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Communities of Care:

A strategy to build the capacity and capability of all Tasmanians in palliative care

2016 – 2019

(DRAFT FOR FEEDBACK, AUGUST 2016)

Department of Health and Human Services

Tasmanian
Government

Title:	Communities of Care: A strategy to build the capacity and capability of all Tasmanians in palliative care 2016 -2019 (Draft,V.01, August 2016)
Summary:	This document provides a workforce development strategy and action plan for the Tasmanian palliative care sector.
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Contact:	Director, Community Strategy and Planning Planning, Purchasing and Performance, Department of Health and Human Services. Private Bag 1063, Launceston, TAS 7250 Phone: (03) 6777 2994
Applies to:	This policy strategy applies to all DHHS and THS staff, health and community service providers, the Tasmanian community and other groups, organisations and individuals with a commitment to ensuring timely access to palliative and end of life care in Tasmania.
Audience:	Tasmanian Community, community groups/organisations, health and community service providers, researchers, policy makers and Government.
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Foreword

This strategy recognises that everyone has a role to play in palliative care, death, dying and bereavement. We are all part of the 'palliative care workforce'.

Whilst clinical expertise may be a necessary part of palliative care, clinicians and health services alone are insufficient to address the needs of people with life limiting conditions and their families. Quality of life at the end of life is reliant not only on high quality clinical care, but also on the strength of our communities, our personal networks, family members, volunteers, and neighbours. Informal supports and community networks play key roles in meeting the physical, social, emotional, and cultural needs of people at the end of life.

The strategy sets priorities and key actions that aim to ensure that Tasmania has a skilled, responsive, confident, competent and sustainable palliative care workforce into the future.

The Communities of Care strategy and action plan has been developed in consultation with members of the Tasmanian community and its service providers. A Palliative Care Workforce Development Reference Group was established to guide the development of the strategy. All are thanked for their time, guidance and contributions to the development of the Communities of Care Strategy.

Introduction

Communities of Care: A Strategy to Build the Capacity of all Tasmanians in Palliative Care 2016-19 provides a future pathway to enhance and build palliative care capability, confidence and skills in Tasmania. This strategy has been developed as part of the Australian Government funded Better Access to Palliative Care (BAPC) program (2013-2016), which has been working to improve access to community based palliative care in Tasmania.

The BAPC program has brought considerable focus to palliative care at both a system and service level and has been delivered using a whole of community approach, including system, service and community development approaches and initiatives. The need to enhance and build palliative care capability and capacity has been identified by the BAPC program as critical to ensuring the quality and sustainability of palliative care in Tasmania.

The Strategy has been developed to:

- provide a strategic direction for the development of the palliative care workforce (our communities of care) in Tasmania including the identification of priority areas for action
- build the capacity of communities of care to deliver palliative care and the uptake of the palliative approach
- build a sustainable palliative care workforce (communities of care) into the future by embracing innovative and self-sustaining approaches to workforce development
- strengthen the coordination and collaboration of palliative care networks and linkages

The *Communities of Care Strategy* recognises that all Tasmanians have a role in palliative care. It is anchored in the compassionate communities approach that emphasises a whole of community responsibility for palliative care. This approach recognises that good quality palliative care is provided by a community of care that creates a circle of support around the dying person, their carers, family and friends. A community of care is inclusive of both formal and informal support networks (paid and unpaid) and acknowledges and values the potential, skills and resources that exist in our community.

If we are to support our communities of care we need to create and promote access to opportunities to equip every Tasmanian to fulfil their role as part of a caring network. This requires a paradigm shift and the adoption of a capacity building approach that is inclusive and moves away from traditional workforce development strategies that focus only on the paid workforce.

Communities of Care: A Strategy to Build the Capacity of all Tasmanians in Palliative Care 2016-19 establishes eight priority areas, each of which is supported by a number of key actions. Consideration has been given to the application of these priority areas and key actions to the community of care, with the adoption of the public health levels of intervention, universal (applicable to the entire community), targeted and selective.

By adopting a capacity building approach that is inclusive of the community we aim to strengthen our communities of care and provide compassionate and supportive palliative care to all dying persons and their families in Tasmania.

Areas for consideration in developing the strategy

The Communities of Care Strategy is informed by current national and state palliative policy priorities and strategies, as well as contemporary knowledge and evidence about best practice in palliative care and workforce development. The strategy also builds on learnings from palliative workforce and community capacity building activities currently occurring in Tasmania. It has been informed by broad consultation with the Tasmanian community and health and community service providers and local community organisations.

What is already occurring- policy priorities and workforce development and capacity building activities

Policy Priorities

At a national level the development of the National Palliative Care Strategy 2010 by the Australian Government and the work of Palliative Care Australia are central to the directions for Tasmania in building the capacity of our communities of care.

The following key policies have informed the development of this strategy:

- The National Health Workforce Strategic Framework developed by the National Health and Hospital Reform Commissions (NHHRC);
- Australian Commission on Safety and Quality in Health Care *National Consensus Statement: essential elements for safe and high quality end of life care*;
- National Palliative Care Strategy and Standards;
- Palliative Care Australia Policies and Standards;
- Palliative Care Australia Positon Statement: Workforce for Quality care at end of life;
- DHHS Strategic Framework for Health Workforce 2013-18;

Workforce development and community capacity building activities

There is currently a wide range of activities, information, online professional development modules and training resources to support the work of the palliative care sector. In developing this strategy it was important to understand and recognise what is already occurring and to draw and build upon these activities. This strategy does not aim to replicate what already exists, but provides a framework to ensure available resources are systematically and strategically utilised to their full potential. A number of examples of current palliative care initiatives including specific Tasmanian activities are described below:

- Palliative Care Australia website and resources
- Palliative Care Education and Training Collaborative
- Caresearch palliative care knowledge network
- PCC4U Palliative care curriculum for undergraduates learning module and training support
- Palliative Care Online Training;
- Decision Assist Applications, online training and clinical resources;

- Palliative Care Guidelines for the Aged Care Sector and online training;
- PEPA: Program of Experience in the Palliative Approach;
- Palliative Care Tasmania community information and health and community service training and education activities (Tassie Talks Death Community Forum; Dying to Know Expo; Advance Care Planning; Bereavement; Cultural Diversity);
- Palliative Care Tasmania community development activities (Paper Garments from the Grave; Community Grants);
- Primary Health Tasmania, Palliative Care Health Pathways;
- BAPC funded and evaluated workforce models within Specialist Palliative Care teams (Rural General Medical Specialist, Nurse Practitioner, Registered Nurse Clinical placements and allied health roles)

The Better Access to Palliative Care Program

As part of the Tasmanian Health Assistance Package (THAP) the Australian Government funded the Better Access to Palliative Care (BAPC) project over 4 years, to strengthen palliative care services in Tasmania. The objective of the project is to increase Tasmania's capacity to provide access to community based palliative care for people with life limiting illness, nearing the end of their life.

The BAPC program has been driven by a collaborative partnership between the Department of Health and Human Services (DHHS), Tasmanian Health Service (THS), the District Nurses (TDN) and Palliative Care Tasmania (PCT) with a focus on innovation and development of palliative care at a system, service and community level. In delivering this program of work there has been a significant focus on service and workforce development and community capacity building.

As part of this program the Department of Health and Human Services (DHHS) and the Tasmanian Health Service (THS) trialled new and innovative workforce models. This included rotational and training models to build primary and specialist providers' knowledge and skills and support workforce sustainability of specialist palliative care services.

The development and implementation of the hospice@HOME program by The District Nurses has also facilitated the development of palliative care knowledge and skills across a range of health and community service organisations. Through brokerage arrangements, core knowledge and skills in the palliative approach to care have been established and a large proportion of the community sector workforce has had the opportunity to build their capacity and capability in this area.

Palliative Care Tasmania (the peak representative body for hospice and palliative care in Tasmania) has also delivered a range of community education and development activities. These have included community education and awareness raising campaigns, advocacy, professionals, volunteer and carer training, health promotion and community development.

Collectively the work of BAPC program partners has identified a number of workforce development issues and opportunities have been identified:

- Building an understanding that palliative care is everyone's business, requires inclusive and shared approaches
- There is a need to equip the workforce (paid and unpaid) to address the physical, psychological, emotional, cultural and spiritual needs of the person dying and their families.

- Local communities are organising themselves to meet the palliative care support needs of their community members and are receptive to information and messages about palliative care.
- Entry-level training and ongoing professional development needs to be a key component of workforce development
- Competency-based objectives are needed for palliative care professionals.
- Volunteer and community focused training and development are critical to enabling community capabilities and capacity.
- Working together is critical and requires good communication.
- Collaborative practice, consultation and liaison and shared care essential for quality palliative care.
- There is an over-reliance on the role and ability of health care professionals and the service system to initiate discussions and address end of life issues and needs.
- A public health approach to the provision of palliative care is required
- Greater recognition and clarity of roles of everyone who is involved in providing palliative care is required
- There is a need for a greater focus on self-care and to better support and sustain the palliative care workforce

The challenge of sustainability

The need to explore new approaches to service and workforce development, planning and sustainability in health and community care and indeed palliative care is being driven by:

- the increasing number of complex disease patterns,
- an aging population,
- increasing consumer demand for services and
- increasing economic pressures.

In most parts of the western developed world including Tasmania, people are living longer, are more likely to develop one or more chronic diseases, and are more likely to die following a period of progressive deterioration over months or years. This means that there is increasing contact with health care providers and more significant medical decision points placing unsustainable strain on the health and community care system as a whole.

Workforce innovation, greater community engagement and participation, inclusive community partnerships, self- agency in health care, building community resilience and support structures and an emphasis on community development and capacity building are critical to achieving more sustainable approaches to heath and community care.

A need for workforce innovation to ensure sustainable systems of care

In order to meet broad health and community sector challenges greater innovation in workforce is needed to meet the growing and changing palliative care needs of our community. Across Australia the declining workforce has become a key driver for workforce innovation. Recent trends include expanded scopes of practice, new roles and specialisation, as well as reorienting the workforce to a more consumer-centric focus.

Communities- unlocking potential

The growing demand on the health and community service sector system is not sustainable. Over time the evolution of public and government services has seen the emergence of health, community and professional services as the providers of palliative care. This is leading to a deskilling of our communities in relation to the care and support of the dying and bereaved (Wegleitner, Heimerl & Kellehear, 2016).

There is a need to reorientate palliative and end of life care back to the Tasmanian community. This will empower those that are affected by life limiting conditions to take ownership and control of what they and their loved ones and carers require for end of life care.

Whilst clinical expertise may be a necessary part of palliative care, clinicians and health services alone are insufficient to respond appropriately to the situations of death and dying. A change in the public perception of and participation in palliative care is crucial to improve the uptake of services, empower individuals and their families, and to engage the community in palliative and end of life care (McIlfatrick et al 2014).

In the United Kingdom there has been an increasing move towards 'Big Society'- a society that makes the most of its assets to meet needs (*Skills for Care, Capable, Confident, Skilled- A Workforce development strategy for people working, supporting and caring in adult social care, 2011*). This approach has seen an emphasis on recognising and supporting the valuable contribution our communities make to the care and support of community members. Consequently, workforce strategies have broadened their focus with an emphasis on neighbourhood workforce planning and the development and strengthening of local support networks.

Inclusive approaches and partnerships

In Tasmania palliative care has largely been seen as provided by specialist palliative care services. This is despite the fact that a large proportion of palliative care is delivered by aged and community service providers, community nurses, community organisations, carers and volunteers. There is a clear need to broaden our understanding of what and who is involved in providing quality palliative care.

Informal community supports are critical to high quality person-centred palliative care. Service providers must recognise and work more inclusively with carers, family members, volunteers, community groups and organisations. Greater recognition of the knowledge and experience of carers and volunteers is also required. Volunteering is important and makes a significant contribution to the support and services available; it also strengthens local communities and their capacity for self-help.

An inclusive approach that connects and integrates formal and informal care networks that are part of communities of care is critical if we are to meet the needs of the dying person and their families and to provide appropriate, accessible and sustainable palliative care in Tasmania.

Community Development and Capacity Building

There is growing evidence to support the importance of community development and community engagement initiatives in palliative and end of life care (Sallnow & Paul 2014, Horsfall et al 2012, Mills et al 2015). Health-promoting palliative care initiatives serve to develop skills, knowledge and capacity in communities and support coping and resilience in the face of death, dying and loss. These approaches minimise associated harm and support healthier societal attitudes to these issues (Sallnow & Paul 2014).

Community development and capacity building strategies are inclusive of the entire community and raise awareness and build community understanding and engagement. They also harness and develop community resilience and capacity to care for its own.

A new approach

As the demand for palliative care increases and cost pressures in the health and community system continue to grow there is a need to explore more sustainable approaches to meet palliative care needs in our community. A community based approach that is inclusive, recognises that palliative care is everyone's business and values the 'communities of care' that already exist in our local communities is required.

By broadening our focus beyond the traditional structures that define workforce and taking a community capacity building and development approach we are harnessing and linking the formal and informal care networks that exist in our communities. The key to sustainable and high quality palliative care in Tasmania is building and strengthening our Communities of care.

The Purpose of the Strategy

This strategy adopts a communities of care approach. It seeks to enhance and support the 'communities of care' that surround the dying person and their family. It aims to build capacity in individuals and the community, supporting them to respond to the experience of death, dying and bereavement.

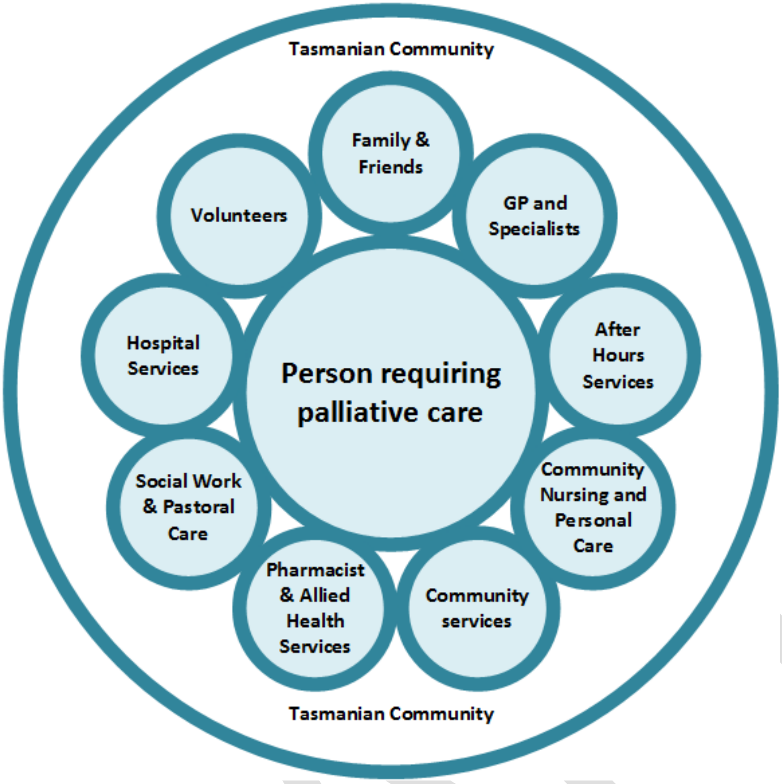
The concept of 'communities of care' acknowledges the role and value of the informal and formal networks of care and the natural support and helping structures that exist in our communities. *Communities of Care* outlines community development and capacity-building strategies that support the ongoing development of knowledgeable, skilled and capable communities of care.

Who is involved in Tasmania's Communities of Care?

The strategy recognises that palliative care is everyone's responsibility. Communities of Care include all of us: hospitals, health care professionals, volunteers, social networks, clubs, neighbours, local organisations, faith groups, local businesses or people living in a particular area. Most importantly, it includes families, carers and local communities. By working together in partnership, communities of care can support the dying person, in the place of their choice, and to help families and friends with bereavement and loss.

Tasmanian Communities of Care are best represented by the Palliative Care Circle of Support, developed in collaboration with palliative care stakeholders and the community.

Figure 1: Palliative Care Circle of Support



The circle of support is inclusive and represents:

- **The community** – everyone, at some point will be touched by death and dying through the death of a loved one and ultimately their own death.
- **Health and community service providers and organisations** – many people in the health and community workforce provide palliative care. This includes those who are working in primary and acute health settings. Health and community service organisations have an important role to play in palliative care.
- **Palliative care service providers and organisations** – This includes organisations and services dedicated specifically to the provision of palliative care. It is inclusive of paid and unpaid professionals, carers and volunteers who are providing intensive palliative care support.

What underpins this strategy

The strategy is underpinned by a three key concepts shown in the figure below and described in the following discussion.

Figure 2: Key concepts underpinning the strategy

The Palliative Approach

Palliative care in Australia is aligned with the approach advocated by the World Health Organisation. Palliative care addresses the quality of life of people who have life-limiting illnesses and their families by identifying, assessing, and addressing physical, psychosocial, and spiritual concerns. It does not attempt to shorten or lengthen life. Palliative care is also appropriate for those who are becoming increasingly frailer because of advanced age or chronic debilitative disease or disability. The palliative approach to care places emphasis on improving the quality of living by addressing the needs and preferences of people as they die and providing bereavement support for families. A positive, realistic and open attitude towards death and dying underpins the philosophy of the palliative approach

The palliative approach underpins all aspects of this strategy.

Compassionate Communities

The concept of compassionate communities draws on the ‘compassionate cities’ work led by Allan Kellehear (2005). It is informed by community development, health promotion, and public health philosophies that emphasise that palliative care is the responsibility of a community as a whole.

Compassionate communities are communities which can support all of us to live as well as possible to the very end of our lives. Compassionate communities:

- Accept death and dying as a normal part of life;
- Recognise that caring for the dying is not just a task for health services, but is everyone’s responsibility;
- Provide supportive environments, systems and policies that enable people requiring palliative care to remain connected to and supported by their families, communities and natural supports;

- Mobilises personal, public and community resources to provide palliative and end of life care;
- Respect and respond to the needs and wishes of the dying person, providing as much choice and control as possible to support a person to have as good a death as possible;
- Provide holistic care for the dying including addressing the social, physical, psychological, cultural and spiritual aspects of care for the person and their families; and
- Recognise that the care and support needs of the dying cannot be met by medical and health services alone, but require a partnership approach between health care providers, families, carers and the broader community.

The Public Health Approach

The public health approach sees health as the responsibility of society as a whole. It has been widely accepted across a range of different disciplines in health, education and welfare, particularly in those areas where social determinants are a key risk factor to outcomes. This public health perspective, also known as health promotion, involves a commitment to prevention, harm reduction, early intervention, sustainability, as well as to methods such as community development, developing partnerships, and education.[1]

In public health three intervention levels are recognised:

- Universal interventions are those interventions for the whole population.
- Targeted interventions are focused on groups who are at high risk.
- Selective interventions which is focused on people with complex symptoms who require specialist care

The figure below shows how these levels of intervention relate to palliative care. In practice, communities of care will need to be able to support a person's needs and requirements that will span across these levels of intervention.

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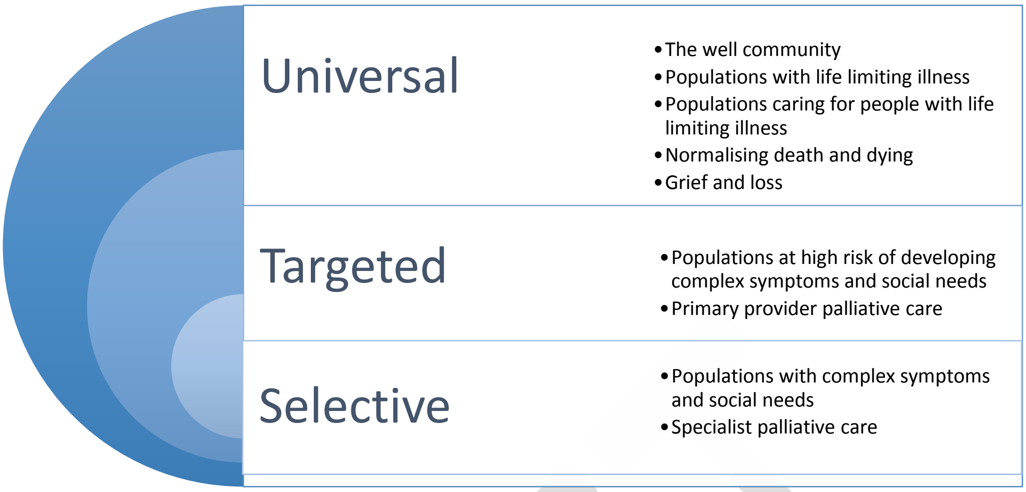
[1] World Health Organisation definition of public health approach

Figure 3: Three levels of intervention in the public health approach



Source: Adapted from BAPC, 2015 Discussion Paper V5 Revisiting the Tasmanian Palliative Care Model of Service Delivery p10

The public health approach to end-of-life care which has developed over the past decade recognises the need for inter-sectoral involvement towards addressing the social, psychological, spiritual and broader human needs associated with death, dying and loss, and recognises death and dying as a natural part of life. This approach to palliative care calls for strengthening community action, creating supportive environments, and reorienting health services and public policies to reflect the needs of the dying and bereaved[2] as well as enhancing the natural helping structures that exist within the community.

The wider adoption and embedding of this approach in Tasmania has potentially profound implications not only for the definition of and inclusiveness of the palliative care workforce and 'communities of care', but also in terms of the role of the workforce and care and support of clients to best meet their needs and requirements. The approach seeks to strengthen informal and formal supports to better meet client needs and requirements, with implications for better use of limited funding and skilled resources, and potential to reduce hospital admissions.

By taking a public health approach, this strategy aims to provide the skills and resources needed by all those involved in the circle of support. The relationship between the three levels in the public health approach and people in the circle of support is shown in the figure below.

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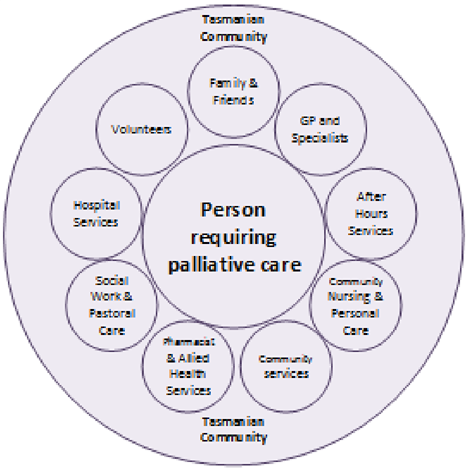
[2] CareSearch: Public health palliative care (Health Promoting palliative Care) http://www.caresearch.com.au/caresearch/tabid/1477/Default.aspx

Figure 4: Application of the public health approach to circle of support

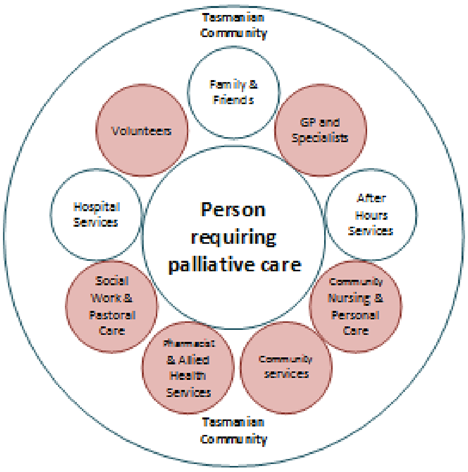
Universal

- The information available to the entire community to improve understanding about palliative care and death and dying
- This includes: the general community, community services, as well as everyone receiving targeted and selective supports



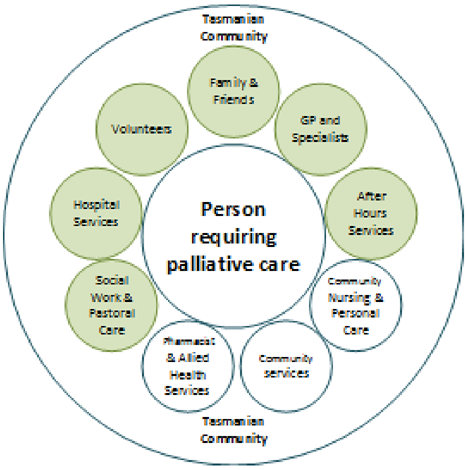
Targeted

- The Information and skill development available to people who regularly provide support to people with palliative care needs but not in a specialist palliative care capacity.
- This includes but is not limited to: GP's and other health care professionals, hospital staff, community services



Selective

- The information and skill development available to people with specific palliative care responsibilities
- This includes: palliative care volunteers, Specialist Palliative Care Teams, After Hours Palliative Care services



How the strategy was developed

This strategy has been informed by a comprehensive literature review and consultations across Tasmania. Consultations included regional forums, focus groups, a stakeholder survey and targeted interviews with key stakeholders. The consultations reinforced the evidence emerging in the literature and contemporary approaches to palliative care.

Based on the findings of the literature review and consultations, eight priority action areas for 2016-2019 have been identified.

Priority areas for action

Priorities

- Priority Area 1: Build skills in communities of care so they are able to talk about death, dying and bereavement
- Priority Area 2: Implement strategies that support and sustain our communities of care into the future
- Priority Area 3: Build the capacity and capabilities of carers, volunteers and community support networks
- Priority Area 4: Further develop, connect and co-ordinate palliative care skills development opportunities
- Priority Area 5: Develop knowledge and skills to work collaboratively
- Priority Area 6: Develop palliative care leadership capabilities and encourage research, innovation and continuous improvement
- Priority Area 7: Develop capacity and capabilities in cultural competency and diversity to meet the needs of specific populations
- Priority Area 8: Strengthen and connect communities of care in rural and remote areas of Tasmania

Key actions to address each of the priority areas are outlined in the Communities of Care Action Plan.

Communities of Care:

Action Plan

Priority Area 1: Build skills of communities of care so they are able to talk about and support people to plan for death, dying and bereavement

Palliative Care Australia (PCA), reports that whilst 82% of Australians think it is important to talk to their family about how they want to be cared for at the end of their life, only 28% have done so[3] There is often reluctance in the community to discuss death and dying, yet research suggests that the absence of these conversations can cause distress and negative health effects for bereaved individuals4. There is a perception that palliative care is only terminal care. As a result, many are not actively aware and engaged in planning and preparation for the end of life.

Skills to talk about death and dying and being able to support people to plan their care were seen by stakeholders as core skills for everyone involved in our communities of care. Community acceptance of death and dying will assist to improve awareness about palliative care and the services and supports available to those who need them. This in turn can contribute to a better quality of life at the end of life.

Key Actions	Focus
1.1 Develop and provide opportunities that equip people to talk about death, dying and bereavement	Universal Targeted Selective
1.2 Develop and provide training in the palliative approach	Universal Targeted Selective
1.3 Develop resources and implement strategies to develop skills in Advance Care Planning*[5]	Universal Targeted Selective
1.4 Develop resources and implement strategies to develop skills, knowledge and confidence in relation to the completion and implementation of Medical Goals of Care*	Targeted Selective
1.5 Build knowledge and skills about the breadth and scope of palliative care	Universal Targeted Selective
1.6 Implement strategies to develop skills and knowledge in bereavement care*	Universal Targeted Selective
1.7 Promote and support the Tasmanian Palliative Care Community Charter	Universal Targeted Selective

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[3] Dying to Talk, Palliative Care Australia, http://dyingtotalk.org.au/discussion-starter/).

[4] McNamara & Rosenwax, 2010 cited in Allan & Watts, 2012 *Promoting Health and Wellbeing at the end of life: the contribution of care pathways* International Journal of Palliative Nursing Vol. 18, No. 7

[5] DHHS through BAPC is progressing a policy initiative in relation to end of life care that will include approaches to building community awareness and support for end of life care, including bereavement support. Several initiatives proposed within the Communities of Care strategy will also be progressed through the BAPC end of life initiatives

Priority Area 2: Implement strategies that support and sustain our communities of care into the future

There are increasing demands on health and community services. This has implications for palliative care now and into the future. Current service approaches are unsustainable. To build sustainable communities of care new approaches are needed that emphasise that palliative care is a whole of community responsibility.

Key Actions	Focus
2.1 Build understanding and encourage active engagement in communities of care	Universal Targeted Selective
2.2 Foster whole of community approaches to palliative care that connect formal and informal networks	Universal Targeted Selective
2.3 Continue to support initiatives that recognise and value the roles of primary care as key providers of palliative care	Targeted Selective
2.4 Encourage and promote palliative care as core business for all health and community services.	Targeted Selective
2.5 Provide incentives for professionals to take up palliative care careers and roles	Targeted Selective
2.6 Promote succession planning and incentives to sustain specialist palliative care.	Selective
2.7 Implement strategies that support and maintain the wellbeing of communities of care.	Universal Targeted Selective

Priority Area 3: Build the capacity and capabilities of carers, volunteers and community support networks

Most of what occurs for people, including palliative care, dealing with illness and bereavement, occurs without the direct involvement of services. Informal care networks comprised of family members, volunteers, community organisations, neighbours and civic groups are integral to a person's quality of life in the face of life-limiting illness. The care and support needs of the dying person and their family cannot be met by medical and health services alone. A partnership approach between health care providers, families, carers and the broader community is needed.

Key Actions	Focus
3.1 Provide training and resources to equip the volunteer workforce with the skills and knowledge required to fulfil their role as integral members of communities of care	Universal Targeted Selective
3.2 Encourage and promote volunteer management practices to ensure volunteers are appropriately supported	Universal Targeted Selective
3.3 Implement strategies that celebrate and recognise the role of volunteers, informal carers and community networks in the delivery of palliative care.	Universal Targeted Selective
3.4 In consultation with community members, carers and palliative care volunteers, identify and implement practical strategies to support them in their caring roles	Universal Targeted Selective
3.5 Create and support networking opportunities for volunteers across the state, for example regular statewide gatherings	Universal Targeted Selective

Priority Area 4: Further develop, connect and co-ordinate palliative care skills development opportunities

There is a vast array of palliative care training, skills development and education opportunities. There is a need to be more strategic and systematic in our approach to palliative care skills development. This includes being clear about the skills and capabilities we expect of, and want our workforce to attain. Core skills identified during the consultations to inform this strategy included death literacy, person centred and person-led care approaches, psychosocial skills and high level communication skills.

Co-ordinated, competency based approaches are needed, along with team and organisational approaches that support skills development and organisational cultural change.

Key Actions	Focus
4.1 Explore strategies and incentives to promote the uptake of palliative skills development	Targeted Selective
4.2 Explore the development of core competencies (including personal attributes) for communities of care	Targeted Selective
4.3 Advocate for the development and implementation of a national palliative care core competency framework	Targeted Selective
4.4 Continue to support, promote, expand and leverage existing training opportunities, including opportunities for on the job training in palliative care	Universal Targeted Selective
4.5 Encourage participation in competency based training and other accredited skills development opportunities that promote translation into practice	Targeted Selective
4.6 Encourage education and training providers to ensure there is appropriate emphasis and inclusion of palliative care and the palliative approach in relevant curricula e.g. University undergraduate qualifications, VET training.	Targeted Selective

Priority Area 4: Further develop, connect and co-ordinate palliative care skills development opportunities (continued)

Key Actions	Focus
4.7 Encourage peak organisations and professional associations to incorporate a specific focus on palliative care standards and practice.	Targeted Selective
4.8 Explore opportunities for placement and exchange programs between primary care and specialists	Targeted Selective
4.9 Encourage opportunities for undergraduate placements in palliative care	Targeted Selective
4.10 Develop a statewide professional development program for SPCS including consultation-liaison skills	Selective

Priority Area 5: Develop knowledge and skills to work collaboratively

Stakeholders expressed concern and frustration with a fragmented and often disjointed service system. Knowing who is involved in a person's care, improving communication, being able to access accurate and reputable information, strengthening partnerships, clearly understanding each person's roles and responsibilities and having the right tools were all highlighted as key areas requiring attention. This is consistent with the literature that collaborative and integrated approaches are best practice n palliative care.

Key Actions	Focus		
5.1 Develop skills in navigating the service system including awareness of existing services, supports and referral pathways.	Universal	Targeted	Selective
5.2 Develop resources and implement strategies to develop skills in collaboration to support direct care		Targeted	Selective
5.3 Identify and implement strategies to improve multidisciplinary team work in the delivery of palliative care		Targeted	Selective
5.4 Promote existing palliative care information sources (Caresearch, PHT, DHHS/THS, PCA and PCT websites and resources)	Universal	Targeted	Selective
5.5 Source and implement a training package regarding information sharing, including privacy and confidentiality requirements		Targeted	Selective
5.6 Encourage liaison between services and promote opportunities for cross-organisation placements to foster improved understanding and to strengthen relationships between service providers		Targeted	Selective

Priority Area 6: Develop palliative care leadership capabilities and encourage research, innovation and continuous improvement

Leadership is important to support service development and to strengthen communities of care. Leadership has a key role in developing new approaches, driving innovation and fostering a culture of continuous quality improvement.

Key Actions	Focus		
6.1 Support the development of leaders in the palliative approach to care	Universal	Targeted	Selective
6.2 Identify and support the development of palliative care leaders, champions and advocates across a range of community and health settings (formal and informal)	Universal	Targeted	Selective
6.3 Identify and implement initiatives to celebrate, recognise and communicate good practice in palliative care	Universal	Targeted	Selective
6.4 Promote leadership and active participation of communities of care in continuous improvement activities	Universal	Targeted	Selective
6.5 Encourage and support ongoing research and evaluation in palliative care	Universal	Targeted	Selective
6.6 Develop and implement a palliative care clinical leadership program			Selective

Priority Area 7: Develop capacity and capabilities in cultural competency and diversity to meet the needs of specific populations[6]

Palliative care needs to be provided inclusively, equitably and respectfully to all members of our community.

Further work is required to ensure that our communities of care are equipped to provide care that is inclusive and responsive to the needs of particular groups and populations. Greater efforts are required to actively understand the cultural, social, spiritual, emotional, economic or personal experiences of people from diverse backgrounds and circumstances. We need to ensure that people with disabilities, Aboriginal communities, CALD communities, LGBTI community members, socially isolated and other vulnerable and marginalised groups in our community have access to care that is respectful, timely and appropriate. Further work is also required to equip our communities of care with skills to support children and young people with life limiting illnesses and their families. Greater understanding and skills to better support people with dementia and Alzheimer's is required.

Key Actions	Focus		
7.1 Work with special interest groups to better understand and meet their particular palliative care needs	Universal	Targeted	Selective
7.2 Review existing palliative care training and information resources to ensure the needs of specific groups are addressed	Universal	Targeted	Selective
7.3 Develop and implement strategies to proactively attract people from diverse backgrounds into palliative care		Targeted	Selective
7.4 Actively encourage an inclusive approach and participation of specific populations in palliative care	Universal	Targeted	Selective

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[6] The term "specific populations" is being used broadly here to include people with disabilities, CALD, Aboriginal, LGBTI communities, people with Alzheimer's and Dementia, children and young people

Priority Area 8: Strengthen and connect communities of care in rural and remote areas of Tasmania

The provision of, and access to, palliative care in some rural and remote communities can be a challenge in Tasmania. Many existing services are regionally based and may not have the resources or capacity to offer services to rural and remote communities. Many people express a desire to receive end of life care in their own community.

This priority action area identifies initiatives aimed at supporting and strengthening communities of care in rural communities to enable people to be cared for in their own community, if that is their choice.

Key Actions	Focus
8.1 Support initiatives that foster partnership and connect communities of care	Universal Targeted Selective
8.2 Explore initiatives that build capacity to deliver palliative care	Universal Targeted Selective
8.3 Encourage SPCS teams to provide consultancy-liaison, support and education to rural and remote areas	Selective
8.4 Develop skills in the use of technology and social media to improve access for rural communities to palliative care training, consultancy, advice and support	Targeted Selective