Care Finder Program

Template for Once-off Report on Supplementary Needs Assessment Activities

In accordance with Item E.6 of the Aged Care Schedule, PHNs must use this template to submit the Once-off Report on Supplementary Needs Assessment Activities due by 31 August 2022.

Gippsland PHN

Instructions

Background

Prior to the initial commissioning of care finder services, the PHN must undertake additional activities, to supplement its existing Needs Assessment, to identify local needs in relation to care finder support.

These additional activities will provide the evidence base for the PHN's initial commissioning approach to care finder services and will therefore determine the services that the PHN will commission alongside the existing Assistance with Care and Housing (ACH) providers who will be offered a contract as care finders.

Purpose

The Once-off Report on Supplementary Needs Assessment Activities will:

- provide information on the additional activities undertaken by the PHN to identify local needs in relation to care finder support

- set out the evidence base for the PHN's initial commissioning approach to care finder services

- be a stand-alone update to the PHN's existing Needs Assessment

- inform development of the PHN's amended Activity Work Plan due by 31 August 2022.

Following the Once-off Report on Supplementary Needs Assessment Activities, the PHN will report on the outcomes of needs assessment activities relevant to the care finder program as part of its annual updated Needs Assessment.

Guidance

This template includes guidance to support the PHN in undertaking the additional activities to identify local needs in relation to care finder support. This guidance should be read in conjunction with, and is intended to complement, the guidance provided in the PHN Program Needs Assessment Policy Guide.

Submission requirements

The PHN must provide the information required in each section of this template. Limited supplementary information may be provided in attachments, but the PHN must not use attachments as a substitute for providing the information required in each section of this template.

The PHN must submit its completed template electronically, in the format of Microsoft Word 2003 or above, to the relevant state/territory PHN Program Manager mailbox and cc carefinders@health.gov.au. The instructions and guidance in this template (marked in italics) should be deleted prior to submission.

Reporting period

The Once-Off Report on Supplementary Needs Assessment Activities will set out the evidence base for the PHN's initial commissioning approach to care finder services and will therefore address the three-year period from 1 July 2022 to 30 June 2025.

The PHN will review and, where relevant, update the information in this Report as part of its annual updated Needs Assessment.

Public reporting

At a minimum, the PHN is required to make Section 2 of the Once-off Report on Supplementary Needs Assessment Activities publicly available on its website.

Acronyms

ABS Australian Bureau of Statistics
ACAS Aged Care Assessment Service
ACCO Aboriginal Community Controlled Organisation
ACH Assistance with Care and Housing
ACP Advance Care Planning
AIHW Australian Institute of Health and Welfare
BRHS Bairnsdale Regional Health Service
CALD Culturally And Linguistically Diverse
COTA Council Of the Ageing
CGHS Central Gippsland Health Service
DVA Department of Veteran Affairs
ED Emergency Department
ERV Elder Rights Victoria
FTE Full Time Equivalent
GEN In GEN Aged Care, GEN is short for general information
GP General Practitioner
GMS Gippsland Multicultural Services
HAAG Housing for the Aged Action Group
HARP Hospital Admissions Risk Program
HNA Health Needs Assessment
LGA Local Government Area
LGBTIQ+ Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
MAC My Aged Care
MPHWP Municipal Public Health and Wellbeing Plan
NACCHO National Aboriginal Community Controlled Health Organisation
NDIS National Disability Insurance Scheme
OT Occupational Therapist
PHIDU Public Health Information Development Unit
PHN Primary Health Network
POLAR Population Level Analysis and Reporting
PPH Potentially Preventable Hospitalisations
RAC Residential Aged Care
RACF Residential Aged Care Facility
RADAR Rapid Assessment of the Deteriorating Aged at Risk
RAS Regional Assessment Service
RSL Returned and Services League of Australia
SA2 Statistical Area 2
SEIFA Socio-Economic Index for Areas
U3A University of the Third Age

Section 1   Narrative

1.1   Actions to determine additional activities

Gippsland PHN's actions to determine the additional activities required to understand local needs in relation to care finder support included:

- An internal Aged Care Working Group with members from relevant teams was set up to guide the PHN's work across the aged care program, including the additional activities undertaken to identify local needs in relation to care finder support.

- A review of the most recent Health Needs Assessment, in particular the chapters about three existing priority areas:
    - People aged 65 years or older
    - Dementia
    - Access to care that meets people's needs

    Selected information from other sections were also noted and where relevant, are referred to within this document, including about Aboriginal and Torres Strait Islander health and wellbeing and people with a disability.

- Scoping to explore and determine:
    - Evidence-base for the care finder model and commissioning approach
    - Available quantitative data to understand the demographics of the local population in relation to care finder support
    - Key stakeholders for engagement to identify local needs in relation to care finder support
    - Data and information to build an understanding of the local service landscape as relevant to care finder support

- Collaboration with other Victorian and Tasmanian PHNs:
    - Develop a shared understanding of the evidence base for the model and commissioning approach for care finder services
    - Collaborate to build an understanding of the needs of relevant populations in relation to care finder support through shared data, information and methodologies, including;
        - Approaches to stakeholder engagement and communications
        - Findings from joint consultations with service providers, especially where they cross PHN boundaries
        - How to triangulate information and identify priority areas

1.2   Additional activities undertaken

Gippsland PHN undertook the following additional activities to identify local needs in relation to care finder support:

- Public data analysis to understand the profile and needs of the local population in relation to care finder support:
    - Data from the recently released ABS 2021 census were used where possible to ensure the most up to date information about the local care finder target population was used.
    - A more detailed analysis to understand the needs of local care finder target population sub-groups was based on available data, including;
        - PHIDU Social health atlas of older people, released July 2021
        - GEN Aged Care data
        - Australian Institute of Health and Welfare data and reports
        - Data from the Victorian Population Health Survey 2020
- Internally available data and insights, including analysis of general practice and emergency department activity for older people.
- A key stakeholder analysis to identify relevant groups was undertaken and an engagement plan developed to suit requirements, including timelines.[7] See summary in
- **Table 1**. Key components included:
    - More detailed review of previous engagement activities by Gippsland PHN and partner organisations.
    - A survey designed to suit all key stakeholders to understand local needs for care finder services in Gippsland was developed. It included open ended questions to learn more about sub-populations and specific geographies that may be most in need and types of services and workforce to meet requirements.
    - Interviews with interested individuals identified via the survey or through other engagement with key stakeholders.

Table 1. Overview of additional stakeholder consultation for care finder needs assessment by Gippsland PHN in 2022.

Group	Timing	Method	Summary results
Gippsland PHN Clinical Councils and Community Advisory Committee	August 2022	Agenda item for discussion at Clinical Councils and Community Advisory Committee meetings Survey with follow up interviews	Identification of community need, service and workforce insights and suggested options to address needs and provide an integrated service
Providers of aged care services or organisations delivering aged care navigation supports	June - August 2022	Meetings with key organisations delivering aged care services, including Gippsland Community Care Alliance (incorporates the Gippsland Sector Development Team), Micare, Vincent Care, Regional Assessment Service, Assistance with Care and	Awareness in sector of Gippsland PHN's role in aged care Opportunities to raise concerns and inform needs assessment

| | | Housing (ACH) and Access and Support Network

Survey with follow up interviews | |
|---|---|---|---|
| Clinicians and other professional stakeholders | | Meetings with key contacts at health services

Survey with follow up interviews | Insights to current state of aged care sector |
| Community, consumers and carers | August 2022 | Survey with follow up interviews | Community perspective on accessing and navigating the aged care sector |
| Local Government | On-going | Existing structures to support the Municipal Public Health and Wellbeing Planning (MPHWP) process

Meetings with Positive Ageing Officer and other relevant staff | Alignment between LGA MPHWPs for 2021-25 and Positive Ageing Plans |
| Survey for professionals and community, consumers and carers | August 2022 | Survey with follow up interviews distributed through PHN newsletters, professional networks and staff email contacts | 45 survey responses 12 interviews |
| Workshop for Priority Setting | August workshop | Zoom meeting with involvement of Gippsland PHN Aged Care Working Group, two Community Advisory Committee members and one Clinical Council member | Improved robustness and transparency of the priority setting process |
| Other PHNs | On-going | Victoria and Tasmania PHN Alliance facilitated working groups and a Conference, including a needs assessment specific group
Joint engagement with common stakeholders including COTA Australia and ACH providers | Sharing of resources, methodology, engagement learnings and ideas

Common tender approach |
| Gippsland PHN | Fortnightly | Aged Care Working Group | A whole of organisation approach |

- An analysis of services, supports and workforce relevant for the care finder program included:

    o GEN Aged Care data, including providers of home support, home care and residential care

    o My Aged Care resources, including the find a provider tool

    o Healthdirect Health map

    o Local engagement findings

    o HeaDS UPP tool

1.3   Processes for synthesis, triangulation and prioritisation

The process of synthesis, triangulation and priority setting was a simplified version of the method used for the Gippsland PHN Health Needs Assessment 2022-25.[4] Key components included:

- An internal Aged Care Working Group helped shape the methods of data and information gathering and was vital in supporting the engagement plan. Early findings were presented to the group and advice sought on next steps.

- A priority setting workshop with some members of the Aged Care Working Group, two Community Advisory Committee members and one Clinical Council member was held to prioritise issues once draft results were available from engagement activities. The process included the following stages;
    - A list of identified issues was presented, and any additional issues noted
    - Issues were ranked, and reasons for ranking discussed with consideration of a range of criteria
    - Draft priority issues were circulated for any further feedback

- Recommended priority areas were reviewed by the full Aged Care Working Group as a final layer of PHN review of Gippsland PHN's care finder priority areas.

- The care finder needs assessment was reviewed and endorsed by the Gippsland PHN Executive team prior to submission.

1.4   Issues encountered and reflections/lessons learned

Data issues

Challenges included:
- Data about admissions to aged care through GEN My Aged Care are not available by small geography (aged care region is the minimum) and this limits ability to analyse service use in smaller areas.
- Very limited data about wait times for assessment and access to a suitable aged care service provider are available and this leads to a limited ability to analyse needs for geographic areas and population groups.
- Gathering comprehensive qualitative data from key stakeholders in the region was challenging in the limited time available between guidance being provided and the due date for submitting the needs assessment.
- Downloadable files on GEN Aged Care and provider tool on My Aged Care (MAC) website are difficult to analyse due to format issues. For example, a lot of qualitative information within one cell in Excel downloads rather than distinct categories of support. Ability to filter by aged care region and Local Government Area (LGA) would be helpful.
- Data for the vulnerable target groups of the care finder service are often not available, especially by small geography and where multiple factors are occurring. This is especially the case for elder abuse.
- Measures of quality of care and perceptions of care are not available.

- Limited data about aged care workforce by geography, setting, skills and qualifications.

Additional issues and lessons learned/reflections

Challenges included:
- Uncertainty about timelines, funding and model for other components of the reformed aged care system meant that much time with stakeholders was used to explain the PHN role and lack of ability to affect other vital parts of the service system.
- An extension was announced to the roll out of Support at home to July 2024, however the Integrated Assessment program has not had confirmation of a commencement date, leaving the sector uncertain of the future.
- Uncertainty about the future of Access and Support workers in Victoria beyond June 2023 and the process if the same organisation becomes a care finder program provider.

Section 2   Outcomes

Identified need	Key issue	Evidence
Groups of people		
Gippsland has a large proportion of older people, and it is growing rapidly	A high proportion of the population is aged 65 years or older, especially in East Gippsland and Bass Coast. Largest older population is in Latrobe and East Gippsland. The older population is growing fast.	• The median age of people in Gippsland is 46 years compared to 38 years in Victoria. The median age of Indigenous people in Gippsland is 23 years.[1] • A total of 74,552 people in Gippsland were aged 65 years or older in 2021; 31,026 people were aged 75 years or older. • 49.1% were male (36,182 people) and 50.9% were female (38,374 people). • Latrobe and East Gippsland LGAs have the largest populations of people aged 65 years or older. See **Figure 1**. • 24.8% of people in Gippsland are aged 65 years or older; highest in East Gippsland (30.9%), Bass Coast (29.5%) and South Gippsland (26.5%). Very high compared to Victoria 15.6%.

Identified need	Key issue	Evidence
		Figure 1. Number of people aged 65 years or older (and as % of total population) by Gippsland LGA, 2021. _Bar chart showing People 65+ and Per cent of total population aged 65+ by LGA:_ Bass Coast (S): 12,042 bar, 29.5% Baw Baw (S): 12,377 bar, 21.5% East Gippsland (S): 15,053 bar, 30.9% Latrobe (C): 16,332 bar, 21.1% South Gippsland (S): 8,118 bar, 26.5% Wellington (S): 10,576 bar, 23.2% Legend: ■ People 65+ ● Per cent of total population aged 65+ • By 2030, the total population aged 65 years or older in Gippsland is expected to be 88,573 people or 28.1% of the total population (34.9% in East Gippsland and 33.5% in Bass Coast); the second highest among Australian PHNs and an increase of 19%. However, this is likely an underestimate.[2] • The fastest growth in the number of older people is expected in Baw Baw and Bass Coast.

Aboriginal and Torres Strait Islander people	Generally poorer health outcomes and multiple and complex needs.	• The Royal Commission into Aged Care Quality and Safety identified that Aboriginal and Torres Strait Islander people have specific needs in accessing aged care. Recommendations included:[3]
		    ○ culturally appropriate and safe care – including growing the Indigenous aged care workforce
		    ○ a need for trauma-informed care, particularly with members of the Stolen Generations
		    ○ increase availability of care on Country (or with options to return to Country)

Identified need	Key issue	Evidence
	Limited access to culturally safe aged care for older Indigenous people. Majority of Indigenous people reside in East Gippsland, Latrobe and Wellington, but there are no ACCOs in other LGAs. Preference for a holistic approach to aged care.	o integrate aged care with existing Indigenous organisations • For planning and reporting purposes, the concept of 'older' is extended to Aboriginal and Torres Strait Islander Australians aged 50–64 years.[29] • The Aboriginal and Torres Strait Islander population has a much younger age structure than the non-Indigenous population with a medican age of 23 years compared to 46 years in Gippsland.[1] • An estimated total of 1,195 Aboriginal and Torres Strait Islander people aged 50 years or older in Gippsland in 2021; 379 in East Gippsland and 268 in Latrobe (see **Table 2**).[8] **Table 2. Aboriginal and Torres Strait Islander population aged 50 years or older by Gippsland LGA, 2021.** _(see table below)_ • The median weekly income for Aboriginal and/or Torres Strait Islander persons was $551, compared to $655 for non-Indigenous people.[1] • Mental illness and substance use disorders is the leading disease group causing total burden of disease for Indigenous people, accounting for 23% compared to 12% for non-Indigenous people.[4] • Hospital admissions were 2.6 times more common for Aboriginal and Torres Strait Islander people in Gippsland compared to non-Aboriginal people. • National data show that older Indigenous people often have traumatic experiences in their past, including being imprisoned (10%) and experiences of physical violence (6.5%).[5] • Nationally, Aboriginal and Torres Strait Islander people are overrepresented for use of home care packages, but underrepresented for use of other aged care services.[6] • Older Indigenous people are more likely to experience disadvantage due to other factors affecting health than other Australians, including homelessness (23%), low income and lower education levels. • Aboriginal Community Controlled Organisations (ACCOs) provide services in East Gippsland, Wellington and Latrobe LGAs.

Table 2. Aboriginal and Torres Strait Islander population aged 50 years or older by Gippsland LGA, 2021.

Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	GIPPSLAND	VICTORIA
106	78	149	268	379	200	1,195	12,224

Identified need	Key issue	Evidence
		• A Trusted Indigenous Facilitator program is being implemented to support Aboriginal and Torres Strait Islander people in Gippsland, this is being implemented through NACCHO.[7] At the time of writing, no provider organisation or timing for this service to begin was available. • Local engagement noted that older Aboriginal people are more likely to experience chronic conditions and other factors that make it difficult to access services and supports, including housing stress, past trauma and family violence.[30] A holistic approach is preferred and trust in the person / organisation providing a service is foundational. • There is a gap in local culturally safe aged care services and supports for Aboriginal and Torres Strait Islander people, including to help navigate the aged care system.[30]
People with a disability	Gippsland has a high rate of older people with a disability. Multiple barriers to service access, including experiencing lack of respect and poor communication. People aged 65 years or over are not eligible for NDIS. Lack of suitable infrastructure, skilled workforce	• 14.4% of Gippsland people aged 15 years or older provided unpaid assistance to a person with a disability in 2021 (compared to 11.9% in Australia); highest in South Gippsland (15.1%), Bass Coast and East Gippsland (14.6%).[8] Gippsland PHN had the highest proportion of Australian PHNs. • People with a disability generally have poorer health outcomes compared to people without a disability, including a high rate of psychological distress, hypertension and obesity.[4] • Factors contributing to poorer health outcomes for people with a disability include lower income, more likely to experience violence and discrimination, more likely to live alone and to avoid situations due to their disability, including social interactions and seeking healthcare. • There were a total of 6,392 people aged 65 years or older with a profound or severe disability living in the community in Gippsland in 2016 (**Table 3**); this represents 12.1% of all people 65+. **Table 3. People aged 65+ with a profound or severe disability and living in the community by Gippsland LGA, 2016.** {{TABLE3}} • The aged care system is not set up to support the specific needs of older people with disabilities.[9] • Locally, it has been identified that a lack of regular screening for hearing and vision loss can lead to misunderstanding people's behaviour and potentially misdiagnoses.[10]

Table 3:

Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	GIPPSLAND	VICTORIA
869	585	1,035	1,703	1,287	908	6,392	164,763

Identified need	Key issue	Evidence
	and services to meet diverse needs.	• A person who develops a disability after turning 65 can only access aged care services, while a person on the NDIS when turning 65 can choose if they remain on NDIS or transfer to aged care services.[11] • Survey data suggest that 52% of home care package providers in Australia provided services under the National Disability Insurance Scheme (NDIS) in 2020.[28] • Local engagement noted that older people with a disability commonly experience multiple barriers to accessing care to meet their needs, including dependence on others, isolation, low income and poor physical health.[30]
People from CALD backgrounds	Limited access to culturally safe care and support. Limited opportunities for cultural connections due to low acceptance of multiculturalism. Ensure availability of interpreters.	• An estimated 541 people across Gippsland aged 65 years or older have low English proficiency; 265 (49%) of them reside in Latrobe.[1] • The top five languages spoken at home among older people with low English proficiency were Mandarin, Vietnamese, Cantonese, Greek and Italian. • 52% of people in Gippsland were estimated to agree that multiculturalism makes life better in 2020 and this was the lowest estimate among PHNs in Victoria; women (54%) were more likely to agree than men (50%).[46] Lowest level of agreement was found in East Gippsland (42%), Baw Baw (50%), Latrobe (50%) and Wellington (52%). • Nationally, CALD people are overrepresented for use of home care packages, but underrepresented for use of other aged care services.[6] • Cultural barriers include difficulty with navigating the aged care system, challenges with understanding and interpreting services and a heavy reliance on family to assist.[30] • Advisory groups highlighted the needs of CALD members of our community as a group likely to 'fall through the cracks' if they don't have family to support them.[44] Concern about genuine communication with CALD individuals. • Evidence of increased demand for clients with CALD backgrounds. • Ensure provision for interpreters and including family member / friend as appropriate.
Veterans	Increased risk of death by suicide. Lack of providers for DVA aged care services.	• The 2021 Census included, for the first time, a question on Australian Defence Force (ADF) service. In Gipppsland, 4,962 people aged 65 years or older had ever served in the ADF; 93% were male.[1] • In general, male veterans have as good or better health than other males, but are at higher risk of death by suicide.[12] • Survey data suggests that 33% of home care package providers in Australia provided services under the Department of Veterans' Affairs (DVA) in 2020.[28]

Identified need	Key issue	Evidence
		• Local service providers may not be registered as a DVA support services, leading to few service options.[30]
LGBTIQ+ people	Older LGBTIQ+ people commonly have multiple barriers to seeking support. A gap in access to specialised support across Gippsland.	• People who are LGBTIQ+ are more likely to have low income, mental health issues and to have experienced discrimination.[4] • Local data indicates that LGBTIQ+ people are less likely to have a usual doctor.[4] • Insights from engagement in Latrobe shows that it is common for people in the LGBTIQ community to have poor past experiences when seeking health care and how this can lead to poor mental health, isolation and avoidance.[13] • The prospect of moving into an aged care facility can cause fear. • Older LGBTIQ+ people are less likely to have support from family and many are not yet out. This means they can be reluctant to access services from a specialised provider but may also feel too unsafe with a mainstream provider.[30] • Gippsland does not offer a dedicated LGBTI aged care support service. • Example model is Val's LGBTI Ageing and Aged Care to support local community.[14]

Carers	Older people often have a caring role coupled with own needs for support.
	
	Barriers to accessing care results in added burden on carers.
		• Advisory groups highlighted that carers often need support to access services both for themselves and the person they care for.[44]
		
		"Ageing carers that are caring for those with disability… looking at how this cohort is serviced and assisted." [Advisory group member]
		
		• Health and social care needs for older people and their families and carers identified by Carers Victoria:[15]
		  o Need a scheme for home modifications as exists in NDIS to address poorly-accessible housing and expensive retrofitting
		  o CALD and newly-arrived families have less support
		  o Carer role is often placed on one person rather than shared
		  o Difficulties navigating system, registering as a representative on My Aged Care
		  o Lack of planned respite as the financial model does not incentivise aged care providers to make bookings too far in advance and carers cannot make advanced bookings for respite purposes
		  o Significant confusion about aged care reform and the impact on current services, for example LGAs have now withdrawn services but new providers do not have workforce
		  o Impact of COVID includes that many carers are now providing more complex, specialised care and high mortality in RACFs is a factor in future decision-making

Identified need	Key issue	Evidence
Health issues		
Mental health issues	Significant service gaps for older people with mental health issues across Gippsland. People experiencing mental health issues often have poor health outcomes. Commonly have multiple barriers to help seeking.	• Based on general prevalence estimates, an expected 2,311 people in Gippsland aged 65 years or older have severe mental illness, 3,429 moderate, 6,710 mild and 17,296 are at risk of mental illness.[4] • Depression is a top diagnosis among older people attending a general practice in Gippsland.[4] • People with a mental illness are more likely to also experience poor physical health, disabilities, alcohol and other drug issues, homelessness and abuse.[4] • Males aged 85 years or older have the highest suicide rate based on national data.[16] • Local engagement identified people living with mental health issues as a key group of people not accessing in-home services and supports when they genuinely need them.[30] • People who experience mental health issues often have past trauma associated with help seeking. This can be due to stigma, encountering poorly qualified staff and a lack of access to services and supports at the time of need.[30] • Professionals described challenges related to supporting people with mental health issues, including accessing mental health support for older people struggling with housing and long wait lists for referrals for social work and mental health support.[30] *"Unsuccessful attempts to refer to mental health support for older people..."* [Professional] • A need to integrate an improved, consistent approach to intake, referral and assessment in the aged care system. • Improved capacity and capability of aged care services to enable prevention and early intervention for mental health issues.
Chronic disease	Chronic conditions are common in Gippsland and are the leading cause of PPHs. Multiple chronic conditions	• Census data suggests that there are a total of 9,341 people aged 65 years or older across Gippsland diagnosed with three or more long term conditions in 2021; 2,444 in Latrobe, 1,637 in East Gippsland and 1,612 in Baw Baw.[1] • Potentially preventable hospitalisations (PPH) for chronic conditions accounted for 70% of total PPHs among people aged 65 years or over in Gippsland in 2019-20 (compared to 62% nationally).[17] • There were 3,847 PPH for chronic conditions for people 65 years or older in Gippsland in 2019-20 (of a total 5,508 PPH for all conditions). • Gippsland had 5,806 chronic PPH per 100,000 people (crude rate) compared to 5,014 nationally.

Identified need	Key issue	Evidence
	compounds care needs, especially in vulnerable populations.	• Top chronic conditions leading to PPH in Gippsland for people aged 65 years or older were; Chronic Obstructive Pulmonary Disease (880 PPH), congestive cardiac failure (829) and diabetes complications (781). • Nationally, priority populations for reducing the impact of chronic conditions have been idenfiied. They are people experiencing socioeconomic disadvantage, people living in remote, or rural and regional locations and Aboriginal and Torres Strait Islander people.[18] • People living with chronic diseases were identified in local engagement as a group of people not accessing in-home services and supports when they genuineliy need them.[30]
Dementia	A top cause of death and disability in Gippsland. Greatest numbers in Latrobe, Baw Baw, Bass Coast and East Gippsland. People living with dementia often do not receive the services and supports they need. Increased involvement of carer / consumer	• Census data suggests that there are a total of 2,097 people aged 65 years or older across Gippsland diagnosed with dementia in 2021; 520 in Latrobe, 444 in Baw Baw, 324 in Bass Coast and 309 in East Gippsland.[1] • Based on estimates, total numbers of people living with dementia in Gippsland may be much higher at 7,488 people (of all ages) and increasing rapidly.[4] • Dementia is the second cause of death among females in Gippsland and the sixth cause of death among males. • 63% of people living with dementia report experiencing discrimination. • A Gippsland PHN study has demonstrated that service and support needs of people living with dementia are not currently met. Increased support to navigate the system and easier access to the right home support services were key themes for improvement.[19] *"My Aged Care is so complex…"* [Person living with dementia] *"…people just don't seem to know about it (home support options)."* [Carer] • Local options for people worried about their own or someone else's memory or thinking were summarised and highlights the importance of talking to a GP as a first step.[19] *"Health professionals, of all backgrounds, continue to have a lack of knowledge."* [Professional] • People living with dementia were identified as a key group of people not accessing in-home services and supports when they genuineliy need them in local engagement.[30] • Dementia Australia provides several national and State wide services including information and education, peer support, counselling for people living with dementia and family / carers. [20]

Identified need	Key issue	Evidence
	to ensure needs are met.	• Local face to face services in Gippsland include a Memory Lane Café on Philip Island and the Allied Health Brain Works program which uses Cognitive Stimulaton Therapy to improve the quality of life for older adults with dementia.
Frailty	Identification of frail people to prevent decline and crisis. Frailty is related to chronic disease and can be a good descriptor of complexity in older age. Highest number of people with a need for assistance in Latrobe, East Gippsland and Baw Baw.	• Frailty increases with age and can be defined as a decline of physical and cognitive reserves that leads to increased vulnerability. It is associated with falls, longer stays in hospital and difficulty recovering from illness and increased risk of mortality.[21] The importance of recognising frailty in older people is noted to reduce the risk of onset or deterioration and support people to retain their independence. • Frailty and chronic disease are related, and the presence of chronic disease contributes to frailty. Frailty can be a good descriptor of complexity found in older age as it considers physical, psychological, socioeconomic and spiritual factors.[22] • A frailty analysis by geography indicates a high number of frail people aged 65 years or older in Gippsland. Highest numbers (estimates for 2016 for SA2 areas) were for Wonthaggi – Inverloch (686), Traralgon (540), Bairnsdale (447), Warragul (429), Moe-Newborough (426), Morwell (360), Drouin (358), Sale (338), Lakes Entrance (320), Philip Island (312), Maffra (296), Leongatha (278), Foster (253), Paynesville (246) and Korumburra (204).[23] • A total of 11,752 people in Gippsland aged 65 years or older had a need for assistance with core activities in 2021; highest numbers lived in Latrobe (3,164), East Gippsland (2,136) and Baw Baw (1,915).[1] • Advisory groups noted that people with declining health and mobility area a key group at risk of not getting the support they need.[44]
Falls risk	Falls often lead to hospital activity for older people.	• Accidental falls are the seventh cause of death for females and ninth for males.[4] • The rate of falls related hospital admissions was similar in Gippsland compared to Victoria over a five year period (2015-16 to 2019-20), 617 admissions per 100,000 people compared to 635. There were 2,070 admissions in 2019-20; 57% were for females.[4] • An analysis of ED presentations for Gippsland residents aged 65 years or older in 2020-21 showed that falls accounted for 10% of presentations (3,399 presentations); 33% of these were in Latrobe.[24]
Palliative and end-of-life care	Most people die in hospital.	• 40% of people exiting home care did so due to death (216 of 538 people in 2020-21).[28]

Identified need	Key issue	Evidence
	A gap in education and training to enable timely referrals. Advance Care Planning is an opportunity to improve outcomes.	• 78% of older people in Victoria who had been living in residential aged care shortly before their death died in residential aged care, 19% died in hospital, 1.7% died in emergency departments and 0.2% died in the community.[29] • 71% of older people not in residential aged care in the week before their death died in hospital, 26% in the community and 2.7% in emergency departments. • 2,616 average annual deaths in Gippsland.[25] • Palliative and end-of life care is an important component of general practice and awareness of referral options and supports for older people are critical. A gap in education, training and support has been identified.[4] • Providers of aged care often have limited training and skills in palliative care, leading to late referrals and preventable hospital activity, especially after-hours.[30] • Good communication at the time of referral is often lacking. *"We're placing you on the palliative care list – there was no discussion and support to understand what that means."* [Carer] • Advance care planning (ACP) benefits patients, their families and the healthcare system and promoting ACP within hospitals, general practice and residential aged care needs to be coupled with a common approach and digital infrastructure for making advance care plans accessible to a wide clinician audience.[26] • There has been an increased demand for palliative care.[44]
Service and workforce issues		

Equitable access to aged care services to meet people's needs	Existing services are not distributed to match population needs.
	
	Demand far exceeds capacity for in-home services and
		• People who are eligible for aged care services are generally aged 65 years or older, but can include younger people with needs, including:
		   ○ Aboriginal and Torres Strait Islander people aged 50 years or older
		   ○ Prematurely aged people who are aged 50 years or older (45+ for Aboriginal and Torres Strait Islander people), homeless or at risk of homelessness or on a low income
		• The AIHW notes that the majority of aged care is provided in people's homes, but the greatest spending is in residential aged care.[29] Home support is currently delivered under two care types:
		   ○ Home support (Commonwealth Home Support Program)
		   ○ Home care (Home Care Packages Program)

Identified need	Key issue	Evidence

	support across Gippsland.
	
	Too little or too late support at home leads to crises.
	
	Long wait times for people accessing services and supports at home.
	
	A high proportion of admissions to home care in Gippsland were for Level 1 care.
	
	People younger than 65 years are still admitted to RACFs.
	
	Need access to up to date and accurate information
		• In June 2021, there were a total of 17,867 people in Gippsland using home support, 3,457 using home care, 2,921 using residential aged care and 35 using transition care.[28]
		    o Of people in residential aged care;
		        ▪ 39.8% had a diagnosis of dementia (2019-20)
		        ▪ 314 people born in a non-English speaking country (10.7%)
		        ▪ 116 people were aged 64 years or younger (4.0%)
		        ▪ 24 people were Indigenous (0.8%)
		    o Of people using home support;
		        ▪ 91.0% had no carer
		        ▪ 42.9% lived alone
		        ▪ 30.0% had a disability
		        ▪ 23.5% were born outside Australia
		        ▪ 11.5% did not have English as their preferred language
		        ▪ 1.5% were Indigenous
		• An overview of admissions to aged care by type of care in 2020-21 is provided in **Table 4**.
		• There were 1,718 admissions to a home care package in Gippsland; [28]
		    o 92.5% (1,590) were a first admission for that person
		    o 62.0% were for females
		    o 39.8% were for Level 1 care (compared to 33.2% nationally) and 10.2% for Level 4 care (**Table 5**)
		    o 11.4% were born in a non-English speaking country; not stated country of birth for 17 admissions
		    o 1.5% had a preferred language other than English (26); not stated or inadequately described for 32 admissions
		    o 1.2% were Indigenous (22); not stated or inadequately described for 108 admissions
		    o 1.2% were aged 64 years or younger (21); 28.9% were aged 85 years or older (496)
		• 1,140 admissions for permanent residential aged care
		• 1,813 admissions for respite care
		• 215 admissions for transition care

Identified need	Key issue	Evidence

about local providers.

Table 4. Admissions for aged care in Gippsland by type of care (includes first and any subsequent admissions for people accessing aged care), 2020-21.[28]

	Home care package	Permanent residential care	Respite care	Transition care
Male	652 (38.0%)	457 (40.1%)	779 (43.0%)	81 (37.7%)
Female	1,066 (62.0%)	683 (59.9%)	1,034 (57.0%)	134 (62.3%)
Indigenous	22 (1.3%)	9 (0.8%)	26 (1.4%)	2 (0.9%)
English is not preferred language	26 (1.5%)	22 (1.9%)	28 (1.5%)	4 (1.9%)
Aged under 65 years	21 (1.2%)	30 (2.6%)	33 (1.8%)	6 (2.8%)
Aged 85+	496 (28.9%)	582 (51.1%)	886 (48.9%)	87 (40.5%)
TOTAL	**1,718**	**1,140**	**1,813**	**215**

Table 5. Admissions to home care in Gippsland by level of care (includes first and any subsequent admissions), 2020-21.[28]

Level of home care	Number	Per cent	Australia
Level 1	684	39.8%	33.2%
Level 2	471	27.4%	35.1%
Level 3	388	22.6%	20.8%
Level 4	175	10.2%	10.9%
Total – all levels	**1,718**		

- Exits from home care were to residential aged care for 52.8% of people: 40.1% due to death, 7.1% other.

Identified need	Key issue	Evidence

		• 86.8% of exits from RAC were due to death, 6.6% to other residential care, 4.4% returned to community, 1.4% to hospital and 0.9% other.
		• There were a total of 52 residential aged care service providers in Gippsland in 2020-21: [28]
		   o 17 government
		   o 21 not-for-profit providers
		   o 14 private providers
		• A total of 44 home care service providers in Gippsland in 2020-21: [28]
		   o 18 government
		   o 24 not-for-profit providers
		   o 2 private providers
		• In an analysis of care types available by LGA, the following gaps were noted:
		   o Residential care specific to CALD, Indigenous, homeless, rural and remote and LGBTI people were not available in each LGA.
		   o Local home care package providers with services for Care leavers, CALD, Indigenous, homeless, LGBTI people were not available in each LGA.
		• Services for people with dementia, a terminal illness, veterans, a disability or in-home respite were not available through all home care package providers.
		• In 2021, there were a total of 3,486 residential aged care places available across Gippsland (**Table 6**). The distribution by LGA shows that there were most places per population aged 70 years or older in Latrobe and Wellington and least in East Gippsland.
		• Advisory groups representing the Wellington / East Gippsland area highlighted a lack of available services in the area, including for home care services.[44]
		• There was concern about how the care finder model will work for their catchment area and advocated for an assertive outreach model.

Identified need	Key issue	Evidence

Table 6. Aged care residential places in Gippsland, by LGA.

Indicator	Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	GIPPSLAND	VICTORIA
Aged care residential places 2021[28]	482	327	524	1,105	524	518	3,486	NA
Aged care residential places per 1,000 people aged 70 years and over[27]	66	63	69	109	53	80	75	78

High compared to Australian LGAs, among 25% highest rates

- Nationally, there has been an increase in admissions to home care, but not to residential aged care. The stable number of people entering residential care may be attributed to an increased focus on care at home and for people under 65 years to be cared for elsewhere.[28]
- Waiting times to access aged care services after assessment are long with a national median wait of 5 months to access Level 4 care (the highest level of home care) for those assessed as high priority and 31 months if assessed as medium priority.[29] It is noted that waiting time for home support services may depend on the level of care required and the availability of services in the area; no data are available on these wait times.
- A key theme in local engagement with both community, consumers, carers and professionals was that current services are not meeting the needs for in-home services and supports in the population. More specifically: [30]
    - An increase in the number of older people cared for in their own home has led to a great need for increased services and supports and demand far exceeds capacity of available services.
    - People are not receiving the level of care that they have been assessed to require, leading to crisis.
    - Assessments may not reflect actual needs.
    - Older people present to general practices in crisis as a result of increased needs, often while waiting for access to increased support at home or to access services and supports for the first time.
    - Long wait times for urgent care.

"If you need a service urgently, emergency respite for instance, the waiting period is months" [Professional]

Identified need	Key issue	Evidence
		"…when you get an assessment done to then be told the waiting list is over 12 months, what is the point?" [Community member] • Advisory groups noted that people aged under 65 years are still admitted to aged care facilites despite efforts to reduce this as there are no alternatives.[44] • There is a need for home care packages to allow the older person to have choice and full control of what their package includes to make sure their needs are met.[44] • Aged care assessments need to be able to be fast tracked for those in urgent need.[44] • It is important to ensure accurate information about service providers is available through the MAC find a provider tool and elsewhere.[44]

Aged care service navigation support in Gippsland is limited	Aged Care System Navigation Measure trials largely did not extend to Gippsland.
	
	 Navigation support is available to selected LGAs and populations.
		• The evaluation of the Aged Care System Navigation Measure identified three main opportunities for the future of aged care navigation:[31]
		    o Professional navigation models delivered by a quality workforce, noting that peer models could be used alongside professional models to perform complementary functions.
		    o Face-to-face service delivery and outreach were seen as critical elements within holistic, multi-modal approaches to ensure engagement with and appropriate service delivery to diverse or vulnerable population groups.
		    o Aged care system navigation models should seamlessly integrate with other elements of the aged care system, and interface with other sectors (e.g. health, disability, social welfare) in order to support those with complex needs.
		 • Main tasks older people were assisted with were to:
		    o register with My Aged Care
		    o identify home care needs and service options
		    o communicate with My Aged Care on client's behalf
		    o guide clients through the options of aged care service providers to make informed decisions
		    o activate aged care services with their provider of choice
		    o understand out of pocket costs and financial hardship applications
		    o seek financial advice
		    o follow-up after services commence to ensure clients are satisfied that the service meets their needs.
		 • Complexity bands for levels of support were developed:

Identified need	Key issue	Evidence
		○ Band 0 = up to 2 hours of support ○ Band 1 = 2 to up to 5 hours of support ○ Band 2 = 5 to up to 10 hours of support ○ Band 3 = 10 to up to 15 hours of support ○ Band 4 = 15+ hours of support - Services which incorporate a navigation role, and Gippsland providers (if any), 2022: ○ Aged Care System Navigation Measure trials (until December 2022) ▪ Elder Rights Advocacy (ERA) services extend to Gippsland[32] ○ EnCOMPASS multicultural supports[33] (until June 2023) – no Gippsland providers ○ Commonwealth Home Support Program (CHSP) incorporates: ▪ Assistance with Care and Housing (ACH) services relevant for Gippsland include: • MiCare (Baw Baw and East Gippsland) • VincentCare Victoria (Latrobe and Baw Baw)[34] • Housing for the Aged Action Group (HAAG), intake portal for Victoria only ▪ Access and Support Services (also State funding from Home and Community Care Program for Younger People), (until June 2023): • Dementia in Bass Coast, Baw Baw, East Gippsland, Wellington (LCHS) • Aboriginal and Torres Strait Islander people in East Gippsland, Wellington and Latrobe (BRHS, Ramahyuck and GMS) • CALD people across Gippsland (GMS) and Baw Baw (MiCare) • Financially disadvantaged, at risk of homelessness and dementia in Latrobe (Latrobe City Council) - Navigation support is also provided by State / national organisations including the National Dementia Helpline 1800 100 500, Older Persons Advocacy Network 1800 700 600 and through the Carer Gateway 1800 422 737. - Local engagement identified that current providers of navigation support often lead to positive outcomes.[30] - There were considerable concerns among professionals about the disruption to the sector caused by the tight timeframe for reforms.[30]

Identified need	Key issue	Evidence
		• Access to lower level support to navigate the aged care system is to be provided through Services Australia (Morwell Centrelink in Gippsland) and significant concerns were expressed about capacity and barriers such as phone queues and lack of knowledge about the service in the community and among professionals. *"Care finders at risk of being swamped with referrals if lower level support system isn't coping."* [Professional] • Advisory groups expressed concern about integrating Services Australia into the aged care system due to poor previous experiences with receiving adequate support in a timely manner.[44] • ACH providers are well positioned to transition to care finder to continue to support older people experiencing homelessness or people at risk of homelessness.[30] • ACH providers are well connected and integrated into the Gippsland region and aged care providers refer in to them as required.
Limited digital inclusion	Digital inclusion is low for people 75 years or older. Lowest digital inclusion in Bass Coast, East Gippsland, Wellington and South Gippsland. Face to face options required.	• People aged 75 years or older are not well digitally included and regional areas are less included than metro areas.[35] People on low incomes, living alone, with a disability or receiving income support have lower scores. • Lack of internet access in remote/rural areas makes it difficult to access digital platforms.[30] • Bass Coast and East Gippsland had the lowest overall digital inclusion scores of Gippsland LGAs, mainly due to lack of access and limited ability of the population.[35] Low access scores were also noted for Wellington and South Gippsland had low ability scores. • A range of options for support is important; some older people prefer a phone call while many prefer face to face support in their home or local town.[30] • Many older people in Gippsland are unable to access or use a computer or 'smart' mobile phone.[44] *"Don't force phone on older people."* [Community member] *"(People are) unable to access/afford communication on internet."* [Community member]
People do not understand the aged care system	Lack of awareness about MAC and in-home support options.	• The My Aged Care platform is difficult to use, especially for people with poor health literacy, language or technology issues, or where people are experiencing a sudden health crisis or have cognitive impairment.[29] • Local engagement also showed that people in the community do not know what the available service and support options are or where to start when they need support at home.[30] The system is too hard to navigate.

Identified need	Key issue	Evidence

	Lack of resources that are easy to access and understand.
	
	System too difficult to navigate.
		"Most community education in public forums comes from package providers. If people aren't socially connected, they are not receiving information on how to access services." [Professional]
		
		"Older people need to find their own provider after ACAS assessment." [Professional]
		
		• Referrals to care finders by self or family and carers is an important option that should be available.[30]
		• A need for information sessions to community groups with general information on My Aged Care by trained community speakers, volunteers and the navigators.
		• Local engagement identified some suggestions to help raise awareness:[30]
		    o Promote service, including in local papers and posters
		    o Raise awareness through mass marketing and involve people with lived experience
		    o Engage volunteers
		
		"Raise awareness of what home support services can provide, what does it look like in practice. Provide clear detail about who provides these services, how can they be contacted." [Community member]
		
		• Advisory group members noted that it is not possible to plan ahead for aged care services.[44]
		
		"Tried to refer to MAC and was told to wait until the services are needed." [Advisory group member]
		
		• Experiences of searching for local aged care services online were shared by an advisory group member who found this to be very challenging, despite consulting a tech savvy young person, with the information often buried beneath advertising, advice and promotional pages.[44]
		
		"…any lay person trying to research available help for their aged relative/friend would be frustrated." [Advisory group member]

Aged care services need to be integrated across systems	Older people use a high proportion of primary and acute care.
	
	Lack of integration with
		• The evaluation of the Aged Care System Navigation Measure identified some important design principles, including the need for integration to connect local systems.[29] Additional and related principles included:
		    o Linkages and partnerships - develop knowledge of local services, build partnerships with other organisations and sectors, and performing promotional/integration activities
		    o Clearly defined and transparent scope of practice
		• An analysis of general practice data by Gippsland PHN showed that 56,959 patients in Gippsland, aged 65 years or older, were in contact with a general practice at least once during 2021:[36]

Identified need	Key issue	Evidence

	aged care can lead to delayed transitions to higher needs.
	
	A need to work with consumers and professionals to ensure integration works.
	
	Local referral pathways are needed to ensure equitable access to assessments.
	
	A broad range of organisations can help identify people in need (health services, primary care, police, family violence services, homelessness services and community groups).
		o Patients 65 years or older accounted for 27.1% of patients
		o 921 of these patients, or 1.6%, fell into the Urgent HARP category for patient risk of requiring hospital activity in the next 12 months (**Table 7**);[37] highest proportions of older patients were in Latrobe (2.2%), Baw Baw (2.1%) and Wellington (1.9%)
		   ▪ 56% were female and 44% were male
		   ▪ 51% had at least one telehealth activity
		   ▪ 13% were seen in a RACF, 5% were seen in a nursing home and 2% had a home visit
		   ▪ Most common referrals were for podiatry (16.3%), geriatrics (13.9%), cardiology (9.9%), hospital or ED (9.0%) and general surgery (8.3%)
		
		Table 7. Number of general practice patients aged 65+ in Urgent HARP category, by Gippsland LGA 2021.
		
		| Bass Coast
			South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	GIPPSLAND

---	---	---	---	---	---	---

46	21	223	295	158	180	921	
							
							• Nationally, 25% of same day hospital admissions for older people involved aged care use before and/or after; 40% for longer hospital stays. Around 10% of people required a higher level of care after their hospital stay.[38]
							• 192 emergency department (ED) presentations for lower urgency care per 1,000 people in 2019-20 (total population); this is high compared to national (115) and regional areas (166).[39]
							• 15% of total lower urgency ED presentations in Gippsland were for people aged 65 years or older (7,630 ED presentations).
							• 38% of lower urgency ED presentations for people 65+ were after-hours.
							• An analysis of ED presentations for Gippsland residents aged 65 years or older in 2020-21 shows:[40]
							  o A total of 33,947 presentations to ED for people aged 65 years or older; this was 27.8% of all ED presentations in Gippsland (**Table 8**), with the highest proportions in Bass Coast (34.9%) and East Gippsland (32.2%).
							  o Falls accounted for 10% of presentations (3,399 presentations); 33% of these were in Latrobe.

Identified need	Key issue	Evidence

Evidence:

- o There is an increasing trend in presentations in all LGAs with an increase of between 49% (Bass Coast) and 169% (South Gippsland) over the past 10 years; the second highest increase was seen in East Gippsland (75%).
- o 47.1% of presentations were in the after-hours period.
- o 41.6% of presentations were lower urgency (triage category 4 or 5)
- o Usual accomodation of people presenting to ED was: private residence with other (81.9%), private residence alone (12.7%), Residential Aged Care Facility (4.2%), community based supported accomodation (0.4%) with fewer than 50 presentations for homeless people.

Table 8. Number of ED presentations for people aged 65+ by Gippsland LGA and per cent of total, 2020-21.

Bass Coast	South Gippsland*	Baw Baw	Latrobe	East Gippsland	Wellington	GIPPSLAND	VICTORIA
5,161	1,832	5,894	8,092	6,807	5,182	33,947	388,083
34.9%	28.6%	26.7%	23.8%	32.2%	26.2%	27.8%	22.4%

* Note that South Gippsland does not have a funded ED

- Local consultations revealed concerns with the roll out of Support at Home using a model similar to NDIS as this will not suit vulnerable older people.[30]
- We heard that system changes need to include real partnerships with consumers to truly enable integration that works for the community as well as professionals.[30]
- Integration of the care finder service needs to include multiple contact points and formalised referral pathways where appropriate, including with:[30]
  - o General practice (nurses and reception staff need to be aware)
  - o Health services, including social workers
  - o RAS and ACAS providers
  - o Community groups and leaders (RSL, Seniors, U3A, Rotary, Country Womens, Men's sheds)
  - o Homelessness, CALD and family violence support organisations
  - o Family and carers, including support groups
  - o Mental health services

Identified need	Key issue	Evidence
		o Pharmacies o Victoria Police (family violence response, car accidents) *"There needs to be multiple agencies or contact points and links to hospitals and GP networks."* [Professional] "(Currently) *communication between agencies relies on helpful staff."* [Professional] • Local engagement highlighted that primary care professionals were unsure how to support people to access aged care services and supports with appropriate referrals.[30] • Integration is already working well in some smaller towns where there are strong links between service providers and the community, while the connections are often not as strong in larger towns, particularly in the most disadvantaged areas.[30] • Professionals in Gippsland identified that a more equitable distribution of resources could improve overall health outcomes.[30] This relies on equitable access to assessments which clearly identify main in-home care needs required to allow a person to remain in their home. • Advisory groups suggested a local program to help keep clients out of hospital by having back up of other service providers to provide further assistance/treatment as needed. Current examples include West Gippsland HealthCare Group's nurse led palliative care model.[44]

People with greatest needs feel safe contacting care finders	Care finders need to be independent of service providers.
	
	Care finders need to be available in accessible locations and in every LGA.
	
	Workforce with diverse skills to
		• A key theme in local engagement with community and professional stakeholders was to ensure care finder services feel safe for people with greatest support needs to contact. [30]
		• Important factors for people to feel safe included:
		    o Care finder services should be independent of aged care service providers. This was also a key recommendation from the trials.[31]
		    o Locate in organisations where people with greatest needs already feel comfortable. This can include organisations with existing links to the target groups, neighbourhood houses and other commmunity organisations.
		
		"A team of care finders in a supportive organisation with specialist knowledge around specific groups, for example Aboriginal and Torres Strait Islander, non-English speaking background, dementia, homelessness and financially disadvantaged, social engagement (for those who have no social or family supports)." [Professional]

Identified need	Key issue	Evidence
	suit variable needs required. Workforce with skills in trauma informed practice. Use appropriate language for people with poor health literacy. Grow the volunteer and peer workforce.	- A caring and respectful workforce is critical. *"Empathic, questioning people who are not keen on making negative judgement about different versions of humanity."* [Community member] *"People who have had poor experiences need to start with de-brief of old issues."* [Professional] - A stable and well qualified workforce helps build trust and this relies on successful recruitment and then abilty to retain staff. Staff with experience in one on one client support and the aged care system performed better.[31] - Allow support people to join appointments. - Local suggestions about care finder service features to ensure accessibility for those most in need were identified:[30] - Locate care finder support at highly frequented local spots such as community houses, churches, supermarket, real estate agents, post office, community groups - Physical presence in each LGA - Standardised model of care and processes but with opportunity to adapt locally - Assertive outreach community model - Promote the service to ensure people know where to go to access it - Delivered by organisation who already work with vulnerable groups - Care finder roles need good knowledge of service system (including housing) and experience working with people with complex needs (LGBTIQ+, elder abuse, mental illness) - Leverage off existing council home and community care roles - Link in with local community housing intake and assessment / Head to Health hubs - Collect data to better understand people in need not accessing a service - Publish criteria for referrals on website for health professionals - Accept referrals directly from community and family / carers, without going through MAC first - Consider appropriate language (health literacy) - Link in with transport providers or offer as part of the service - Engage volunteers and train a peer workforce

Identified need	Key issue	Evidence
		"…the care finder role should be filled by people who have a very broad knowledge, so they are able to provide assistance, recommendations for supports/services across a range of conditions and needs not just specific needs." [Advisory group member] • Care Leavers (people who were placed in an institution/orphanage or who experienced out of home care during childhood) require safe, trauma-informed counselling and therapeutic support.[30] • A peer workforce may help enable outreach and individual support.[44]

Workforce	Very difficult to attract and retain suitably qualified workforce, especially in more remote areas.
	
	Lack of workforce contributes to inability to meet community needs.
	
	Support for workers to access education, training and professional guidance needed.
	
	Greatest gap in available health workforce in East Gippsland and
		• A national Aged Care Workforce Census was conducted in December 2020 to January 2021:[28]
		   o Five job groups; personal care workers, nurses, allied health, administration and other.
		   o No local data are available but findings include;
		      ▪ 86% female workforce in RAC; 88% in home care
		      ▪ 76% permanent employees; 60% in home care
		      ▪ 10% were full time in RAC; 21% in home care
		      ▪ 63% of personal care workers in home care held a certificate III or higher qualification
		      ▪ Skills training for personal care workers in home care included dementia care (68%), diversity awareness (54%), falls risk (49%), infection control (71%) and palliative care (35%)
		      ▪ There are a large number if vacancies across the aged care system for all roles
		• Gippsland has less health workforce per population compared to the rest of Victoria (registered FTE per population) for medical and allied health professionals with the lowest GP FTE per population in East Gippsland and in parts of South Gippsland, Wellington and Latrobe.[4]
		• The nursing workforce is low in South Gippsland, but closer to expected numbers in other parts of Gippsland. However, there are fewer registered nurses compared to enrolled nurses.
		• Advisory groups identified a lack of workforce as a huge problem which is especially notable further away from metropolitan areas and regional centres.[44] The issue was highlighted as a key issue in the Wellington / East Gippsland and Bass Coast / South Gippsland advisory groups and contributes to service providers in these areas being unable to meet population needs for in-home services and supports.
		
		"More aged care workers so they can deliver supports and services more promptly. This includes admin. Staff so basic things like chairs, compression stockings can be organised and in place in days, not months. More OT's to be able to do the assessments and fast track the equipment people need." [Professional]

Identified need	Key issue	Evidence
	parts of South Gippsland, Wellington and Bass Coast.	- It was noted that privitisation of the aged care sector is resulting in lower remuneration contributing to difficultues in attracting workers to the industry. - A suggestion to have scholarships for aged care staff to boost workforce had broad support.[44] - Local engagement has highlighted the importance of keeping skilled workers in the aged care system.[30] *"Access and support roles have worked well in Gippsland, with specialist skill sets to assist people who have additional barriers to accessing information and services."* [Professional] - Suggestions related to the care finder workforce included:[30] - Clear guidance and standardised processes to provide care finder services are needed - Referral pathways need to be clear, including for re-assessment when needed - Support for networking is important as it can be a lonely role. - A Care Finder Competency Framework, developed by COTA, sets out and defines the key knowledge, skills and behaviours required by the care finder, building on the lesson learnt from the Navigator Trials.[41] - Advisory groups noted that the Rapid Assessment of the Deteriorating Aged at Risk (RADAR) program may be a good model to access professionals to enable people to remain in their own home.[42]

Prevention, including factors affecting health (social determinants of health)

Identified need	Key issue	Evidence
People with multiple factors affecting health	Several areas of high disadvantage across Gippsland. A high proportion of people in Latrobe experience multiple barriers to good health. People with multiple and complex issues	The LGAs of Latrobe and East Gippsland had the lowest SEIFA scores in 2016, indicating highest levels of disadvantage (data not yet available for 2021), see **Table 9**. Pockets of disadvantage are evident across Gippsland with most disadvantage in Orbost, Morwell and Moe-Newborough, followed by Wonthaggi, Churchill, Yarram and Lakes Entrance.[4] **Table 9. Socio-Economic Indexes for Areas (SEIFA), scores for Gippsland LGA, based on 2016 census.**

Table 9. Socio-Economic Indexes for Areas (SEIFA), scores for Gippsland LGA, based on 2016 census.

Indicator	Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	Gippsland	Victoria	Australia
Relative socio-economic advantage and disadvantage (IRSAD)	945	965	976	916	937	954	944	1009	1,000
Relative socio-economic disadvantage	11.5%	1.2%	7.8%	28.0%	14.2%	13.3%	14.9%	NA	10.0%

Identified need	Key issue	Evidence
	have greatest needs. Assessments need to identify main barrier to remaining in own home		(IRSD) – per cent of total population in most disadvantaged decile									| ▢ Low compared to Victorian LGAs, bottom 25% • 2.3% of people aged 65 years or older in Gippsland live alone, have a disability <u>and</u> have a low income (compared to 2.9% in Victoria); the highest proportion was in Latrobe (3.3%).[43] Across Gippsland, an estimated 1,320 people are in this group; 395 of them in Latrobe (30%). • 0.5% of people aged 65 years or older in Gippsland live alone, rent their home, have a disability <u>and</u> have a low income (compared to 0.6% in Victoria); the highest proportion was in Latrobe (0.9%). • Local engagement noted that older people most in need are those with multiple issues such as chronic diseases, disability, living alone, no carers, living remotely, people experiencing elder and family violence, dementia, CALD, financially disadvantaged, Aboriginal and Torres Strait Islander and LGBTQIA+ communities.[30] • People with a complex set of issues are often not identified until they are in crisis. • Assessments need to identify what is most needed for each individual to remain in their own home.
Geographic barriers to access services and supports	Many older people in rural and remote areas with few local service providers. Affordable transport options are very limited.	• 4.6% of Gippsland dwellings did not have a motor vehicle in 2021 (compared to 7.3% in Victoria); Latrobe (7.0%) dwellings were most likely to not have a motor vehicle.[8] • Nationally, people in rural and remote areas are overrepresented for use of home support services (CHSP), but underrepresented for use of other aged care services.[6] • People living in remote areas were identified as a group of people not accessing in-home services and supports when they genuinely need them in local engagement.[30] • Many areas in Gippsland have no public transport at all.[30] • There is often a lack of available services in the location where they are needed. This is often linked to a shortage of workers, particularly in the smaller townships. [44]

Identified need	Key issue	Evidence
		"I know of several older people discharged from hospital recently without adequate support at home because there were no support services available to provide the much needed assistance at the time." [Advisory group member] • Advisory groups pointed out that transport is often a huge barrier to meet care needs.[44] There were recent examples of reduced support due to volunteer drivers not being available any more. • Includes those who live on farms and are seen as financially able but do not have liquid assets. *"Elderly single women living on farms are at risk."* [Advisory group member]
Community connectedness	People without meaningful social connections are at risk of poor health outcomes. Reduced involvement in volunteering, least common in Latrobe. Social connections are a basic need for good health and wellbeing.	• The Victorian Ageing Well Action Plan outlines the Victorian Government's vision to support Victorians to age well.[45] It recognises the important role of local government in providing services and support for people to age in place. • 17.1% of adults in Gippsland were involed with volunteering in 2021, (compared to 13.3% in Victoria); volunteering was least common in Latrobe (13.4%).[8] This is a notable decrease since 2016 when 23.4% of adults in Gippsland were involved in volunteering (19.2% in Victoria). • A total of 17,842 people in Gippsland aged 65 years or older lived alone in 2021; highest numbers lived in Latrobe (4,356), East Gippsland (3,495) and Bass Coast (2,845).[8] • People who feel socially isolated are more likely to have poor mental and physical health outcomes and it is a stronger predictor than lifestyle risk factors such as smoking and obesity.[4] • 12.5% of adults in Gippsland rarely feel valued by society, with higher estimates for women (13.3%) than men (11.5%) and in Latrobe (18.1%).[46] • 4.3% of adults in Gippsland did not have family or friends to talk to regularly in 2020 compared to 4.7% across Victoria; more men (6.0%) than women (2.7%) had no-one to talk to regularly. • Engagement findings from Gippsland highlights living alone and social isolation as a significant factors for people not accessing in-home services and supports when they genuineliy need.[30] • Advisory groups also highlighted that older people with reduced social circles are at high risk of not getting the support they need.[44] • Experiences of service providers for older people have identified the importance of arranging local events where the older community can gather for lunch or other meals.[31]

Identified need	Key issue	Evidence
		• Events or meeting places suitable for specific groups of older people can be especially important, for example for LGBTIQ+ people and Care Leavers. • The Latrobe Health Advocate insights from engagement with older people included:[47] o Valuing decades of lived experience – what if ageism didn't exist and governments asked people what older people think should be done for their community? o An ageing population and a digital future – how can we include everyone and raise awareness? o Wellbeing, independence, self-worth and healthcare – how can we support people to better identify when they need help to stay independent?
Affordable services and supports	A high proportion of older people in Gippsland have a low income. Latrobe, Bass Coast and East Gippsland have the highest proportion of age pension recipients. Consumer contributions may prevent people from accessing support.	• Over half of people aged 65 years or older in Gippsland have a low income (high compared to 46.1% across Australia and second highest PHN); every Gippsland LGA had a high rate ranging from 51.9% in South Gippsland to 56.2% in Latrobe.[43] • 9.7% of people aged 65 years or older in Gippsland have a seniors healthcare card (compared to 10.0% in Victoria); variation by LGA shows highest rates in South Gippsland (12.3%) and Baw Baw (11.2%) with the lowest rates in Latrobe (7.3%) .[43] • 7.9% of adults in Gippsland reported that they had ran out of money and could not afford to buy more in 2020; this was more common for women (8.7%) than men (7.3%).[46] Estimates for Latrobe were significantly higher at 11.3%. • An estimated 77% of adults in Gippsland were able to raise $2,000 within two days in an emergency in 2020; this was the lowest proportion of Victorian PHNs and women (73%) were less likely than men (79%) to be able to raise $2,000 within two days.[46] • In 2021, 67.4% of people 65 years or older in Gippsland received the age pension and this was the second highest rate of Australian PHNs (58.1% in Victoria). The highest rates were in Latrobe, Bass Coast and East Gippsland, see Table 10. • 0.8% of people received the Department of Veteran's Affairs age pension, highest in East Gippsland. • Home support services (CHSP) may require a consumer contribution, set by the provider.[29] • Affordability was a main barrier to accessing services and supports, identified in local engagement.[30] **Table 10. Age pension recipients per cent of people 65 years or older, Gippsland 2021.[27]** {table below}

Indicator	Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	GIPPSLAND	VICTORIA

Identified need	Key issue	Evidence							
		Age pension recipients	68.4%	59.6%	65.6%	72.5%	67.5%	66.7%	67.4%	58.1%
		Age pension recipients – Department of Veterans Affairs (DVA)	0.8%	0.5%	0.8%	0.7%	1.0%	0.7%	0.8%	0.6%
		High compared to Australian LGAs, among 25% highest rates							
Homeless or at risk of homelessness	Very low availability of affordable rental accommodation is a growing issue. People accessing homelessness services often experience multiple factors affecting their health. A growing problem that is often hidden.	• 17.9% of dwellings in Gippsland were privately rented in 2021 (compared to 26.0% in Victoria).[8] Gippsland had the lowest proportion of Australian PHNs. • 2.8% of dwellings in Gippsland were social housing (rented), (compared to 2.5% in Victoria); lowest in Baw Baw (1.5%), South Gippsland (1.7%) and Bass Coast (1.8%). • Gippsland had a high proportion of the population experiencing rental stress based on 2016 census data (**Table 11**).[4] Recent engagement shows that this is an increasing issue across the community with extreme difficulties in accessing affordable housing for people with low income.[48] • In total, 7,652 people in Gippsland sought assistance from a homelessness service in 2020-21 (**Table 11**). This number has remained relatively stable since 2017-18, but unmet need may not be reflected as it is estimated that 67% of people who experience homelessness do not seek assistance. [49] • Based on national data, 8.6% of all clients of homelessness services were older people and this would translate to 658 people in Gippsland (with an estimated additional 1,300 people not seeking assistance). • Nationally, 31% of older people accessing homelessness services had mental health issues, 24% had experienced family and domestic violence, 15% financial difficulties and 6.5% drug and alcohol issues. • Older women are a growing group experiencing difficulty with housing due to factors such as low income, family violence and relationship breakdowns. • The Housing for the Aged Action Group (HAAG)[50] note a 47% increase in homelessness among people aged 65-74 years (12% for all aged). Rent is unaffordable and insecure with evictions common and low cost housing is very hard to find and often not suitable for people with mobility issues. • In Gippsland, we heard that many older people are very reluctant to seek housing support due to shame and instead try to manage themselves, often leading to isolation and poor health.[30] • Accessing emergency accomodation for at risk people can be very challenging. It is a transient and growing population that is largely hidden.[48]

Identified need	Key issue	Evidence
		"Older people feel they have no value (when they can't access affordable housing)." [Professional] *"Homelessness figures are likely a huge under-estimate. Services are seeing many more people with issues and many don't seek support from homelessness services but stay in own car."* [Advisory group member] **Table 11. Housing related indicators by Gippsland LGA.** <table><tr><th>Indicator</th><th>Bass Coast</th><th>South Gippsland</th><th>Baw Baw</th><th>Latrobe</th><th>East Gippsland</th><th>Wellington</th><th>Gippsland</th><th>Victoria</th></tr><tr><td>Rental stress (low income households spending 30% or more on rent) (2016)</td><td>37.6%</td><td>33.4%</td><td>32.7%</td><td>32.6%</td><td>34.0%</td><td>28.1%</td><td>32.9%</td><td>27.2%</td></tr><tr><td>Number of clients of homelessness services (includes assistance to people at risk of homelessness) (2020-21)</td><td>702</td><td>412</td><td>808</td><td>2,819</td><td>1,321</td><td>1,590</td><td>7,652</td><td>93,017</td></tr></table> High compared to Victorian LGAs, top 25%
Elder abuse	Experiences of elder abuse affect many older people. More likely for isolated and dependent older people.	• Elder abuse can take many forms including financial, psychological, emotional, physical, social, sexual and neglect.[51] • Estimates of prevalence of elder abuse range from 2% to 14% of older people and groups more at risk include people from a CALD background and Aboriginal and Tores Strait Islander people.[52] • Victoria Police have a role in doing welfare checks for older people when there is concern for their welfare, including suspected abuse. Known risk factors include isolation, dependence on others and a decline in health, including cognitive.[53] • Local engagement noted difficulties in supporting older people impacted by domestic violence / elder abuse and described what it can look like and how hard it can be to reach people in need.[30] *"She has a level 3 aged care package, needs help with showering and toileting, but due to control/intimidation/abuse from her husband, she doesn't access these."* [Community member] *"Men with a cultural expectation of being cared for by spouse or other family members."* [Community member]

Identified need	Key issue	Evidence

Identify people who don't seek help	People are not aware of in-home support options.
	
	Engagement to suit low health literacy needed
	
	Want to maintain independence.
	
	People lacking social or family support.
	
	A clear message is needed that staying independent means seeking help.
		• A main theme in local engagement was that people are unaware of the existence/extent of home support services.[30]
		• Other barriers for people to access services and supports include:
		   o lack of social or family supports
		   o low health literacy and/or computer literacy
		   o a strong desire to maintain independence
		   o a poor experience of the broader health and social care system
		   o privacy concerns
		
		"Person without family support, or who do not see their doctor regularly or who see their doctor but refuse connection with services because they feel they are losing their independence. Although the truth is that the services actually enable them to be independent longer." [Professional]
		
		"I am a very private person, and I don't think I'd like someone coming into my home. Privacy is important to me." [Community member]
		
		"…need clear message that staying independent means seeking help!" [Professional]
		
		• People in marginalised groups such as financially disadvantaged, CALD and LGBTQIA+ communities, people residing in unsafe living conditions or with learning disabilities were identified as not accessing in-home services and supports when they genuinely need them.[30]
		• A Health Issues Centre study into ageing in Gippsland identified a Spiral of Decline and Withdrawal where declining capacity and self-esteem is exacerbated by interactions where service providers fail to empathise and validate the experiences of ageing, leading to crises and further loss of capacity.[54]
		• Advisory groups noted that some people don't realise / accept that they need help.[44] An assertive outreach model was highlighted as a key component of the care finder service to ensure disengaged community members will be supported.
		• Suggested ways of reaching the care finder target group through assertive outreach included:[30]
		   o Link with neighbourhood houses, community groups, laundromats, post offices in small towns, caravan parks and farming community.

Section 3   Priorities

	Gippsland PHN care finder priorities	Key issues	Expected outcomes and example opportunities
1	Aboriginal and Torres Strait Islander people	• Poor health outcomes and more likely to experience chronic conditions and multiple and complex needs. • Limited access to culturally safe aged care. • Majority of Indigenous people in East Gippsland, Latrobe and Wellington, but no ACCO in other LGAs. • Preference for holistic aged care.	*"I am respected for who I am and for the cultural values I bring with me."* • Support widespread cultural safety training.
2	People with a disability	• Gippsland has a high rate of older people with a disability. • Likely to have multiple barriers to service access, including due to experiences of lack of respect and poor communication. • People aged 65 years or older are not eligible for NDIS. • Lack of suitable infrastructure, skilled workforce and services to meet diverse needs.	*"I want professionals who understand my needs and help me advocate for the best possible outcome."* *"I want to be heard, shown respect and offered dignity."* • Promote evidence based education and training relevant to people with disability and their carers.
3	People from CALD backgrounds	• Greatest CALD population in Latrobe. • Limited access to culturally safe aged care. • Limited opportunities for cultural connections due to small communities.	• Support for cultural safety training. • Improved access to culturally safe care and cultural connections. • Support access to interpreters.
4	People with mental health issues	• Significant service gaps for older people with mental health issues across Gippsland. • People experiencing mental health issues often have poor health outcomes. • Commonly have barriers to help seeking, especially among older men.	*"I am supported to find the right service to meet my needs after seeking help anywhere in the system."* • Improved access to services and supports for older people in the care finder target

		• A need to integrate an improved, consistent approach to intake, referral and assessment in the aged care system. • Need to improve capacity and capability of aged care services to enable prevention and early intervention for mental health issues.	population with mental health issues. • Promote psychosocial support programs, including supporting people with mental illness to tailor packages to meet their needs. • Promote evidence-based education and training, including trauma-informed practice.
5	People with dementia	• A top cause of death and disability in Gippsland. • Greatest numbers in Latrobe, Baw Baw, Bass Coast and East Gippsland. • People living with dementia often do not receive the services and supports they need. • Health professionals, of all backgrounds, continue to have a lack of knowledge. • Increased involvement of carer / consumer to ensure their needs are met.	*"My healthcare supports understand the essence of what it is like to live with dementia."* • Improved access to dementia services and supports. • Promote evidence-based education and training on dementia.
6	Frail people	• Identification of frail people to prevent decline and crisis. • Frailty is related to chronic disease and can be a good descriptor of complexity in older age. • Associated with falls risk. • Highest number of people with a need for assistance in Latrobe, East Gippsland and Baw Baw.	*"I want affordable, ongoing care."* • Improved identification of people with declining health across settings and referrals for support.
7	Integrate care finder services across health and broader system	• Older people use a high proportion of primary and acute care. • Lack of system integration with aged care can lead to delayed transitions to higher needs. • A need to work with consumers and professionals to ensure integration works. • Local referral pathways are needed to ensure equitable access to assessments.	*"I [want] a one stop shop where you tell your story once."* • Local referral pathways and clear scope of practice. • Increased focus on patient reported outcomes.

		• Broad range of organisations that can identify people in need (health services, primary care, police, family violence services, homelessness services and community groups).	• System for sharing of patient information between providers. • Holistic approach to aged care.
8	Older people with greatest needs feel safe contacting care finders	• Care finders need to respect and facilitate optimal consumer choice • Care finders need to be available in a supportive organisation in every LGA. • Workforce with diverse skills to suit variable and complex needs is required, including people experiencing elder abuse, homelessness, Care Leavers, LGBTIQ+. • Workforce with skills in trauma informed practice.	*"I want to talk to a person who understands and doesn't say anything hurtful."* • Apply the Care Finder Competency Framework to ensure a range of skills.[41] • Engagement to suit people with poor health literacy.
9	Equitable access to aged care that meets people's needs	• Gippsland has a large proportion of older people, and it is growing rapidly. • Greatest number of older people in Latrobe and East Gippsland; highest % in Bass Coast and East Gippsland. • Demand far exceeds capacity for in-home services and support across Gippsland. • Assessments may not reflect actual needs. • Too little or too late support at home leads to crises. • People younger than 65 years are still admitted to aged care services. • Limited skilled workforce across aged care providers to allow person centred care, especially for vulnerable populations. • Consumer / carer has a choice in service provider. • Ensure accurate information about service providers is available through the MAC find a provider tool and elsewhere. • Greatest gaps in East Gippsland and parts of South Gippsland, Wellington and Bass Coast.	*"I have regular and affordable access to care… within my local community."* *"I want to be heard and respected."* • Increased rates of access to aged care services. • Promote evidence-based education and training to support focus on patient outcomes and experience to drive care. • Digital solutions to improve access to appropriate care and supports, including social prescribing / supports.

10	Identify people with greatest needs not seeking aged care services and support	• Lack of awareness of support options in the community. • A strong desire to maintain independence and fear of RACFs, especially among men. • An assertive approach to identifying people not accessing aged care services is required. • A model able to respond to diverse needs is needed, including for LGBTIQ+ people, veterans and Care Leavers. • Need clear message that staying independent means seeking help at home.	*"I can get help to work out how the aged care system works and how to get the care I need."* • Awareness raising targeting people not seeking support. • Engagement to suit people with poor health literacy. • Ensure sensitive and appropriate, assertive outreach is available to entire region.
11	Address factors affecting health (social determinants)	• Gippsland has a high proportion of people with unmet basic needs; homelessness, family violence, social isolation, especially in Latrobe. • Important to target people with multiple and complex barriers, including financial stress, food insecurity, transport. • Increased equity for individuals and population groups in accessing aged care. • Areas with the highest proportion of people experiencing disadvantage: Orbost, Morwell, Moe-Newborough, followed by Wonthaggi, Churchill, Yarram and Lakes Entrance.	*"I want to be able to afford to look after my health."* • Improved ability to meet individual needs. • Improved rates of connections with other relevant supports. • Increased opportunities for people to get connected within their community. • Integration of services to address individual needs. • Provide assistance to find or maintain supports, such as housing.

References

[1] ABS 2021 Census Community profiles, General and Aboriginal and Torres Strait Islander Community Profiles; accessed online; https://www.abs.gov.au/census/find-census-data/search-by-area

[2] Gippsland PHN analysis of projections from PHIDU Older persons social health atlas (published in 2021 when 2021 census data were not available) compared with actual 2021 census data.

[3] Royal Commission into the Aged Care Quality and Safety; https://agedcare.royalcommission.gov.au/

[4] Gippsland PHN, Health Needs Assessment 2022-25 (submitted November 2021); https://gphn.org.au/what-we-do/health-planning-research-and-evaluation/population-health/our-priorities/

[5] AIHW, Older Aboriginal and Torres Strait Islander people report; https://www.aihw.gov.au/reports/older-people/older-australians/contents/feature-articles/older-aboriginal-and-torres-strait-islander-people

[6] Report of Government Services 2022, Aged care services; https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/community-services/aged-care-services

[7] Department of Health and Aged Care, Care finder policy guidance for PHNs; https://www.health.gov.au/resources/publications/care-finder-policy-guidance-for-phns

[8] PHIDU, Social Health Atlas of Australia: 2021 Census (first release), published July 2022; Data by Primary Health Network (incl. Local Government Areas).

[9] My Aged Care, Support for people with a disability; https://www.myagedcare.gov.au/support-people-living-with-disability

[10] Gippsland PHN, 2019, Aged Care Royal Commission Response; https://gphn.org.au/resources/

[11] Aged Care Guide, accessed online https://www.agedcareguide.com.au/information/transferring-from-the-ndis-to-my-aged-care

[12] AIHW, Health of veterans, accessed online; https://www.aihw.gov.au/reports/veterans/health-of-veterans/contents/summary

[13] Latrobe Health Advocate, 2020, Engagement inspiration from LGBTIQ people in Latrobe.

[14] La Trobe University, Val's LGBTI ageing and aged care; https://www.latrobe.edu.au/arcshs/health-and-wellbeing/lgbti-ageing-and-aged-care

[15] Carers Victoria, Care finder consultation points, provided via email.

[16] AIHW, Suicide and self-harm monitoring; https://www.aihw.gov.au/suicide-self-harm-monitoring

[17] AIHW (Australian Institute of Health and Welfare), 2022, Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2015–16 to 2019–20.

[18] AIHW, Chronic disease; https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/chronic-disease/overview

[19] Gippsland PHN, 2020, Dementia, summary result from interviews; https://gphn.org.au/what-we-do/health-planning-research-and-evaluation/tell-gippsland-phn/

[20] Dementia Australia, Map of dementia Australia supports, 5 August 2022, snapshot circulated to PHNs.

[21] Victorian Department of Health, Frailty; https://www.health.vic.gov.au/patient-care/frailty

[22] Zazzara MB et al, Frailty and chronic disease, Panminerva Medica 2019 December;61(4):486-92.

[23] The University of Adelaide, Centre for Research Excellence in Frailty and Healthy Ageing; https://health.adelaide.edu.au/frailty-healthy-ageing/

[24] Victorian Department of Health, Victorian Emergency Minimum Dataset (VEMD), analysed by Gippsland PHN using POLAR Explorer.

[25] AIHW, Mortality Over Regions and Time (MORT) books, 2015-19.

[26] Victorian Department of Health, Advance care planning; https://www.health.vic.gov.au/patient-care/advance-care-planning-1

[27] PHIDU, Social Health Atlas of Australia, Data by Primary Health Network (incl. Local Government Areas), published June 2022.

[28] GEN Aged Care Data; https://www.gen-agedcaredata.gov.au/

[29] Australian Institute of Health and Welfare 2021. Aged care, part of Australia's Welfare 2021, accessed online; https://www.aihw.gov.au/reports/australias-welfare/aged-care

[30] Gippsland PHN, Care finder survey and interviews with key stakeholders, August 2022, unpublished data.

[31] Australian Healthcare Associates, 2020, Evaluation of the Aged Care System Navigator Measure Final Report, Australian Government Department of Health.

[32] Elder Rights Advocacy, Aged care navigator; https://era.asn.au/what-we-do/aged-care-navigator/

[33] Federation of Ethnic Communities' Council of Australia, EnCOMPASS: Multicultural Aged Care Connector; https://fecca.org.au/encompass/

[34] VincentCare, Assistance with Care and Housing; https://www.vincentcare.org.au/our-services/seniors-support/

[35] Australian Digital Inclusion Index, accessed online; https://www.digitalinclusionindex.org.au/

[36] Gippsland PHN, Analysis of general practice data using POLAR, August 2022.

[37] Pearce C et al, POLAR Diversion: Using General Practice Data to Calculate Risk of Emergency Department Presentation at the Time of Consultation, Appl Clin Inform. 2019 Jan; 10(1): 151–157.

[38] AIHW, Interfaces between the aged care and health systems in Australia—movements between aged care and hospital 2016–17.

[39] AIHW (Australian Institute of Health and Welfare), 2022, Use of emergency departments for lower urgency care, 2015–16 to 2019–20.

[40] Victorian Department of Health, Victorian Emergency Minimum Dataset (VEMD), analysed by Gippsland PHN using POLAR Explorer.

[41] COTA, 2022, Draft Care Finder Competency Framework; https://www.cota.org.au/acsn_lookup/care-finder-competency-framework-consultation/

[42] Canberra Health Services, Rapid Assessment of the Deteriorating Aged at Risk (RADAR); https://www.canberrahealthservices.act.gov.au/services-and-clinics/services/rapid-assessment-of-the-deteriorating-aged-at-risk

[43] PHIDU, Social Health Atlas of Australia: Older people, published July 2021; Data by Primary Health Network (incl. Local Government Areas).

[44] Gippsland PHN advisory group input; three Clinical Councils and one Community Advisory Committee, August 2022.

[45] Victorian Department of Families, Fairness and Housing, 2022, Ageing Well Action Plan, An action plan for strengthening wellbeing for senior Victorians 2022-2026; https://www.vic.gov.au/ageing-well-action-plan/

[46] Victorian Agency for Health Information, Victorian Population Health Survey 2020 dashboard; https://vahi.vic.gov.au/report/population-health/victorian-population-health-survey-2020-dashboards

[47] Latrobe Health Advocate, 2021, Engagement inspiration from people over 60 in Latrobe; https://www.lhadvocate.vic.gov.au/

[48] Gippsland PHN, Input through advisory groups, August 2022, internal documents.

[49] AIHW, Specialist homelessness services annual report 2020–21, accessed online; https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/about

[50] Housing for the Aged Action Group, website accessed August 2022; https://www.oldertenants.org.au/haag/about

[51] Seniors Rights Victoria; https://seniorsrights.org.au/elder-abuse/

[52] AIHW, Elder abuse: context, concepts and challenges, 2019.

[53] Victoria Police, Elder abuse; https://www.police.vic.gov.au/elder-abuse

[54] Health Issues Centre, 2018, Consumer Perspectives: Ageing Residents' Access to Health Services in Gippsland. https://gphn.org.au/resources/