus, uber-style system) noted by 46%, revamped Alonnah Hall, table tennis, snooker, help with technology, permanent location for food coop, more activities for older people, Neighbourhood house, bistro, book shop, informal meeting places, dancing, music classes, indoor heated pool, online special interest groups.

### Q11. Do you provide any care and support to older people on Bruny Island?

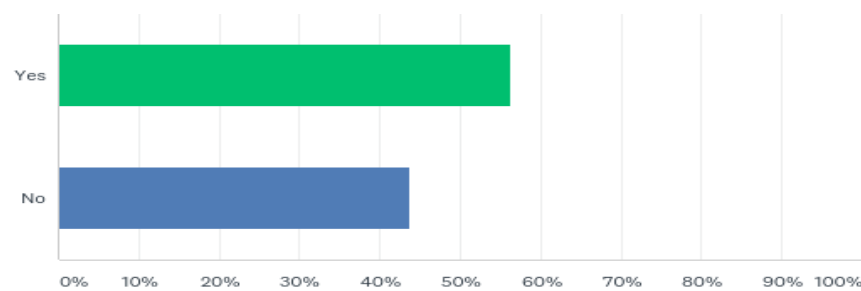


#### Comments summary

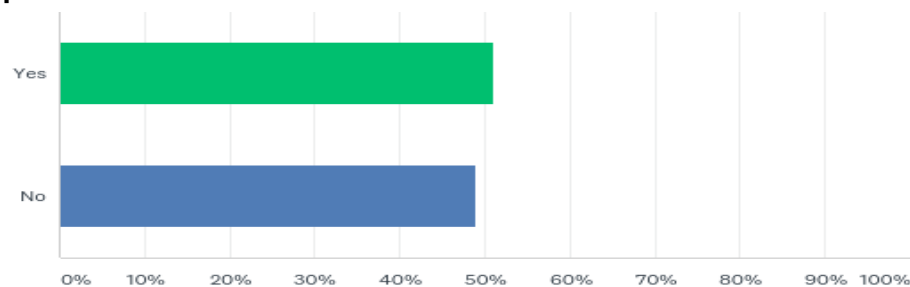
- Informal care and support for family, neighbours, friends; volunteering with BIRCH, community transport, etc.



**Q12. Do you have family/friends on Bruny that would provide you with care and support if you needed it?**



**Q13. Do you think there is enough informal support available on Bruny for older people who need it?**



**Comments summary**

- Unsure (32%), some formal support is essential, support for those getting older always needed, drop-off in volunteers, some people isolated & won't ask for help, need stronger community support networks to organise visits in home, need clearer access to aged care services, neighbours support each other, caring community.

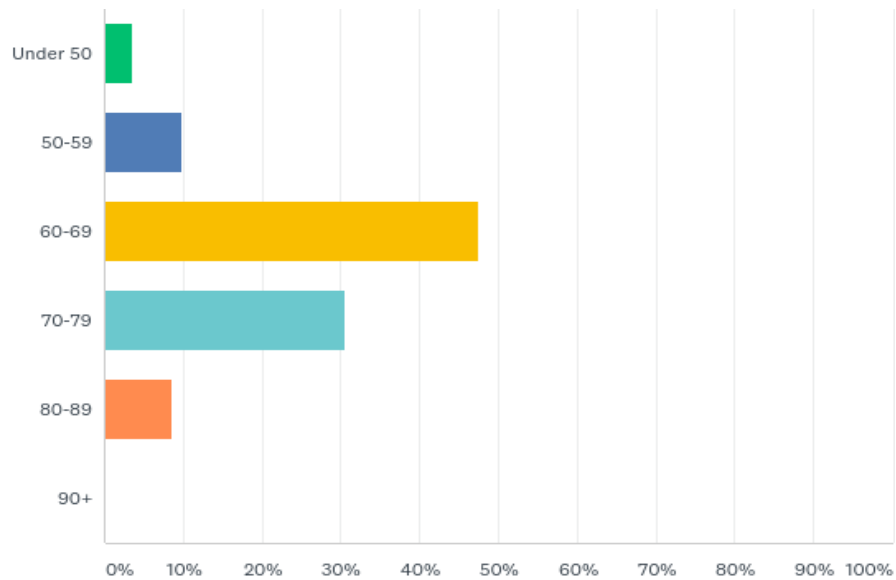
**Q14. Do you have any other ideas about growing older and dying well on Bruny?**

**Comments summary**

- Needs - home visiting service to check on single older people, more aged care units, proactive care, medicinal cannabis, on-Bruny administration of aged care, a well-staffed small hospital, choice of dying with dignity at home, retirement village, better coordinated health service, permanent doctor, supported retirement villas, in home care, to be independent as long as possible, cold plate to enable family to spend more time with the body when someone has died, GP continuity, public transport, carers health staff skilled in palliative care, voluntary assisted dying legislation, dementia care.

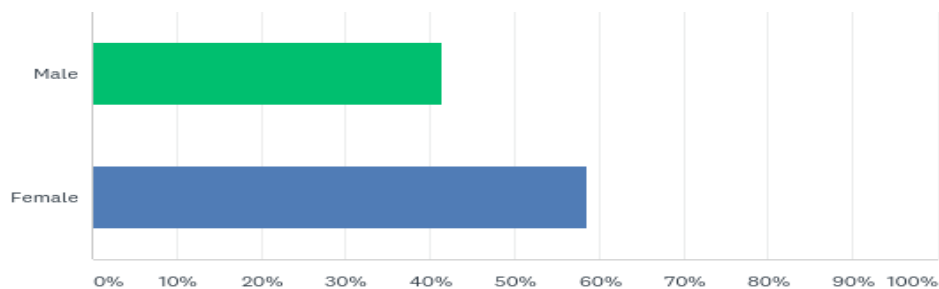
## Profile of respondents

### Age

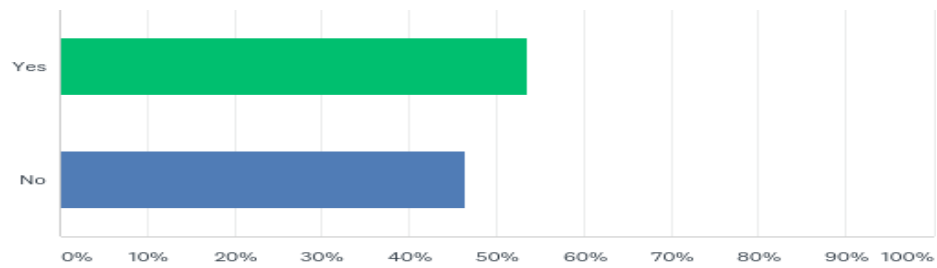


ANSWER CHOICES	RESPONSES	
Under 50	3.66%	3
0-59	9.76%	8
60-69	47.56%	39
70-79	30.49%	25
80-89	8.54%	7
90+	0.00%	0
TOTAL		82

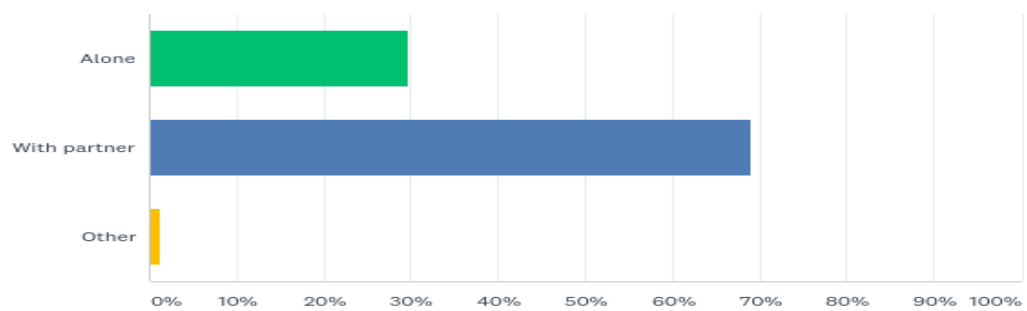
### Sex



## Government pension

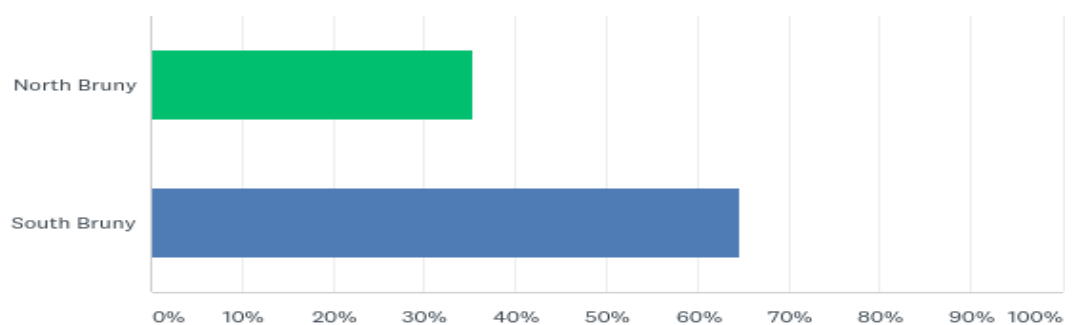


## Living arrangements



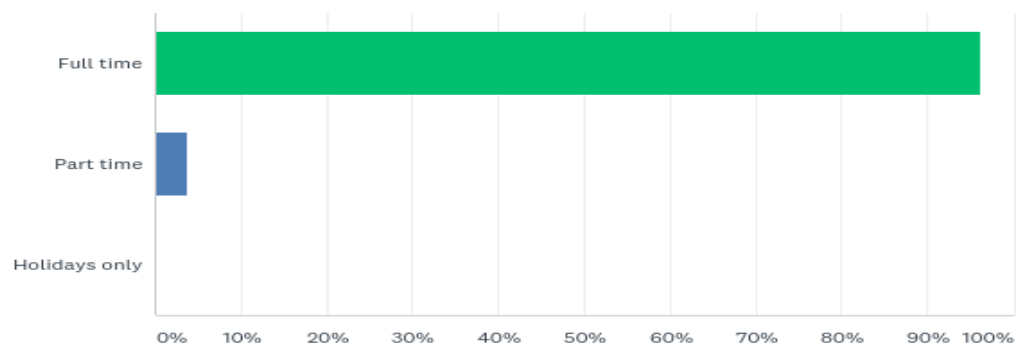
ANSWER CHOICES	RESPONSES	
Alone	29.63%	24
With partner	69.14%	56
Other	1.23%	1
TOTAL		81

## Location



ANSWER CHOICES	RESPONSES	
North Bruny	35.37%	29
South Bruny	64.63%	53
TOTAL		82

## Residency



ANSWER CHOICES	RESPONSES	
Full time	96.30%	78
Part time	3.70%	3
Holidays only	0.00%	0
TOTAL		81