



**Australian Government**

**Department of Health**

**phn**

An Australian Government Initiative

# **Northern Sydney PHN - Care Finder Program – Needs Assessment**

# Section 1 Narrative

## 1.1 Actions to determine additional activities

The Northern Sydney PHN (NSPHN) Care Finder Needs Assessment builds upon and compliments findings of the NSPHN Needs Assessment 2022-2025 and previous Needs Assessments submitted to the Department of Health in 2016-2018.

NSPHN's Care Finder Needs Assessment utilises the latest local and national qualitative and quantitative data to inform commissioning a local Care Finder program relevant to meet identified needs, combined with an ongoing commitment from NSPHN to engage and consult with key stakeholders. The Needs Assessment has been informed by:

- Findings and a gap analysis of existing NSPHN Needs Assessments including review of local needs previously identified in the Needs Assessments relevant to Care Finder support and identification of latest available quantitative and qualitative data at local, state and national levels.
- Alignment to NSPHN strategic priorities
- Regional consultation – building on consultation undertaken for previous Needs Assessments, additional Care Finder specific consultations were undertaken in 2022 to understand care coordination and service navigation needs of older people across the region.
  - Extensive consultation was undertaken with a broad cross section of local community and service sector throughout 2020 and 2021 to inform pathways for older and frail people as part of the Northern Sydney Collaborative Commissioning program, a joint initiative between NSPHN and Northern Sydney Local Health District.
  - Utilising themes from these consultations, in mid- 2022, NSPHN engaged with an established network of not-for-profit organisations that currently deliver a range of community and aged care programs to review priority population groups and service gaps.
  - A market stimulation exercise was also undertaken to raise awareness of the program, including dissemination of a survey to over 200 providers across the region, focussed on identifying community needs, cohorts that can be targeted through the local Care Finder program and understanding the local service landscape and workforce needs.

NSPHN has also established an advisory group, with a diverse skills matrix across health and human services to guide delivery of NSPHN aged and palliative care programs, including the Care Finder program. Additionally, NSPHN will continue to undertake further consultations with providers who have demonstrated an interest in the Care Finder program to support establishment of early referral pathways and engage and consult with consumers and carers who will be seeking support through Care Finder.

NSPHN works collaboratively with neighbouring PHNs and contributes to the NSW/ACT PHN Aged Care Network. NSPHN has had initial engagement with Central and Eastern Sydney PHN, Hunter New England Central Coast PHN, Western Sydney PHN and Nepean Blue Mountains PHN to ensure that consumers and Care Finders are not interrupted by PHN boundaries. Neighbouring PHNs are equally committed to ensuring a consistent network of Care Finders operates with a collaborative approach. The network is also in discussion to further enhance consistency through joint professional development and capacity building of the Care Finder workforce.

## 1.2 Additional activities undertaken

### Data analysis undertaken to understand the profile and needs of the local population in relation to care finder support

Quantitative and qualitative data was sourced from a range of data sources to give a comprehensive understanding of the needs in relation to Care Finder support, with a focus on demography, impact of the socio-economic determinants of health, burden of health conditions, utilisation of health services, service gaps and needs of the local Care Finder population.

Key data sources utilised have been summarised below:

- Australian Bureaus of Statistics (ABS) key reports and datasets:
  - Census of Population and Housing, 2016 and 2021
  - Causes of deaths data, 2021
  - Estimated Resident Population, 2020
  - Household Impacts of COVID-19 Surveys, 2020 and 2021
  - Survey of Disability, Ageing and Carers 2018
  - National Study of Mental Health and Wellbeing, 2020-21
- Australian Institute of Health and Welfare (AIHW) key reports and datasets:
  - GEN
  - National Drug Strategy household survey, 2019
  - Burden of Disease Study, 2018
- NSW Department of Planning and Environment- Population Projections, 2019
- NSW Health Centre for Epidemiology and Evidence: NSW combined patient epidemiology data 2001-2020; NSW Population Health Survey
- PAT CAT data (regional general practice data) July 2022
- Frailty dataset August 2022 (regional general practice data)
- Sax Institute – 45 and Up Study: Analysis of COVID-19 specific questions of the 2020 follow-up survey limited to respondents in the NSPHN region. 3,793 respondents aged 65 years and over within the NSPHN region, representing 2.4% of the total NSPHN population aged 65 years and over.
- Consultation with stakeholders
- Literature review – journal articles and published reports

### Stakeholder and community consultations undertaken to identify local needs in relation to care finder support

The Care Finder Needs Assessment builds upon the extensive stakeholder consultation and engagement undertaken between 2019-2021 to inform previous Needs Assessments developed by NSPHN. Additional Care Finder specific consultations were undertaken in 2022. Over 480 stakeholders have been engaged throughout the consultation process between 2019 and 2022, including a broad cross section of the local community and service sector.

NSPHN engaged with a range of stakeholders across the region between August 2020 and January 2021, as part of the Northern Sydney Collaborative Commissioning program, a joint initiative between NSPHN and Northern Sydney Local Health District. The consultation aimed to understand care coordination and service navigation needs of older people in the region to inform development of pathways for frail and older persons within the region.

In May 2022, NSPHN liaised with an existing formal network of aged care service providers in the Northern Sydney Region to review priority populations and local organisations with relevant skills and experience in engaging with people with complex support needs.

Additionally, a market stimulation exercise was undertaken in August 2022 including facilitation of an information session and dissemination of a survey to aged care and social workers to ascertain the needs of the community and the skill requirements of the local Care Finder workforce. Key service needs identified included access to social care, housing, home care and psychosocial, mental health and physical health care. Needs of the workforce included social work, networking skills and capacity to deliver services that are culturally safe, and trauma informed.

Consultations were undertaken through different modes including group-based discussions, surveys, and one-on-one interviews and focussed on identifying current gaps in service provision, vulnerable population groups that require targeted support, emerging health and service needs, and barriers to accessing support.

Stakeholders engaged throughout the consultation process between 2019 and 2022 included the following:

- People with lived experience, consumers, and carers
- General Practice
- Ambulance NSW
- Health Consumers NSW
- Northern Sydney Local Health District
- Allied Health – public and private
- Non-Government Organisations (local, state, national)
- The NSPHN Board
- NSPHN Community Council
- NSPHN Clinical Council
- NSPHN Aged and Palliative Care Advisory Group
- Older Persons Advocacy Network
- Residential Aged Care Facilities
- NSPHN commissioned services
- Private hospitals
- Local councils

### **Analysis undertaken to understand the local service landscape as relevant to care finder support**

Extensive stakeholder consultation supported NSPHN in understanding the local service landscape. The analysis focussed on identifying current gaps in service provision, local workforce needs and opportunities to further support system integration. In addition, service mapping previously undertaken for Health Pathways and quantitative data sourced from AIHW through the GEN Aged Care data provide a comprehensive understanding of service availability and utilisation.

NSPHN will continue to undertake further consultation and collaboration throughout the commissioning process to ensure the local Care Finder program is aligned to identified needs and service gaps.

Initial findings from the local provider consultations summarised below which identified the need for:

- Engaging highly experienced staff and ensuring the workforce is appropriately skilled to support social and emotional needs of clients
- Flexible mode of service delivery including outreach-based supports as the Care Finder target population is dispersed across LGAs within the region
- Targeted support for identified vulnerable population groups including people with dementia, people experiencing mental health symptoms, people with language barriers who need translated information and medical care in a timely fashion
- Timely information delivered in relevant community languages
- Increasing awareness of available local services across the region, with consultations indicating a lack of awareness of current Care Finder trials that are in operation until December 2022

### **1.3 Processes for synthesis, triangulation and prioritisation**

The Care Finder Needs Assessment synthesises latest available quantitative data with qualitative information gained from extensive stakeholder consultation. The resultant document provides further rich context to support and compliment previous Needs Assessments, allowing NSPHN to gain a deeper understanding and context of the complex public health issues that are persistent within our region.

As part of the prioritisation process, priorities identified in the NSPHN Needs Assessment 2022-25 were reviewed in the context of the Care Finder program. Priorities specific to the Care Finder population were identified in consultation with NSPHN Executive Team, with additional detail identified as relevant.

### **1.4 Issues encountered and reflections/lessons learned**

#### **Data issues**

NSPHN identifies that whilst disaggregation of data by age and gender is limited across datasets, NSPHN has utilised available data sources (including local data sourced from the Sax Institute) and extensive community consultation to understand local needs and service gaps for the Care Finder program. Additionally, there is limited availability of data at both national and regional levels to identify needs of vulnerable population groups including culturally and linguistically diverse groups, Indigenous population, people experiencing or at risk of homelessness and LGBTI groups. Gap analysis undertaken also identified lack of availability of local data to ascertain the availability of the Care Finder workforce.

NSPHN also notes that whilst preliminary data has been released from Australian Bureau of Statistics from the 2021 Census, analysis by age and low levels of geography is limited at a PHN level. As additional data from the 2021 Census is released by the Australian Bureau of Statistics, it will further support NSPHN in understanding the profile of local Care Finder target population.

## **Additional issues and lessons learned/reflections**

Reflections and considerations:

- NSPHN will incorporate identified themes from community consultations to inform local service delivery of the Care Finder program. NSPHN will work with providers across the region to engage with the community through respectful established relationships and culturally safe spaces. This process will raise awareness of the program with a network of local services and allow early referral pathways to be built, linked to care finder organisations. This process will also assist in locating consumers and case studies to educate and on-board Care Finders to the program.
- NSPHN will undertake consultations with vulnerable people in a culturally safe and trauma-informed manner, allowing the individual to self-direct and lead the process. This will be crucial in developing a reputation and culture of safety and inclusion amongst the local Care Finder network.

## Section 2 Needs Analysis

Identified need	Key issue	Evidence
Ageing population	<p>In the NSPHN region, 16.4% of the population is aged 65+ years.</p> <p>The NSPHN 65+ years population is projected to increase by 53.7% between 2021-2041, with an estimated increase of 85,003 residents aged 65+ years by 2041<sup>1</sup>.</p>	<p><b>Quantitative evidence:</b></p> <ul style="list-style-type: none"> <li>16.4% of the population aged 65+ years in the NSPHN region compared to 16.7% for NSW and 16.3% for Australia. Within NSPHN, Hunters Hill (20.6%), Mosman (20.5%), and Ku-ring-gai (18.5%) LGAs had the highest proportion of people aged 65 years and older<sup>2</sup>.</li> <li>Between 2021-2041, Ryde (80.3%) and Willoughby (62.8%) LGAs have a higher projected increase in the population aged 65 years and over compared to NSPHN (53.7%). The projected increases in Ryde and Willoughby also exceed the projected increase for NSW<sup>3</sup>.</li> <li>Whilst 65+ years is the current standard definition of older people, NSPHN will undertake further analysis to review definitions, reflective of increasing life expectancy and impacts of healthy ageing.</li> </ul>
CALD	<p>Growing CALD population within the NSPHN region with specific geographies that have a higher proportion of CALD groups.</p>	<p><b>Quantitative evidence:</b></p> <ul style="list-style-type: none"> <li>According to the 2016 Census, NSPHN has a larger proportion of people from culturally and linguistically diverse backgrounds (25.7%) compared to NSW (21.1%), increasing from 22.1% in 2011.</li> <li>Chinese, Indian and South Korean are the largest CALD groups within NSPHN. Similar to the national trend, the proportion of people born in China and India has increased compared to the 2011 Census.</li> <li>Within NSPHN, Ryde has the highest proportion of its population from a CALD background (42%), increasing from 36.5% in 2011, with 47.7% of the total population in Ryde speaking a language other than English.</li> <li>Mandarin, Cantonese, and Korean are the most commonly spoken languages in the NSPHN region.</li> </ul>

<sup>1</sup> NSW: Department of Planning & Environment 2019. *Population, Household and Implied Dwelling Projections by LGA (ASGS 2019)*. NSW Planning Department of Planning & Environment, Sydney, viewed July 2022.

<sup>2</sup> Australia Bureau of Statistics (ABS) 2021, *Regional Population by Age and Sex, Australia*, cat no 3235, viewed July 2022.

<sup>3</sup> NSW: Department of Planning & Environment 2019. *Population, Household and Implied Dwelling Projections by LGA (ASGS 2019)*. NSW Planning Department of Planning & Environment, Sydney, viewed July 2022.

Identified need	Key issue	Evidence
	<p>There is a subsequent need to develop culturally appropriate interventions to cater for the diverse health needs of the growing CALD population within the region.</p> <p>Limited availability of national and local data to understand the complexities of the multiple CALD groups within the region, who have differing health needs and experiences of accessing and utilising primary care.</p>	<ul style="list-style-type: none"> <li>Similarly, among older people aged 65+ years, a large proportion of people from culturally and linguistically diverse backgrounds (25.5%), with the largest CALD groups originating from China, Italy, and Germany<sup>4</sup>.</li> </ul> <p><b>Qualitative evidence:</b></p> <ul style="list-style-type: none"> <li>Complex health needs of CALD groups can be attributed to the distinct needs of each CALD group<sup>5</sup>.</li> <li>Further investigation needed to understand health issues prevalent within different/specific CALD groups to identify issues that can be managed within primary care in a culturally appropriate manner.</li> </ul>
Indigenous population	Underreporting of Aboriginal status by service providers leading to lack of Aboriginal-specific programs. Widely reported throughout the region that health professionals do not ask patients regarding their Aboriginal identity. There are significant regional issues relating to a hidden population and the Stolen Generation, with cohorts of the population who do not always self-identify their ethnicity – which impacts on ability to access available health care provision.	<p><b>Quantitative evidence:</b></p> <ul style="list-style-type: none"> <li>Within NSPHN, 0.2% of people aged 55 years and older identified as Indigenous in the 2016 Census<sup>6</sup>, equating to 478 people.</li> </ul> <p><b>Qualitative evidence:</b></p> <ul style="list-style-type: none"> <li>Stakeholder consultation identified under reporting of Aboriginal status by health care professionals in the region, highlighting that the question is not always asked, and when it is, there is a need to ask respectfully and in a culturally appropriate manner.</li> </ul>
Socio-economic disadvantage	Pockets of socio-economic disadvantage.	<p><b>Quantitative evidence:</b></p> <ul style="list-style-type: none"> <li>Pockets of disadvantage within the region, concentrated in Ryde, Hornsby, and Northern Beaches LGAs<sup>7</sup>.</li> </ul>

<sup>4</sup> Australian Bureau of Statistics (ABS) 2016, 2016 Census – Cultural diversity [TableBuilder], ABS website, accessed July 2022. <https://auth.censusdata.abs.gov.au/webapi/jsf/login.xhtml>

<sup>5</sup> RACGP (The Royal Australian College of General Practitioners) (2011) The RACGP curriculum for Australian general practice 201 1- Multicultural health, RACGP website, accessed October 2020, <https://www.racgp.org.au/education/education-providers/curriculum/previous-versions>

<sup>6</sup> Australian Bureau of Statistics (ABS) 2016, 2016 Census – Cultural diversity [TableBuilder], ABS website, accessed July 2022. <https://auth.censusdata.abs.gov.au/webapi/jsf/login.xhtml>

<sup>7</sup> Australian Bureau of Statistics (ABS) 2018, Census of Population and Housing: Socio-economic indexes for areas (SEIFA) - Australia 2016, ABS website, accessed October 2018



Identified need	Key issue	Evidence
Access to secure housing	High proportion of people aged 65 years and older living alone.	<p><b>Quantitative evidence:</b></p> <ul style="list-style-type: none"> <li>Nationally, 24.9% of people aged 65 years and older reported living alone in 2021, this increased to 42.7% for people aged 85 years and older<sup>8</sup>.</li> </ul>
Homelessness	<p>A cohort in the NSPHN region homeless or at risk of being homeless, with significant and complex health issues.</p> <p>Limited availability of regional data to identify the proportion of older people experiencing or at risk of homelessness.</p>	<p><b>Quantitative evidence:</b></p> <ul style="list-style-type: none"> <li>The 2016 Census estimated 2,130 people to be homeless in the NSPHN region with the largest numbers in Neutral Bay/Kirribilli and Macquarie Park/Marsfield (Statistical Area Level 2).</li> <li>The 2016 Census estimated that approximately 0.2% of people aged 65 and older were homeless in NSW<sup>9</sup>.</li> </ul>
Disability	3.7% of the NSPHN population have severe or profound disability, measured within the Census using the 'core activity need for assistance' variable developed by the Australian Bureau of Statistics (ABS). The proportion of those with profound or severe disability has remained at the same level within the region, compared to the 2006 and 2011 Census.	<p><b>Quantitative evidence:</b></p> <ul style="list-style-type: none"> <li>3.7% of the population have a need for assistance with core activities, lower compared to NSW (5.4%). More than 32,000 people in the region have profound or severe disability<sup>10</sup>.</li> <li><b>Severe disability</b> is defined as a person sometimes needing help with a core activity task (communication, mobility or self-care). <b>Profound disability</b> is defined as a person always needing help with a core activity task.</li> <li>Nationally, older women were more likely than older men to have a profound or severe disability, with almost half (48.6%) of all women aged 85-89 years having a profound or severe disability, compared to 35.6% of men of the same age group in 2018. A difference between genders was only found in age groups 75+, with 9.8% of women and 10.8% of men aged 70-74 years having a profound or severe disability in 2018<sup>11</sup>.</li> <li>Modelled estimates from the National Survey of Disability, Ageing and Carers (2018) indicates that within NSPHN, Ryde (13.0%; 95% CI 10.1-15.9) and Hornsby (11.9%; 95% CI 9.9-14.0) LGAs had the highest proportion of people aged 65 years and older with a profound or severe disability<sup>12</sup>.</li> </ul>

<sup>8</sup> Australian Bureau of Statistics (ABS) 2022, Census of Population and Housing: Household and families data summary, 2021, ABS website, accessed July 2022

<sup>9</sup> Australian Bureau of Statistics (ABS) 2018, *Census of Population and Housing: Estimating Homelessness*, ABS website, viewed July 2022.

<sup>10</sup> Australia Bureau of Statistics (ABS) 2017, 2016 Census - Employment, income and education [TableBuilder], ABS website, accessed October 2018. <https://auth.censusdata.abs.gov.au/webapi/jsf/login.xhtml>

<sup>11</sup> Australia Bureau of Statistics (ABS) 2019, *Disability, Ageing and Carers, Australia*, ABS website, viewed July 2022.

<sup>12</sup> Australia Bureau of Statistics (ABS) 2019, *Disability, Ageing and Carers, Australia*, ABS website, viewed July 2022.

Identified need	Key issue	Evidence
Lifestyle risk factors	<p>Physical inactivity, high prevalence of overweight or obesity and daily drinking, and low proportion of older people consuming adequate intake of fruits and vegetables.</p> <p>Addressing these risk factors can play an important role in the prevention and management of chronic conditions<sup>13</sup>.</p> <p>Limited availability of regional data to determine cohorts of older people with high need to inform targeted interventions.</p>	<p><b>Quantitative evidence:</b></p> <ul style="list-style-type: none"> <li>• Approximately 82% of older Australians (aged 65 and over) did not meet the physical activity guidelines, with 42% of men and 47% of women completing less than 30 minutes of exercise in the last week. 38% of older Australians who did not meet the physical activity guidelines did no physical activity in the last week<sup>14</sup>.</li> <li>• Based on estimates from the 2017–18 National Health Survey, 76% of older Australians (aged 65 and over) were overweight or obese<sup>15</sup>.</li> <li>• 63% of older Australians met the recommended fruit intake, while only 11% met the recommended intake of vegetables<sup>16</sup>.</li> <li>• Nationally, the prevalence of daily drinking was higher among those aged 70+ years (12.6%) and 60-69 years (9.6%) compared to other age groups (range: 1.4%-7.3%) in 2019<sup>17</sup>. In NSW, the prevalence of daily drinking was higher among those aged 75+ years (15.9%; 95% CI: 12.2-19.5) and 65-74 years (12.6%; 95% CI: 10.3-14.9) compared to other age groups (16-54 years range: 1.1%-9.5%) in 2021<sup>18</sup>.</li> </ul>
Chronic conditions and comorbidities	<p>High prevalence of chronic conditions and comorbidities, with the total burden increasing with age.</p>	<p><b>Quantitative evidence:</b></p> <ul style="list-style-type: none"> <li>• Nationally, 81.2% of people aged 65-74 years had one or more chronic conditions, with the rate increasing to 91.5% of people aged 75-84 years and increasing again to 98.1% for people aged 85 years and over in 2018<sup>19</sup>.</li> <li>• With the NSPHN region, general practice data from 188 practices indicates that 68.5% of active patients aged 65 years and older had at least one chronic condition recorded and 13.1% had three or more chronic conditions across multiple categories including diabetes, respiratory conditions, cardiovascular conditions, renal impairment and/or mental health. Active patients defined as people with three or more visits to a general practice in the past two years.</li> </ul>

<sup>13</sup> Australian Institute of Health and Welfare 2012, Risk factors contributing to chronic disease. Cat No. PHE 157. Canberra: AIHW.

<sup>14</sup> Australian Institute of Health and Welfare (AIHW) 2021, Older Australians, AIHW, Australian Government, accessed July 2022.

<sup>15</sup> Australian Institute of Health and Welfare (AIHW) 2021, Older Australians, AIHW, Australian Government, accessed July 2022.

<sup>16</sup> Australian Institute of Health and Welfare (AIHW) 2021, Older Australians, AIHW, Australian Government, accessed July 2022.

<sup>17</sup> Australian Institute of Health and Welfare 2020, National Drug Strategy household survey 2019 [data set], AIHW website, accessed October 2021, <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary>

<sup>18</sup> HealthStats NSW (Centre for Epidemiology and Evidence), 2021, Health statistics New South Wales [data set], HealthStats NSW website, accessed August 2022, <https://www.healthstats.nsw.gov.au/#/home>

<sup>19</sup> Australia Bureau of Statistics (ABS) 2019, *Disability, Ageing and Carers, Australia*, ABS website, viewed July 2022.

Identified need	Key issue	Evidence
		<ul style="list-style-type: none"> <li>• Within the NSPHN region, leading chronic conditions among people aged 65 years and older included hypertension (40.5%), hyperlipidaemia (32.1%), and osteoporosis (19.9%)<sup>20</sup>.</li> <li>• The Australian Burden of Disease Study in 2018 indicated that the total disease burden increases with age, with older Australians aged 70 years and older accounting for 35% of the total disease burden, whilst only accounting for 11% of the total population. Total disease burden is measured using disability adjusted life years (DALYs). DALY refers to years of healthy life lost from death and illness<sup>21</sup>.</li> <li>• Coronary heart disease, COPD and lung cancer were the leading cause of the total disease burden among males and females aged 65-74 years. For males and females aged 75 years and over, coronary heart disease and dementia were the leading cause of the total disease burden<sup>22</sup>.</li> </ul>
Access to primary Care	<p>Low rate of health assessments among people aged 75 years and over within the NSPHN region.</p> <p>Rate of health assessments from a GP includes claims for MBS items 701,703,705, 707, 224, 225, 226, or 227 in the previous 12 months among people aged 75 years and over.</p>	<p><b>Quantitative evidence:</b></p> <ul style="list-style-type: none"> <li>• General practice data from 192 practices within the NSPHN region highlights that 17.5% of active patients aged 75 years and over received a health assessment from their GP in the past 12 months (July 2022). Active patients defined as people with three or more visits to a general practice in the past two years<sup>23</sup>.</li> </ul>

<sup>20</sup> SNHN 2022, PATCAT – General Practice Data (July 2022)

<sup>21</sup> Australian Institute of Health and Welfare (AIHW) 2021, Australian Burden of Disease Study 2018: Interactive data on disease burden, AIHW, Australian Government, accessed July 2022.

<sup>22</sup> Australian Institute of Health and Welfare (2021) Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018, AIHW, Australian Government, accessed July 2022. doi:10.25816/5ps1-j259

<sup>23</sup> SNHN 2022, PATCAT – General Practice Data (July 2022)

Identified need	Key issue	Evidence
Mental Health	Mental health and social/emotional wellbeing continue to be key priority, with ongoing impacts of the COVID-19 pandemic on psychological, social and emotional needs of individuals.	<p><b>Quantitative evidence:</b></p> <ul style="list-style-type: none"> <li>Nationally, in 2020-21, 11.7% of females aged 65-85 years and 6.9% of males aged 65-85 years reported experiencing high or very high levels of psychological distress<sup>24</sup>.</li> <li>According to the Mental Commission of NSW (2017), approximately 50% of older people living in residential aged care facilities report mild, moderate, or severe symptoms of depression<sup>25</sup>.</li> <li>Nationally, males aged 85+ years have higher rates (36.2 per 100,000) of suicide in 2020 compared to other age-groups<sup>26</sup>.</li> <li>24.8% of respondents aged 65 years and older of the 45 and Up Study in the Northern Sydney region reported that they miss having people around as a result of COVID-19<sup>27</sup>.</li> <li>In February 2021, 15.3% of people aged 65 years and older reported having participated in social gatherings of more than 10 people at least once a week in the last 4 weeks. In March 2020, before COVID-19 restrictions began, 27.7% of older people reported having participated in social gatherings of more than 10 people at least once in the last 4 weeks<sup>28</sup>.</li> </ul>

<sup>24</sup> Australian Bureau of Statistics (ABS) 2022, National Study of Mental Health and Wellbeing 2020-21, ABS, accessed August 2022, <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>

<sup>25</sup> Mental Health Commission of NSW (2017) Living well in later life: The case for change, Mental Health Commission of NSW, accessed October 2017, <https://www.nswmentalhealthcommission.com.au/report/living-well-later-life-case-change>

<sup>26</sup> ABS (2021c) 'Underlying causes of death (New South Wales) 2020' [data set], Cause of death Australia, ABS website, accessed October 2021, <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020>

<sup>27</sup> SNHN (2021) Sax Institute - 45 and Up Study [unpublished internal analysis], SNHN, Sydney.

<sup>28</sup> Australian Bureau of Statistics (ABS) 2021. Household Impacts of COVID-19 Survey, February 2021. ABS cat. no.4940. Canberra: ABS, accessed July 2022

Identified need	Key issue	Evidence
Impacts of dementia	Regional variation in the prevalence of dementia.	<p><b>Quantitative evidence:</b></p> <ul style="list-style-type: none"> <li>Nationally in 2021, the prevalence of dementia was estimated between 8.5% and 10.5% among people aged 65 years and over<sup>29</sup>. Estimates from Dementia Australia suggest that there may be higher proportions of dementia prevalence in Hornsby (13.2%) and Hunters Hill (12.5%) LGAs compared to the NSPHN region (11.3%) for people aged 65 years and over in 2021<sup>30</sup>.</li> <li>55.8% of people using permanent residential care in the Northern Sydney PHN region as at 30 June 2020 had a diagnosis of dementia<sup>31</sup>, compared to 54% nationally<sup>32</sup>.</li> </ul>
	Dementia hospitalisations rates within the NSPHN region increase with age, a similar trend is evident for NSW.	<ul style="list-style-type: none"> <li>Within the NSPHN region, dementia hospitalisations increase with age; 274 per 100,000 (95% CI: 236-310) for people aged 65-74 years, increasing to 1,561 per 100,000 (95% CI: 1,453-1,674) for people aged 75-84 years, and increasing again to 5,573 per 100,000 (95% CI: 5,282-5,876) for those aged 85 years and older<sup>33</sup>.</li> </ul>
Fall related hospitalisations	Higher rate of fall-related injury hospitalisations within NSPHN region compared to NSW, with a higher rate among females compared to males.	<p><b>Quantitative evidence:</b></p> <ul style="list-style-type: none"> <li>Whilst the prevalence of falls among people aged 65 years and over within NSPHN (22.1%; 95% CI: 14.9-29.3) is comparable to NSW (22.7%, 95% CI: 20.4-25) (2015), the rate of fall-related injury hospitalisations (3,638 per 100,000; 95% CI: 3,547-3,731) is higher in the NSPHN region compared to NSW (2,916 per 100,000; 95% CI: 2,887-2,944) in 2019-20. Disaggregating the rates further by gender, rates are higher for both NSPHN males (4,345 per 100,000; 95% CI:4,195-4,499) and females (5,154 per 100,000; 95% CI: 5,009-5,302) compared to NSW males (3,776 per 100,000; 95% CI:3,728-3,825) and females (4,297 per 100,000; 95% CI:4,251-4,345) respectively.</li> </ul>

<sup>29</sup> Australian Bureau of Statistics (ABS) 2021 'Population estimates by age and sex, by LGA 2020' [data set], Regional population by age and sex, ABS website, accessed October 2021, <https://www.abs.gov.au/statistics/people/population/regional-population-age-and-sex/2020>; AIHW 2021, Dementia in Australia [data set], AIHW website, accessed February 2022, <https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/population-health-impacts-of-dementia/prevalence-of-dementia>; Dementia Australia, 2018, *Dementia prevalence data 2018-2058*, commissioned research undertaken by NATSEM (National Centre for Social and Economic Modelling), University of Canberra, accessed November 2021

<sup>30</sup> Australian Bureau of Statistics (ABS) 2021, 'Population estimates by age and sex, by LGA 2020' [data set], Regional population by age and sex, ABS website, accessed October 2021, <https://www.abs.gov.au/statistics/people/population/regional-population-age-and-sex/2020>; Dementia Australia 2018, *Dementia prevalence data 2018-2058*, commissioned research undertaken by NATSEM (National Centre for Social and Economic Modelling), University of Canberra, accessed November 2021

<sup>31</sup> Australian Institute of Health and Welfare (AIHW) 2022, GEN data: My Aged Care Region, AIHW GEN website, accessed July 2022. <https://www.gen-agedcaredata.gov.au/My-aged-care-region>

<sup>32</sup> Australian Institute of Health and Welfare (AIHW) 2021, Dementia in Australia, AIHW, Australia, accessed August 2022, <https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/aged-care-and-support-services-used-by-people-with-dementia/residential-aged-care>

<sup>33</sup> HealthStats NSW (Centre for Epidemiology and Evidence) (2021) Health statistics New South Wales [data set], HealthStats NSW website, accessed July 2022, <https://www.healthstats.nsw.gov.au/#/home>

Identified need	Key issue	Evidence
		<ul style="list-style-type: none"> <li>The rate of fall related injury hospitalisations for people aged 65 and older in the NSPHN region has doubled from 1,747 per 100,000 (95% CI: 1,674-1,823) in 2002-03 to 3,638 per 100,000 (95% CI: 3,547-3,731) in 2019-20. The rate of fall related injury hospitalisations has increased by 108% in the NSPHN region between 2002-03 to 2019-20, higher compared to a 75% increase for NSW within the same time period<sup>34</sup>.</li> <li>Early intervention in identifying falls risk continues to be a key area of focus for NSPHN. Preliminary findings from administration of frailty screening tool across 10 general practices within the NSPHN region indicates that 34.6% of people aged 65 years and over screened exhibited signs of frailty<sup>35</sup>.</li> </ul>
Vulnerable groups	Population cohorts within the region that are disproportionately impacted, requiring targeted support.	<p><b>Qualitative evidence:</b> Vulnerable groups identified include:</p> <ul style="list-style-type: none"> <li>People from culturally and linguistically diverse backgrounds</li> <li>Aboriginal and/or Torres Strait Islander people</li> <li>LGBTI population</li> <li>People at risk of or experiencing homelessness</li> <li>People living alone without any support</li> <li>People with complex health issues/co-morbid health conditions, including people with comorbid physical and mental health issues</li> <li>People experiencing socio-economic disadvantage</li> <li>Forgotten Australians</li> <li>Care leavers</li> <li>People with drug or alcohol addiction</li> <li>People with communication or literacy barriers</li> <li>People with cognitive decline or difficulty understanding information or making decisions</li> <li>People at risk of domestic violence, sexual abuse or elder abuse</li> <li>People whose personal safety is at risk</li> </ul>

<sup>34</sup> HealthStats NSW (Centre for Epidemiology and Evidence) (2021) Health statistics New South Wales [data set], HealthStats NSW website, accessed July 2022, <https://www.healthstats.nsw.gov.au/#/home>

<sup>35</sup> SNHN 2022, Frailty dataset (August 2022)

Identified need	Key issue	Evidence
Service availability and utilisation	<p>Large waitlist for people awaiting allocation for an aged care package.</p> <p>The ageing NSPHN population will increase the demand for aged care services across the region. This will have significant strain and impact upon the aged care, primary care, and hospital sectors, with an increase in preventable hospitalisations, residential aged care admissions and carer stress.</p>	<p><b>Quantitative evidence</b></p> <ul style="list-style-type: none"> <li>Northern Sydney has the third highest number of Residential Aged Care Facilities in Australia by Aged care planning region (ACPR), with 106 facilities in the region.</li> <li>In the NSPHN region, 12,617 people aged 65 years and over accessed aged care services as at 30 June 2021. The majority of aged care services provided were Residential Aged Care (61.6%), followed by Home Care packages (37.6%) and Transition Care (0.8%)<sup>36</sup>.</li> <li>The proportion by age group of people in the Northern Sydney PHN region first admitted into aged care in 2019–20 differed between men and women. For men, the highest proportions were for those aged 85-89 years (27.5%), 90-94 years (23.2%), and 80-84 years (17.2%). For women the highest proportions were those aged 90-94 years (28.3%), 85-89 years (26.3%), and 80-84 years (16.7%)<sup>37</sup>.</li> <li>The rate of people accessing residential aged care is higher in the NSPHN region (50 per 1,000) compared to NSW (45 per 1,000) and Australia (45 per 1,000) as at 30 June 2021. In the NSPHN region, of the people accessing residential care, 0.1% were Indigenous (compared to 0.9% in NSW and Australia); 9.3% preferred a language other than English (compared to 11.4% in NSW and 9.1% nationally) and 22.1% were born in a non-English speaking country (compared to 21.8% in NSW and 19.5% in Australia)<sup>38</sup>.</li> <li>The rate of people aged 65+ years accessing home care packages in the NSPHN region (30.2 per 1,000) is lower compared to NSW (42.6 per 1,000) and Australia (41.3 per 1,000) as at 30 June 2021<sup>39</sup>. According to the latest Home Care Packages Program Data Report, NSPHN has the highest number of people awaiting allocation to Home Care packages in NSW as at December 2021. 1,226 people are awaiting</li> </ul>

<sup>36</sup> Australian Institute of Health and Welfare (AIHW) 2022, People using aged care services, 30 June 2021, AIHW GEN website, accessed August 2022, <https://www.gen-agedcaredata.gov.au/Resources/Access-data/2022/April/GEN-data-People-using-aged-care>

<sup>37</sup> Australian Institute of Health and Welfare (AIHW) 2022, GEN data: My Aged Care Region, AIHW GEN website, accessed July 2022. <https://www.gen-agedcaredata.gov.au/My-aged-care-region>

<sup>38</sup> Australian Institute of Health and Welfare (AIHW) 2022, People using aged care services, 30 June 2021, AIHW GEN website, accessed August 2022, <https://www.gen-agedcaredata.gov.au/Resources/Access-data/2022/April/GEN-data-People-using-aged-care>

<sup>39</sup> Australian Institute of Health and Welfare (AIHW) 2022, People using aged care services, 30 June 2021, AIHW GEN website, accessed August 2022, <https://www.gen-agedcaredata.gov.au/Resources/Access-data/2022/April/GEN-data-People-using-aged-care>

Identified need	Key issue	Evidence
		<p>allocation for a Level 1 and 2 Home Care Package and 1,342 people are awaiting allocation of Level 3 and 4 Home Care Package<sup>40</sup>.</p> <ul style="list-style-type: none"> <li>In the Northern Sydney PHN region of people using home support services in 2019-20; 74.7% did not have a carer, 15.5% had a disability and 46.8% lived alone<sup>41</sup>. Additionally, of those aged 65+ years using home care services in the NSPHN as at 30 June 2021, 0.3% were Indigenous (compared to 2.1% in NSW and 1.6% in Australia), 17.8% preferred a language other than English (compared to 17.9% in NSW and 16.7% in Australia) and 34% were born in non-English speaking countries (higher compared to 29.3% in NSW and Australia).</li> </ul>
Barriers to accessing services	A range of barriers exist for older people seeking access to appropriate aged care, health and social support.	<p><b>Qualitative feedback:</b></p> <ul style="list-style-type: none"> <li>Consultation with stakeholders across the region identified declining physical function, associated frailty, and high falls risk as key emerging needs for older people across the region, requiring additional access to allied health supports.</li> <li>Consumers vary substantially in terms of mobility, social support, cognitive ability, income, ability to use technology and cultural background, impacting their ability to access appropriate support. Consultation highlighted the need for the local Care Finder program to offer flexible mode of service delivery including outreach-based support in order to maximise reach.</li> <li>Additionally, there is a need to ensure services are culturally safe and appropriate for CALD, Indigenous and LGBTI groups. Cultural beliefs and expectations influence how consumers define health and illness, impacting their decision making in how and when healthcare services are accessed<sup>42</sup>.</li> <li>A range of barriers exist including: <ul style="list-style-type: none"> <li>Traumatic or negative experience in health, government, or institutional settings</li> <li>Fear of discrimination for health or care providers, resulting in delayed or avoided care</li> </ul> </li> </ul>

<sup>40</sup> Australian Government Department of Health 2022, Home care packages program data report 2<sup>nd</sup> Quarter: 1 October – 31 December 2021, Department of Health, Australian Government, accessed February 2022.

[https://www.gen-agedcaredata.gov.au/www\\_ahwgen/media/Home\\_care\\_report/Home-Care-Data-Report-2nd-Qtr-2021-22.pdf](https://www.gen-agedcaredata.gov.au/www_ahwgen/media/Home_care_report/Home-Care-Data-Report-2nd-Qtr-2021-22.pdf)

<sup>41</sup> Australian Institute of Health and Welfare (AIHW) 2022, GEN data: My Aged Care Region, AIHW GEN website, accessed July 2022. <https://www.gen-agedcaredata.gov.au/My-aged-care-region>

<sup>42</sup> NSW Ministry of Health 2019, NSW plan for healthy culturally and linguistically diverse communities: 2019-2013, NSW Ministry of Health website, accessed October 2020.

[https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019\\_018](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_018)



Identified need	Key issue	Evidence
		<ul style="list-style-type: none"> <li>○ Financial barriers preventing people from accessing services, including cost of travel, medications and allied health treatments</li> <li>○ Lack of an advocate who can support in navigating appropriate support, particularly impacting those without carers, people with severe or complex mental illness or people experiencing or at risk of homelessness</li> <li>○ Limited availability of health service providers with relevant ethnic backgrounds and language speaking abilities, impacting the ability of CALD groups to access services</li> </ul>
Service gaps and needs for care finder support	Need for additional support in navigating local services, with a targeted focus on further improving cross-sectoral system integration to facilitate early access to support.	<p><b>Qualitative feedback:</b></p> <ul style="list-style-type: none"> <li>● Stakeholder consultation identified fragmented care, with lack of primary care services that provide both clinical and social care coordination. Challenges exist for both health professionals and clients/carers attempting to navigate the system. Services largely utilised by clients that have pre-existing packages or can afford private services.</li> <li>● Service mapping undertaken for Health Pathways, indicates that there are over 230 general health, specialist, social work, and hospital-based services providing targeted support for older people. The type of care and eligibility for care provision varies widely across services, which is often compounded by unclear referral pathways and lack of awareness of available support. This often results in delayed access to support, with clients often requiring acute services.</li> <li>● Consultation also identified that fragmentation of the aged care service system has been further exacerbated as a result of the COVID-19 pandemic with segmented communication across the system around service availability, capability, and capacity. Consultations highlighted that demand for services outstrips supply, with lack of awareness about Care Finder trials that are currently under operation. A need for increasing awareness of available local services to support navigation of pathways for both service providers and community members was identified as being pertinent.</li> <li>● There is limited availability of regional workforce data to identify current capacity, capability, and training needs of the care finder workforce. Generally, consultations undertaken have indicated that with the ongoing impacts of the COVID-19 pandemic, health professionals continue to operate at capacity, with workforce</li> </ul>

Identified need	Key issue	Evidence
		<p>shortages across primary and acute services. Consultations have also highlighted the need to engage highly experienced staff and ensuring the workforce is appropriately trained to support emotion and social needs of clients. NSPHN will continue to undertake further consultation to identify regional capacity, capability, and training needs of the care finder workforce.</p> <ul style="list-style-type: none"> <li>As highlighted in the evaluation of the Care Finder trials and Care Finder policy guidelines, stakeholders indicated high levels of cultural safety and trauma-informed care are required skills in a Care Finder workforce, who will need to be supported through supervision and reflective practice.</li> <li>Extensive wait times are currently being experienced for aged care services due to lack of workforce, impacting the ability to provide care at the right time. This is exasperated by the transitioning funding model of home and community care.</li> </ul>
	<p>Lack of providers providing care navigation support, with NSPHN aiming to roll out an assertive outreach program through Care Finder.</p>	<p><b>Qualitative feedback:</b></p> <ul style="list-style-type: none"> <li>There are no ACH providers within the NSPHN region, with lack of providers delivering assertive outreach services to older people in the community.</li> <li>NSPHN currently co-commissions the Health Navigators program with the Northern Sydney Local Health District (NSLHD). The service aims to improve coordination of care for older people within the region by supporting health providers and consumers within the NSPHN region to navigate appropriate clinical and community services, aligned to individual consumer needs. Service activity data from Health Navigators for February 2021 to June 2022 indicated that majority of callers sought support for access to community care and allied health services, particularly home visiting services tailored to support clients that are housebound.</li> <li>NSPHN will engage with community-based organisations currently delivering outreach services to vulnerable groups within the region to identify opportunities to expand existing service models to specifically target the needs of older people within the region.</li> </ul>