Care Finders Needs Assessment 2022

Submitted August 2022

Care Finders Needs Assessment - Main Draft

Population Health Planning & Insights

1. Narrative

Our process

The South Eastern NSW PHN (SENSWPHN) has taken a pragmatic approach to undertake this Supplementary Needs Assessment. This body of work continues the ongoing and comprehensive population health needs analysis and service gaps assessment that the PHN has been undertaking and continuously building on since the inception of the PHN program. This supplementary needs assessment has focussed exclusively on the wider topic of healthy ageing and the older persons cohort to incorporate the latest quantitative data from several sources, alongside a very focussed thematic analysis of qualitative data collated and sourced in recent years from ongoing stakeholder consultation, community and consumer inputs, specific expert opinions and lastly supplemented by insights from targeted consultation held with key stakeholders specific to the Care Finder program.

For SENSWPHN the key analytical pillar of this needs assessment was the **Needs Assessment Snapshot for Ageing**, which was a detailed report that accurately and relatively comprehensively quantifies several key variables that are estimated to be pivotal in understanding the relative health needs of older persons in SENSWPHN as well as outlining insights into the target population specific to the Care Finder program. The detailed critical summarisation of this document remains the initial step in undertaking data-driven and evidence-based health service planning for the catchment. This snapshot builds on SENSWPHN's **Population Health Profile** which is an ongoing and continuous body of evidence which is updated with more recent information and figures, as and when sourced and adapted from various reliable sources of data and is made publicly available by SENSWPHN here.

A complement to the above information asset/s was a thorough examination of our qualitative data collected over the years from a wide range of consultation and/or feedback and/or expert opinion data obtained from multiple sources which was undertaken. This enabled us to thematically assess topic areas specific to ageing and older persons as well as identify gaps in our knowledge which were then used to question and consult with key stakeholders with the sector. Guided by our existing evidence base, bespoke consultations sessions were conducted through four round table sessions held in mid July 2022. The consultations covered the following locations and were attended by multiple organisations including but not limited to healthcare service providers, aged care service providers, advocacy bodies, government agencies, local councils among others:

- Illawarra and Shoalhaven
- Eurobodalla and Bega
- Queanbeyan and Yass
- Goulburn and Upper Lachlan

The summarised thematic conclusions from these consultations were appended to the holistic summary insights from the aforementioned snapshot and existing qualitative insights to form the evidence backbone of the needs assessment (as outlined in the Outcomes Table in this report).

To develop a list of priorities, a strategic meeting was held at between Service Development & Performance Manager, Older Persons and the Director of Commissioning who utilised the summary of the key issues and themes collated by the Planning and Insights team in SENSWPHN based on the above-mentioned process along with obtainment of structured inputs on the priorities from the various governance layers of SENSWPHN by utilising the regular already established engagement arrangements with: -

- Clinical Councils,
- Community Advisory Committee,

- Aboriginal Health CEOs Advisory Group (comprising CEOs of the Aboriginal Community Controlled Health Organisations in the region),
- Strategic Alliance with both Local Health Districts within the catchment, and
- NSW Rural Doctors Network.

These confirmatory stakeholder inputs discovered through day-to-day gathering of intelligence as per usual meetings and regular liaison established by the organisation were summarised; while noting that not all statements in the prioritization section would necessarily translate into activities within the Activity Work Plan.

The Planning and Insights team captured all information from the above processes into the preliminary draft of this needs assessment report which were then reviewed by relevant SENSPWHN executives to be then considered as the Care Finders Needs Assessment for submission to the Department of Health (DoH).

After the submission has been concluded the Planning and Insights team at SENSWPHN will continue the ongoing cycle of assessing latest data and information and coordinating and/or undertaking stakeholder and community consultations to ongoingly make the information and evidence base for PHN planning richer and more comprehensive. It is estimated that alongside regular updates of key information assets such as the Population Health Profile; the team will keep collating and synthesising new evidence into planning insights and continually make annual updates to the core PHN needs assessment to stay as data/evidence informed in guiding all activity planning and service commissioning decisions of the PHN.

Our key data needs and gaps

We have attempted to incorporate a large volume of health service and epidemiological quantitative data as well as qualitative evidence to determine the priorities for our catchment; however, a few key data gaps need to be mentioned and acknowledged: -

- While most of the data used in this needs assessment has been sourced from several reliable sources; for many key indicators, the data at granular geographic levels was either unavailable or not published. This is partly due to privacy and confidentiality aspects of the relevant data but the lack of data for some very useful yet hard to capture issues is also a significant contributor to this data gap. Examples of these include service activity data for existing RACF occupancy at an LGA level, or HCP package utilisation data at an LGA level or data on the cohort accessing aged care services describing their demographic and/or socio-economic profile at an LGA level, among other such data gaps
- The target cohort of the Care Finder program is a very niche section of the population. *Vulnerable older persons who are eligible for aged care services and have one or more reasons for requiring intensive support to interact with My Aged Care or other community-based services*; is not a group that could be quantified through any available data. Therefore, the needs assessment has had to use proxies and look at data for potentially a wider cohort as well as rely on a lot of the qualitative information to assess the needs and barriers.
- The next level of service mapping including workforce-based capacity mapping, skill/service offering-based capacity mapping and accessibility mapping remains a gap. While national evidence bases such as aged care stockists and aged care service information has been used thoroughly to map the service types they still do not address the critical next steps of service gaps analysis. This needs wider national and collaborative PHN level investigation and

solution finding. A mapping of any existing aged care navigation support services in the catchment will need to be further investigated too.

- Data for several programs such as Assistance with Care and Housing (ACH) services were not made available to the PHN. Understanding of the existing ACH service delivery – client profile, population cohort gaps among others was unable to be done. And exploration of issues around service integration (if there are) between existing providers such ACH providers, aged-care providers and/or RACFs was also unable to be explored.
- The timeliness of release for validated aged care summary reports at the PHN level by AIHW GenAgedCare remains a key issue. At the time of this needs assessment the PHN level report that validly states RACF occupancy information was for 2020. These lags result in PHNs using historic / a little outdated data and / or using proxies from other related data as a guiding assumption rather than work on more time relevant local data to investigate service gaps / demand-supply imbalances.

Our comments or feedback

Through undertaking this needs assessment process, SENSWPHN has refreshed most of its evidence base around the wider topic of healthy ageing and also most of the specific topics around planning for the Care Finder service. This sets us up as well as we possibly can be (noting the aforementioned caveats around data) for activity planning and decision making with latest evidence.

The process has also enabled the SENSWPHN staff (beyond the Planning and Insights Team) to reflect on the already existing wide body of quantitative and qualitative evidence that exists which tells a consistent story to complement the local insights and understanding the PHN has had for ageing sector and has been demonstrated recently in the findings from the Royal Commission into Aged Care Quality and Safety. A logical, pragmatic and structured approach has therefore enabled us to undertake this task successfully in the short time frame provided yet with ample rigour and comprehensiveness.

2. Outcomes

A summary of outcomes in relation to all local needs identified in the SENSWPHN catchment in relation to care finder support

Local Needs Summary

Identified need	Key issue	Evidence	Evidence Source
Vulnerable people who are the targeted population of care finder support	Overall population structure of SENSW Catchment is indicative of an ageing population	20.6% of the population is aged 65 years and over with the figure being over 26% in Bega Valley and Shoalhaven and well over 30% for Eurobodalla. Regionally, 21.4% of the Southern NSW population is estimated to be aged 65 years and above compared to 20.2% for the Illawarra Shoalhaven. The Eurobodalla LGA has the highest figure in NSW state and one of the top 10 highest figures in Australia, for persons aged 65 years and above as a proportion of the total residential population.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Significant gap in the life expectancy between Aboriginal people and the non-Aboriginal population	• 4.8% of all Aboriginal people in the SENSWPHN catchment are aged 65 years and above • Only 1% of all persons aged 65 years and above identify as Aboriginal	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Population demographic predications are indicative of a growing ageing population	The population projections indicate an estimated 31.3% growth in persons aged 65 and over by 2030, with some LGAs in the catchment are projected to have higher than NSW state relative growth with the projection figure being around 54.5% and over 46% for some regions.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	High rates of death from chronic conditions	While SENSWPHN catchment specific data is not publicly available, using Australian national data it is noted that chronic conditions including lung cancer, coronary heart disease, COPD, Dementia including Alzheimer's disease, and cerebrovascular disease form the top causes of death for persons aged 65 years and over in Australia.	Needs Assessment Snapshot for Ageing[i]

Identified need	Key issue	Evidence	Evidence Source
Vulnerable people who are the targeted population of care finder support	Significantly high rates of suicide among older men aged 85 years and over	While the data grossly shows that suicide affects every demographic group; persons aged 65 years and over account for 16.4 % of all suicide deaths in Australia. Alarmingly, the death rate from suicide is highest among men aged 85 years and over with an age-standardised death rate of 36.2 per 100,000 population.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	High self-reported prevalence of chronic conditions	Over 60% of people aged 65 and over in the SENSWPHN catchment are reported to have one or more long-health term condition, with rates highest in the Goulburn-Mulwaree, Shoalhaven, Shellharbour, Wollongong and Upper Lachlan Shire LGAs. Certain conditions including arthritis; heart disease; and diabetes have a significantly higher burden than other long-term health conditions.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Escalating impact of mental and behavioural disorders as main long-term health conditions.	The proportion of older persons in Australia with a mental or behavioural disorder as a main long-term health condition is increasing with age. This is largely due to rates of Dementia and Alzheimer's increasing with age. Recent estimates suggest that as of the year 2021, an estimated 15,058 persons in the SENSWPHN catchment had dementia. This figure is projected to grow by 70.8% by the year 2058 to 25,715 persons with dementia within the SENSWPHN catchment. It can be assumed that persons aged 65 years and over would account for most of these figures	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Concerning projected growth in some long-term and debilitating conditions, including chronic pain.	Recent estimates suggest that as of the year 2020, an estimated 87,993 persons in the SENSWPHN catchment suffered from chronic pain. This figure is projected to grow by 23.6% by the year 2050 to 108,745 persons with chronic pain within the SENSWPHN catchment. It can be assumed that persons aged 65 years and over would account for most of these figures. This is expected to have a very high burden on the health and social service needs for the affected persons.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	High prevalence of chronic conditions and lifestyle risk factors for Aboriginal persons	While SENSWPHN catchment specific data is not publicly available, using NSW state data it is noted that: • Aboriginal persons were 1.2 times more likely to be overweight or obese than non-Aboriginal adults in NSW	Population Health Profile[ii]

Identified need	Key issue	Evidence	Evidence Source
		• Aboriginal persons were 1.4 times more likely to have high or very high levels of psychological distress than non-Aboriginal adults in NSW • Aboriginal persons were almost 2.1 times more likely to be current smokers than non-Aboriginal adults in NSW • The Aboriginal population in NSW was estimated to have a higher prevalence of most major long-term chronic conditions such as diabetes, and asthma among several others It can be assumed that Aboriginal persons aged 50 years and over would be included in these figures.	
Vulnerable people who are the targeted population of care finder support	Perceived gaps in service provision for management of chronic conditions	Various consultations identified the following in relation to chronic condition management in the catchment: • Poor coordination of care and lack of associated affordable timely services to refer onto • A lack of affordable prevention programs targeting risk factors for chronic conditions • Need for specialists and allied health professionals around the high health literacy needs of people with chronic conditions • Issues with medication management contributing to preventable hospitalisations • Limited cancer management services available in rural locations	Planning Journal Summary[iii]
Vulnerable people who are the targeted population of care finder support	Perceived barriers to managing chronic conditions	The following barriers for management of chronic conditions in the catchment were highlighted in consultations: • Poor coordination of care and lack of associated affordable timely services to refer onto • A lack of affordable prevention programs targeting risk factors for chronic conditions • A lack of understanding amongst GPs and allied health professionals around the high health literacy needs of people with chronic conditions	Planning Journal Summary[iii]

Identified need	Key issue	Evidence	Evidence Source
		• Issues with medication management contributing to preventable hospitalisations • Limited cancer management services available in rural locations • Appropriateness of self-managed care plans - they need to be person centred and collaborative	
Vulnerable people who are the targeted population of care finder support	Cultural and linguistic barriers to accessing health care	A high proportion of the population in the regions of Queanbeyan-Palerang Regional and Wollongong respectively are estimated to be born in non-English speaking nations. In these two regions a high percentage of people speak a language other than English at home. This culturally and linguistically diverse population also includes a substantial number of persons identifying as having poor English language proficiency.	Population Health Profile[ii]
Vulnerable people who are the targeted population of care finder support	High health needs of older people with disability	48.7% of all persons with any form of disability (profound, severe, mild, or moderate) in the SENSWPHN catchment were aged 65 years and above. Across several indicators among older Australians, people with disability are most likely to live in cared accommodation (96.1%); more likely to receive a government pension than older people without disability; and they are more likely to require home support services. Therefore, support services need to be tailored to address the socio-economic needs of this specific aged cohort.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Pockets of the catchment with a high prevalence of profound or severe disability	17.2% of persons aged 65 years and above in the SENSWPHN catchment are identified as having severe or profound disability. The Shellharbour and Wollongong LGAs have higher than NSW state and Australian national prevalence figures for disability amongst persons aged 65 years and above.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Low uptake/utilisation of preventative health assessments for older persons	Across the SENSW catchment there is very low uptake of the Medicare subsided annual health assessment of an older person (The 75 plus health check). Of 158 general practices across the catchment who participate in a monitoring exercise of uptake of this assessment, less than 19% of the eligible cohort are receiving this assessment, with the Cooma/Snowy Mountains, Yass, and both Illawarra North and South recording the lowest uptake in the catchment.	Needs Assessment Snapshot for Ageing[i]

Identified need	Key issue	Evidence	Evidence Source
Vulnerable people who are the targeted population of care finder support	Greater health needs leading to high service demands among the 65 years and above age group	Comparing service utilisation figures with the rest of the population, the 65 years and above age group is the greatest consumer of health care services. At a NSW State level, persons aged 65 and above: • accounted for 42.1% of all hospitalisations • accounted for 46.9% of potentially preventable hospitalisations Within the SENSWPHN catchment, for health service utilisation figures of Medicare (MBS) subsidised / funded healthcare for all service categories, the proportional share of all services delivered was highest among the 65 years and over age group. In 2020-21: • 100% accessed GP services • Over 60% accessed diagnostic imaging services • Over 70% accessed allied health services • Over 64% accessed specialist services	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Needs of carers and informal care givers	17.8% of older persons aged 65 years and over in the SENSWPHN catchment are primary carers or non-primary carers. The service needs of this cohort such as respite care options need investigation and this cohort needs to be supported for both their contribution to the caring tasks as well as their own mental well-being and physical health.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Greater need for assistance with everyday activities and tasks.	While age-specific figures are not available at a catchment or LGA level, a national summary indicated that 38% of older Australians require assistance with everyday activities. The main tasks requiring both formal/ informal assistance include communication, emotional/cognitive tasks, health care, household chores, meal preparation, mobility, property maintenance, and reading and writing tasks.	Needs Assessment Snapshot for Ageing[i]

Identified need	Key issue	Evidence	Evidence Source
Vulnerable people who are the targeted population of care finder support	Challenges in accessing informal and formal providers for assistance with everyday activities.	For the 1.3 million older Australians living at home and requiring assistance with everyday activities, support is largely provided by informal means, with help provided by family members (spouse/partner 33.8%, and daughters/sons (38.6%). In the instances where formal support is sought, help is provided by private commercial organisations (37.5%) or government organisations (27.3%). For vulnerable people, it can be reasonably assumed that access to informal and formal support networks may be more challenging when compared to the circumstances of the general older population.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Unmet needs for assistance with everyday activities	Older Australians living at home and requiring assistance, do not always receive the help they require. Of the 1.3 million Australian's living at home and requiring assistance: 31% said their need was partly met; and 3.1% said their need was not at all met. Property maintenance and cognitive or emotional tasks were the assistance needs most likely not met at all.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Pockets of very high socio-economic disadvantage coupled with a high-aged cohort	In the Bega Valley, Eurobodalla, Shoalhaven, Snowy Monaro, Shellharbour and Wollongong LGAs there are pockets of very high socio-economic disadvantage coupled with a high proportion of the population aged 65 years and above. It can be argued that these hotspots of vulnerability will be present additional challenges for the aged cohort residing there and could be ideal locations for establishing support services to access and navigate aged care services.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	High levels socio-economic disadvantage for Aboriginal persons compared to non-Indigenous persons	The socio-economic disparity between Aboriginal and non-Indigenous persons and/or households is quite wide within the catchment. A cross all indicators such as unemployment, low levels of education, low income, lack of internet in households, no motor vehicles within dwellings; and living in multiple family households; the rates for Aboriginal persons and/or households is higher than non-Indigenous rates in the catchment. It can be reasonably assumed that rates of disadvantage would be higher for Aboriginal people aged 65 years and above than non-Indigenous people for this age cohort.	Needs Assessment Snapshot for Ageing[i]/ Population Health Profile[ii]

Identified need	Key issue	Evidence	Evidence Source
Vulnerable people who are the targeted population of care finder support	Implications on service access due to high portion of older people receiving the Age Pension	The SENSWPHN catchment has a higher than NSW State and National proportions of persons aged 65 years and over who are recipients of the Aged Pension Scheme and Seniors Health Card, with Shellharbour, Wollongong, Goulburn-Mulwaree, Eurobodalla and Bega Valley LGAs recording some of the highest proportions in the catchment.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	High levels of financial vulnerability	The main source of income for over 50% of older Australians is a government pension or allowance, and 68.1% live in a low-income household. With notable proportions of the resident ageing population in the catchment receiving welfare and/or support payments this is suggestive of significant needs in the region.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Pockets of the catchment experiencing vulnerability with living arrangements	22.3% of Older Australians rent or pay a mortgage on their home. With more than two-thirds of older persons living in low-income households, it can be reasonably assumed that pockets of the catchment will have older people living in households experiencing financial stress from rent or mortgage. Specifically, the Eurobodalla, Shellharbour and Shoalhaven LGAs have a high proportion of low-income households living with financial stress from mortgage.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Barriers from socio-economic circumstances preventing the ability to participate in social activities.	Social participation is linked to preventing functional decline in older people. The majority of older people living in households participate in activities at home (97.4%) or outside their home (94.4^%), with community activities, connecting with family and friends, playing sport or holidaying are all common activities that older people participate in. It can be reasonably assumed that for vulnerable older people factors such as unstable living arrangements, poor health, low income, and a lack of access to transport will affect a person's ability to participate in social activities.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Social isolation as a risk factor to morbidity and mortality.	Many regions of the catchment have a high proportion of older people living alone and therefore estimated to be at risk of social isolation. This figure is particularly concerning within the regions of Goulburn-Mulwaree and Snowy Monaro Regional with over 24% of the population aged 65 and over living alone. Of all older Australians, women living in households are twice as likely to live alone than men.	Needs Assessment Snapshot for Ageing[i]

Identified need	Key issue	Evidence	Evidence Source
Vulnerable people who are the targeted population of care finder support	Growing migrant and refugee population with complex needs	The Wollongong region receives significant numbers of newly arrived population including refugee and humanitarian entrants. The health and social service needs of this cohort are extremely complex and need significant social-emotion and wider psychological support	Population Health Profile[ii]
Vulnerable people who are the targeted population of care finder support	Service delivery must be tailored to meet the needs of specific hard to reach groups/populations	Community consultation suggested that service delivery must meet the needs of older people in specific target communities with significant indicators of social disadvantage, such as: • People experiencing geographic isolation • People experiencing homelessness • People living in hoarding and squalor situations • People who lack trust in government and formal support due to past experiences with system failures • LGBTQI populations and HIV+ people who fear aged care or supported living • CALD populations • Aboriginal and/or Torres Strait Islander populations • People with literacy, and digital literacy challenges	Bespoke stakeholder and community consultation activities[iv]
Vulnerable people who are the targeted population of care finder support	Challenges in navigating the aged care services landscape	Stakeholders across various forums and community consultations have identified navigation issues, especially for more socio-economically and/or complex health needs clients, as a major concern for vulnerable people accessing aged care services. Barriers include: • Messaging about aged care services is often confusing, complex and difficult to access • People may need to focus on meeting lower-level needs (food, shelter) before higher level support needs	Planning Journal Summary[iii]/Bespoke stakeholder and community consultation activities[iv]

Identified need	Key issue	Evidence	Evidence Source
		• Face-to face support is critical as phone, internet access and other supports is often lacking.	
Vulnerable people who are the targeted population of care finder support	A lack of trust in the aged care sector due to inflexible and inequitable systems	While there are low levels of trust in the community towards aged care services in general, among Aboriginal and Torres Strait Islander communities, and the LGBTQI community there is a greater level of distrust and the perception that care does not respond to the holistic and individual needs of a person. Community consultation has identified a need for services to be trauma-informed, culturally appropriate, and inclusive, so people feel safe engaging with the services.	Bespoke stakeholder and community consultation activities[iv]
Vulnerable people who are the targeted population of care finder support	Demand and supply mismatches in Residential Aged Care facility services	Residential aged care places for the catchment have been declining and current rates are the lowest in recent years. With 71.1 places in residential care per 1,000 persons aged 70 years and over, the catchment rate is substantially lower than the NSW state and Australian national rate. With a very ageing population this declining trend highlights a concerning mismatch between demand and supply.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Service availability gaps and inequitable distribution of all aged care services	A crude service mapping exercise has identified significant gaps in service availability of all aged care services across the catchment, with the Wollongong and Shoalhaven LGAs having the highest concentration of services. More importantly, there is a lack of comprehensive local availability of services that can cater to all aspects of aged care service needs within many regions of the catchment, especially in Southern NSW boundary.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Reliance on in-home aged care services for assistance with everyday needs and tasks	Special needs populations and vulnerable groups are predominant users of in-home care services. Within the SENSWPHN catchment, among persons who use home support services: • 3% were identified as Aboriginal • 26.8% were born outside of Australia with 12.6% having a non-English preferred language • 86.7% of did not have a carer • 29.2% had some form of disability • 46.3% lived alone.	Needs Assessment Snapshot for Ageing[i]

Identified need	Key issue	Evidence	Evidence Source
Vulnerable people who are the targeted population of care finder support	Service availability gaps and inequitable distribution of in-home aged care services catering to Special Needs Groups	A rough service gaps analysis of both Home Care and Home Support sites offering specific services for special needs populations and vulnerable groups, identified a significant lack of service availability in the Southern and more remote parts of the catchment. There is a higher level of supply in more metropolitan locations in the northern parts of the catchment.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Service availability gaps of Residential Aged Care sites across the catchment catering to Special Needs Groups	A rough service gaps analysis of Residential Aged Care Sites across the catchment indicated that while there is fair coverage of service sites in the catchment offering permanent and respite (high/low) care, the availability of services that cater to the needs of all special needs groups and vulnerable populations is inequitable. There is particularly low coverage for services catering to the needs of those from CALD backgrounds, LGBTI people, veterans, rural/remote populations and people at risk of homelessness across the catchment.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Demand and supply mismatches for Home Care packages	The availability of Home Care Packages (HCP) for those with complex care needs is outstripped by the demand for HCPs in the catchment. There are more people waiting for HCPs each quarter, than the number of packages that are released, with this trend occurring in both the northern and southern parts of the catchment.	Needs Assessment Snapshot for Ageing[i]
Solution considerations to meet the needs of the targeted population of care finder support	Service landscape and design considerations	Consultation with a range of agencies across the catchment, identified several considerations for providers when establishing a new service aimed at vulnerable older people: • Providers need experience in supporting high risk clients • A broad range of partnerships and strong connections is important to enable transition to appropriate providers rather than just providers with capacity to accept new clients. • Comprehensive knowledge of local and regional health and support services both inside and outside the aged care system is required • Faith-based organisations/providers may not be appropriate for the LGBTQI community • Providers need to be both multicultural and Indigenous focused	Bespoke stakeholder and community consultation activities[iv]

Identified need	Key issue	Evidence	Evidence Source
		• Aboriginal health workers need to be consulted and work in partnership with care finder services to build trust and relationships with vulnerable Aboriginal Elders • In dealing with older people from CALD backgrounds, a Care Finder will need to have an informed view on how the concept of "help-seeking" is perceived in different cultures. • Health literacy barriers need consideration. Vulnerable older people may experience low levels of literacy. Provision of suitable resources and information to meet this need should be considered • There is a need for mobile outreach services to travel to remote areas, have community visibility and work face-to-face with clients • Consulted agencies and participants expressed strong feedback for designed solution/s to have no conflicts of interest and stated that a provider should not refer CareFinder clients to their own services. However we acknowledge that under the care finder policy guidance from DoHAC, a care finder organisation can refer a client to services delivered by their own organisation providing, and is deemed to respect and facilitate optimal consumer choice and meets requirements in relation to conflicts of interest. • Due to the proximity to the ACT, services in Queanbeyan and Yass, will need to be integrated with ACT services.	
Solution considerations to meet the needs of the targeted population of care finder support	Service implementation considerations	Key considerations for service implementation were highlighted during consultation sessions with agencies across the catchment, including: • An early intervention approach to minimise and prevent escalation to crises • Care needs to be inclusive, trauma informed and person-centred • Broad promotion of the Care Finder service across a variety of channels and mechanisms will be required to target hard to reach population groups • Ensuring that older vulnerable people do not need to tell their story more than once	Bespoke stakeholder and community consultation activities[iv]

Identified need	Key issue	Evidence	Evidence Source
		• Being present during My Aged Care, RAS or ACAT assessments and service level assessments • Continuity of support provided to CareFinder clients while connecting them to other available personal and care supports	
Vulnerable people who are the targeted population of care finder support	Variability in access to primary care in certain settings	There is low primary care/general practitioner service reach to residential aged care facility residents for the catchment. The latest figures place the catchment substantially lower than the Australian national average for rate of service utilisation, and the PHN has the 6th lowest ranking for this indicator among all 31 PHNs.	Needs Assessment Snapshot for Ageing[i]
Vulnerable people who are the targeted population of care finder support	Limited access to suitable primary care	• Issues around timely access to GPs and specialist services and a lack of primary health resources to identify aged care issues • Perceived poor coordination of care and lack of associated affordable timely services to refer onto (specialists and allied health professionals) • Lack of support during the after-hours especially for palliative care, nursing support, and GPs for RACF services • There is low-level reach of GPs to RACF services in normal business hours and the after-hours period • In the southern parts of the catchment there are fewer general practices that offer bulk-billing. Vulnerable older people are unlikely to pay for GP services and are more likely to access health care via the ED section of hospitals. • Limitations in public transport options for older people in the catchment. There is a reliance on NSW Ambulance for transfers to medical investigations and appointments.	Planning Journal Summary[iii]/Bespoke stakeholder and community consultation activities[iv]
Vulnerable people who are the targeted population of care finder support	Need to build workforce capacity to meet increased community demand	Consultation suggested there are several workforce issues in the SENSWPHN catchment, including: • A lack of registered nurses, specialist clinicians and appropriately trained mental health staff working in RACF services • Lack of skills among health service providers in working with vulnerable populations	Planning Journal Summary[iii]/ Bespoke stakeholder and community

Identified need	Key issue	Evidence	Evidence Source
		• Highly casualised workforce for community care work (including domestic assistance and home maintenance) leading to staff shortages • Services like community transport, meals on wheels and social supports are largely staffed by volunteers • Inconsistent training/interest of palliative care among primary health nurses • GPs need greater support with delivery of care to RACFs and in their role with advanced care planning • Lack of succession planning within the workforce and difficulties with staff recruitment/retention disrupting continuity of care • Inconsistent GP access in aged care leads to a heavy reliance on ED to provide medical care	consultation activities[iv]
Vulnerable people who are the targeted population of care finder support	Lack of mental health services for older persons	• Inequity in older persons mental health service availability with majority of services catering to younger population. Very low mean ages of current service utilisation suggest issues with either accessibility of availability or ability of current services to cater to older persons who have very high needs and are clinically very vulnerable to multi-morbidity • Limited access to psychosocial and clinical services and support for older people both living in the community and in Residential Aged Care Facilities.	Planning Journal Summary[iii]
Vulnerable people who are the targeted population of care finder support	Better access to Palliative Care services and quality of treatment	Low service reach to patients at palliative and end-of-life stages in the catchment was identified by past focus groups as a barrier to access. Specifically: • The need to travel significant distances to access treatment was a common experience • Delays in transfer of patient and treatment information when care was being delivered across different health services • The capacity of RACFs to effectively meet the palliative and end of life care needs of residents was seen as insufficient	Planning Journal Summary[iii]

Identified need	Key issue	Evidence	Evidence Source
		• Better care coordination and great support for Carers through access to resources for practical and emotional support services	
Vulnerable people who are the targeted population of care finder support	Lack of end-of-life planning among consumers	• Community surveys identified that many consumers have not discussed an advance care plan with their GP and of those who had, they said they had initiated the conversation themselves. • Few have made any formal (written) arrangements or feel uncomfortable about end-of-life conversations.	Planning Journal Summary[iii]
Vulnerable people who are the targeted population of care finder support	Lack of culturally safe support services for end-of-life care for Aboriginal people	Consultation suggested that many Aboriginal people do not access support from health services during the palliative stage, often presenting to services 'just before death.' Key reasons include: • Lack of trust in health (and other government) services due to historic factors • Perceived stigma within health services and prejudice from some health workers towards Aboriginal people • Lack of trained staff with cultural competency across the aged care system • Perceived lack of need to access health services if quality of life is sufficient	Planning Journal Summary[iii]

3. Prioritization

Locations

COORDINARE will commission a region wide care finder program with locations of priority within the region being identified. Data from our Population Needs Profile, broad consultations, and key informant interviews have been appraised to inform our understanding of these locations within SENSW PHN that identify a higher demand or need for care finder service delivery based on local demographic detail and/or qualitative feedback.

Across the 12 Local Government Areas [LGAs] in the COORDINARE catchment, there are an estimated 131,836 persons aged 65 years and above and, equating to 20.6% of the resident population being aged 65 years and above, the region has a higher than the NSW state (16.7%) average of older people. Based on consultation and demographic analysis the following LGAs represent priority areas for care finder focus:

- **Eurobodalla LGA** is a priority area for services based on having the highest proportion of older people in the region. Eurobodalla LGA is identified as being one of the top 10 in Australia, for persons aged 65 years and over. The population has experienced sequential disasters creating additional vulnerability. There are known pockets of significant socio-economic disadvantage in the older population, and the LGA has a significant Aboriginal community.
- **Bega LGA** is a priority area for services like the Eurobodalla with a significant older population who have experienced sequential disasters, have areas of social disadvantage in a geographically rural context leading to increasing access issues. Many Aboriginal people live in the region.
- **Queanbeyan-Palerang, Shellharbour and Yass Valley LGAs** - the population of older people in these LGAs is expected to increase by 33% by 2026 creating significant and increasing demand for access to aged care. Areas of known socio-economic disadvantage exist. Of note, the Queanbeyan and Shellharbour LGAs are home to large multicultural communities who will require specific support to access aged care support.
- **Shoalhaven, Snowy Monaro, Goulburn-Mulwaree LGAs –** these locations have pockets of very high socio-economic disadvantage coupled with an ageing population. Goulburn-Mulwaree ranked highest for relative socio-economic disadvantage across the SENSW PHN. These areas are also noted as having a higher-than-average proportion of people aged over 65 who are socially isolated
- **Wollongong LGA -** has pockets of very high socio-economic disadvantage coupled with an ageing population, significant cultural and linguistic diversity within the community with the top four non-English languages spoken at home being Macedonian, Arabic, Italian, and Chinese languages. There is a large Aboriginal community living in this LGA and people living in socially isolated conditions.

It is noted that the prioritized locations have large/significant Aboriginal and Torres Strait Islander populations. We therefore also acknowledge the Trusted Indigenous Facilitators (TIF) program and hence when undertaking our commissioning process, we aim to:

- work on the basis that the TIF program is being implemented to provide targeted support to First Nations older people and their families;

- consider how care finder services will collectively meet the needs of all diverse groups that form part of the target population in their region, including older First Nations people who choose to receive support from a care finder rather than a TIF;
- continue to monitor local needs in relation to care finder support and consider any gaps as part of our ongoing needs assessment activities and future commissioning process.

Shaping services to meet the needs of diverse groups

Care finder support is aimed at older people eligible to receive aged care support at home. In addition to people living in locations of importance, community consultation and stakeholder feedback identified that care finder service delivery should also be targeted at finding and supporting the following groups of people who may experience difficulties engaging in the system:

- People experiencing geographic isolation
- People experiencing homelessness
- People experiencing significant socio-economic disadvantage
- People who lack trust in government and formal support due to past experiences with system failures
- LGBTQI populations and HIV+ people who fear aged care or supported living
- People with literacy, and digital literacy challenges

By assertive outreach and active engagement with identified individuals in need, access to community aged care support will be facilitated. COORDINARE intends an open market request for proposals from one or more organisations who may or may not be existing ACH providers transitioning to a care finder service. Organisations who can demonstrate their understanding of SENSW, its geography, the unique sub-regional characteristics – including but not limited to the prevalence of identified diverse or special needs groups, and the service access and delivery challenges these characteristics give rise to, will be best placed to deliver care finder services. All successful third party service providers will be required to participate in Aboriginal cultural immersion training as a contractual requirement.

Enhancing integration between health, aged care and other systems

Care finder organisation(s) will need to demonstrate capacity, capability, and experience in employing assertive, asset-based outreach strategies that foster, create, build, and communicate formal and informal pathways of support within local health, and aged care service systems. An understanding of and sensitivity to those areas and the service systems within SENSW PHN that lie adjacent to other Territory service systems such as Jervis Bay and ACT must be shown. Activities to enhance integration between health, aged care and other systems in delivering the care finder program will include participation in a community of practice. Enhancing integration through partnership approaches with other key health and aged care service providers will also provide greater and more comprehensive support to vulnerable older people. Collective effort and “joined-up” practices will prevent duplication and ensure that no consumer “falls through the cracks”.

4. References

[i] Ghosh A. 2022, Needs Assessment Snapshot for Ageing - Supplement to Care Finder Needs Assessment 2022. South Eastern NSW PHN.
[ii] Ghosh A. 2019, Population Health Profile: South Eastern NSW. COORDINARE - South Eastern NSW PHN. [Last Updated: June 2022]. Available here: https://www.coordinare.org.au/assets/Population-Health-Profile.pdf
[iii] Hutchinson J. 2022, Planning Journal Summary. COORDINARE - South Eastern NSW PHN (Internal Only, Unpublished, Not for Release)
[iv] Bespoke stakeholder and community consultation activities including:

- Sorensen G. 2022, Care Finder Program South Eastern NSW – Stakeholder Consultation Report (Providers)
- Notes and information summaries from key informant interviews