Australian Government
Department of Health

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An Australian Government Initiative

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.

Country SA 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.

Section 1 Narrative

Actions to determine additional activities

- Review of the CSAPHN (Country SA PHN) Needs Assessment (2022-25) (Nov 2021) to determine known and unknown information about regional aged care and health care system, the broader Care Finder target population and its geographical distribution including: non-Indigenous persons aged 65+, Indigenous persons aged 50+ by statistical area 3 (SA3) regions.
- Review of Australian Institute of Health and Welfare (AIHW) reports relating to aged care service types, utilisation, and workforce to identify additional measures for analysis.
- Internal stakeholder analysis and discussion about potential characteristics of the target population and sub-groups to guide data analysis.
- Internal stakeholder analysis and discussion regarding regional variation in infrastructure, health and community service models, levels of cross service integration, care coordination and/or information transfer to guide analysis.
- Review and analysis of prior consultations with commissioned aged care service providers and network stakeholders for understanding of challenges and opportunities in navigation of aged care, level of integration and/or functional working relationships between health, aged care and community providers
- External stakeholder review and analysis of existing navigation service providers including delivery location and method, integration within local area systems including referral pathways, support provided, and target populations.
- Collaboration and planning with Adelaide PHN to ensure consistent statewide approach for South Australia.

Additional activities undertaken

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

Collated demographic and health data and created a summary table of potential characteristics of the Care Finder target population and sub-population by SA3 regions in the Country SA PHN region (refer: Attachment 1 – CSAPHN Care Finder Supplementary Analysis Table). List of measures included:

- Number and proportion of persons aged >64
- SEIFA Index of Relative Socio-economic Disadvantage
- Number of Indigenous persons aged >49
- Number of overseas arrivals >64 years who speak English not well/not at all
- Number and proportion of persons >64 who have dementia
- Number and proportion of persons >64 who have a mental health condition
- Number and proportion of persons >64 who have had a stroke
- Number and proportion of persons >64 who need assistance due to a profound or severe core activity limitation, and are living in the community

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

- Stakeholder consultation occurred with industry bodies, networks and service providers through existing mechanisms including meetings, forums, and webinars.
- Direct consultation with the Council of the Ageing SA (COTA SA) exploring delivery of pilot Care Finder activity.
- Consultation with community by way of survey was conducted with Local Health Cluster membership across July/August 2022.
- Aboriginal Health services and service providers delivering Integrated Team Care (ITC) activity were invited to provide feedback.
- Held consultation with researchers investigating experiences of Aboriginal people navigating aged care services in the Eyre Peninsula region.

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

Conducted service mapping activity of navigator services across CSAPHN region, collecting publicly available information of aged care navigator service providers and services.

Review of HealthPathways SA for relevant care navigation services, and integrated referral pathways.

Collated output from service mapping activity, with data on services and a subset of the workforce in aged care collated by SA3 region (refer: Attachment 1 – CSAPHN Care Finder Supplementary Analysis Table). List of measures included:

- Number of full-time equivalent enrolled and registered nurses in aged care.
- Number of aged care facilities by type; residential aged care, home care and 'other'.
- Number of known navigation service provider sites identified from previous consultations with commissioned services.

Processes for synthesis, triangulation and prioritisation

Multiple population, health and service factors were considered to inform prioritisation of need for Care Finder services for each SA3 region. Population factors including number and proportion of eligible aged care recipients, and relative disadvantage were used to estimate the required capacity and complexity of navigation services and associated referral pathways. The prevalence of select long-term health conditions and severe or profound disability were used to further estimate the size of potential sub-populations for the Care Finder program. Local health service gaps were identified based on provision of unpaid assistance, aged care workforce numbers, number and type of aged care service providers, and existing navigation services. A comparison of these indicators by SA3 region is provided in CSAPHN Care Finder Supplementary Analysis Tables 1&2.

Socio-Economic Indexes for Areas (SEIFA) scores are frequently used as a standard method of summarising a range of social and economic factors to evaluate the relative advantage or disadvantage of a region (1). Regions with a relatively low SEIFA score were predicted to have an increased complexity of needs relative to Care Finder when compared to regions with a relatively high SEIFA score. Correspondingly, these regions may require a higher capacity of Care Finders connected to a multidisciplinary network of local providers such as those providing transport, housing, counselling and healthcare services.

The number of eligible aged care recipients per region (Indigenous persons over 49, and non-Indigenous persons over 64) represents the broad reference demographic and was used as a general indicator of demand for aged care services (2).

Overseas arrivals who speak English not well or not at all were identified as potential sub-populations likely to have increased complexity in need for navigation support.

Long-term conditions including dementia, mental health conditions, and stroke are commonly associated with cognitive impairment and may complicate an individual's ability to navigate aged care services (3). Correspondingly, number and prevalence of these conditions for persons over 64 was used to further estimate the size and complexity of the Care Finder target population in each region. Regions with a high number of eligible aged care recipients and high prevalence of all three long-term conditions were considered high priority for Care Finder services.

Persons living in the community with profound or severe disability commonly require some level of support to participate in core everyday activities (4). Correspondingly, the prevalence of this factor was used as an indicator of the complexity of need relative to Care Finder services required in each region. Further, regions with a high number of this sub-population were identified as having an increased demand for Care Finder services with established pathways for multidisciplinary referral.

Unpaid carer assistance provided to persons with a disability, long-term health condition or factors related to old age is a general indicator of social cohesion as well as the health status and demand for aged care services in a region (5). Regions with a high number of persons

providing unpaid assistance were considered to have a higher demand for aged care and associated navigation services.

Full-time equivalent numbers of enrolled and registered nurses in aged care partially describe current workforce capacity in aged care by region, and represent one potential cohort of persons with the knowledge and skills to 1) fill Care Finder roles, and 2) support integrated referral pathways to other relevant services. It should be noted that the actual workforce eligible and expected to fill care finder roles is much broader and will remain flexible based on the individual needs and workforce limitations in each region. Examples of other persons that may fill care finder roles include (but are not limited to) people with qualifications in social work, human services or community services.

Similarly, the number and types of residential aged care facilities per region were used to approximate existing capacity and access to local aged care services.

Existing navigation services were identified in each region to gain understanding of market for potential Care Finder service providers. The types of existing navigation providers identified include ACH providers transitioning to the care finder program, organisations delivering aged care navigator trials, and other organisations offering private or public support services delivered onsite, in-home, over the phone, or online following GP and self-referral.

Regions with few or no current known navigation service providers may have a higher service need than those with multiple existing navigation providers. However, we acknowledge that our knowledge of current navigation services is likely to be incomplete and does not account for changes to activity beyond 2022; hence, this data will only be used as an approximate indicator of existing service capacity rather than as key evidence to inform prioritisation between regions.

A triangulation matrix approach was used to summarise information from the CSAPHN Needs Assessment Report 2022-2025 (Nov 2021), stakeholder consultations, and external data sources by major health and service issues. This matrix informed prioritisation of needs.

Issues encountered and reflections/lessons learned

Data issues

- Evidence of existing navigation support is limited due to the inherent challenges of capturing data on informal and opportunistic support provided by various professionals and community members.
- Data describing access to available aged care services by SA3 region could not be identified and this would assist in identifying regions with under-utilisation and need for access support.
- The FTE of registered and enrolled nurses only represents a subset of the workforce relevant to care finder services and is therefore only an approximate indicator of actual capacity. Describing the broader workforce relevant to care finder is challenging based on limitations in available data.

- Data for some measures may not be current due to limitations of data availability. To the best of our knowledge, the most current and complete available data was used for each variable.

Additional issues and lessons learned/reflections

- Using individual variables to estimate need for assistance is challenging on a population scale due to the complexity and range of factors potentially contributing to barriers in accessing services. We therefore acknowledge that our analysis is only an approximation of the actual need in each region and predict that an approach to market will provide further context.

Section 2 Outcomes

Identified need	Key issue	Evidence
Older persons are supported to stay healthy and well in their place of residence	96% of older people in country SA PHN region are living at home, and not in home care residency with access to care supports (6). Across the Country SA PHN region, access to Commonwealth Home Care or other services to support care and wellness in place of residence is below that of the national average (7). Of those who access Commonwealth home care or support services: - 2.6% are older Aboriginal and Torres Strait Islander people - 12% being from CALD backgrounds (6). Around 50% of the SA Aboriginal population resides within CSAPHN region. Aboriginal persons (>49) represent populations of significance of the older population in: - Outback – North and East - Eyre Peninsula and South West - Murray and Mallee - Yorke Peninsula - Limestone Coast (1). Navigation services are not easily identifiable, vary across regions and lack transparency due to existing within models of care or models of service for varied bodies including but to limited to councils, advocacy groups, aged care providers, general practice and ACCHOs. Limited aged care navigation support services are identified in country SA PHN region with no known services available in: - Eyre Peninsula and South West - Limestone Coast - Mid North - Outback - North and East	CSAPHN NA Report 2022-2025 CSAPHN Service Mapping activity (Aged Care Navigator Services) CSAPHN Consultation activity (Aged Care Navigator Services) CSAPHN Care Finder Supplementary Analysis Tables 1&2 Australian Institute of Health and Welfare Australian Bureau of Statistics
Access to specialist services to support ageing well	Regions with high relative socio-economic disadvantage likely to increase individual complexity of need and create barriers to access required care support: - Eyre Peninsula and South West - Mid North - Murray and Mallee - Outback - North and East - Yorke Peninsula Prevalence of chronic conditions increase individual complexity of need and barriers to capacity and capability in accessing care. Regions with the highest prevalence	CSAPHN NA Report 2022-2025 CSAPHN Service Mapping activity (Aged Care Navigator Services) CSAPHN Consultation activity (Aged Care Navigator Services) CSAPHN Care Finder Supplementary Analysis Tables 1&2 Australian Bureau of Statistics Dementia Australia

	of dementia and mental health conditions are: - Fleurieu – Kangaroo Island (1). - Gawler - Two Wells - Lower North - Mid North In South Australia, rates of dementia are projected to increase with an ageing population (8). Access to GP care is limited in the region, with most regions across country SA are nationally designated GP *Distribution Priority Areas* (9). The number of professionals delivering occupational therapy (OT), podiatry, and physiotherapy services decreases as distance from metropolitan areas increases, with only 13% of these professions having their primary place of practice in regional, rural and remote areas (10). Navigation services are not easily identifiable, vary across regions and lack transparency due to existing within models of care or models of service for varied bodies including but not limited to councils, advocacy groups, aged care providers, general practice and ACCHOs. Unique navigation services that are promoted and known are limited across most regions, with no known services for the following areas: • Eyre Peninsula and South West • Limestone Coast • Mid North • Outback - North and East Excluding Adelaide Hills, and Barossa regions, over 10% of all persons aged 65+ living in community in the region have a profound or severe disability which likely increases complexity of access and navigation (11). Digital literacy and lack of community awareness of eligibility are identified barriers to accessing services.	Department of Health and Aged Care PHIDU

Workforce and service sustainability	In the country SA PHN region, the number of persons aged over 64 years is projected to increase. The highest increases are expected in the Flinders Ranges, Lower Eyre Peninsula, and Robe (>10% increase by 2030) (11). Regional aged care service provision is limited, with limited workforce and workforce capacity. Reduced availability of services is likely to increase complexity of navigation support required. Workforce with specific aged care sector and service knowledge are limited across all Country SA PHN regions. There are ongoing challenges in attracting, recruiting and retention of health professionals to rural and remote areas.	CSAPHN Needs Assessment Report 2022-2025 CSAPHN Consultation activity (Aged Care Navigator Services) CSAPHN Care Finder Supplementary Analysis Tables 1&2
Integrated and coordinated care	The benefit of navigation support is limited by barriers in coordination of the patient journey, and is dependent on integrated systems that enable access and timely and consistent transfer of information between multidisciplinary aged care support services. Limitations in integrated referral and information transfer to support care across multiple services have been identified in the region. Secure messaging capability is inconsistent among health providers, with only 14% of allied health and 37% of RACFs enabled for secure messaging to support integrated care between providers (12). Further, only 50% of allied health professionals in the CSAPHN region reported being able to easily generate care summary reports to share with clients or other health care providers (13). Faxed transfer of information maintains the continued practice with a high proportion of providers across country SA using this method to send referrals and reports.	CSAPHN Needs Assessment Report 2022-2025 CSAPHN Consultation activity (Aged Care Navigator Services)

Section 3 Priorities

Prioritisation of regions, target populations/sub-groups, and approach was informed by triangulation of evidence from data analysis and consultation activities. A summary of identified priorities by topic is shown below. It should be noted that our findings are based on the information analysed and may not reflect the true complexity of contributing factors in each region.

Regions to prioritise:

SA3 Region	Top 5 regions identified as having large target population/sub-groups	Top 5 regions identified as having high complexity of need
Adelaide Hills	✓	
Barossa		
Eyre Peninsula and South West	✓	
Fleurieu - Kangaroo Island	✓	✓
Gawler - Two Wells		✓
Limestone Coast	✓	
Lower North		
Mid North		✓
Murray and Mallee	✓	✓
Outback - North and East		
Yorke Peninsula		✓

Target populations/sub-groups to prioritise:

- Overall, persons with significant cognitive and/or language barriers will be prioritised as target sub-groups.
- Aboriginal and Torres Strait Islander persons – unique challenges when navigating aged care system.
- Persons with a profound or severe disability and living in the community. This sub-population makes up a significant proportion of persons aged 65 and over (8.4% - 15.2% across CSAPHN SA3 regions) and may characterise persons likely to experience more complex challenges around awareness and navigation of aged care services available to them (11). Further, people living in the community are likely to have limited access to support compared to people living in long-term accommodation.

Approaches to be prioritised:

Based on findings from community consultation, services delivered face-to-face will be prioritised where possible, with consideration of other mechanisms where expected available workforce capacity is limited.

Providers with existing staff capacity and infrastructure to provide navigation services will be prioritised to optimise integration into existing service.

Integration activities to be prioritised:

Based on findings from community consultation, and service and system needs analysis, activities to enhance integration within the context of the care finder program that will be prioritised include:

- Care coordination activity that is integrated in existing regional aged care, primary health, community supports and other systems.
- Activity that improves capability and capacity for care coordination within the context of the care finder program across regional aged care, primary health, community support and other service providers.
- Activity that improves information transfer of care finder client care requirements, needs and outcomes across providers to support individual experience of aged care and health care.
- Integration and application of technical solutions to improve integration of care for care finder clients. This is inclusive of supports in the delivery of and better use of health technologies including telehealth, My Health Record, Clinical Information Management Systems and HealthPathways.

References

1. Australian Bureau of Statistics. 2021 General Community Profile for Statistical Area 3 (SA3). Canberra; 2022.
2. Australian Government Department of Health and Aged Care. Am I eligible? : My Aged Care; 2022 [Available from: https://www.myagedcare.gov.au/am-i-eligible.
3. Australian Commission on Safety and Quality in Health Care. About cognitive impairment Sydney2022 [Available from: https://www.safetyandquality.gov.au/our-work/cognitive-impairment/about-cognitive-impairment.
4. Australian Bureau of Statistics. Disability, Ageing and Carers, Australia: Summary of Findings Canberra: ABS; 2019 [Available from: https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release.
5. Australian Institute of Health and Welfare. Volunteers Canberra: AIHW; 2021 [Available from: https://www.aihw.gov.au/reports/australias-welfare/volunteers.
6. Australian Institute of Health and Welfare. Gen data: People using aged care. Canberra; 2021.
7. Australian Institute of Health and Welfare. My Aged Care region Canberra: AIHW; 2020 [Available from: https://www.gen-agedcaredata.gov.au/My-aged-care-region.
8. Dementia Australia. Dementia prevalence Estimates Dementia Australia2021 [Available from: https://www.dementia.org.au/information/statistics/prevalence-data.
9. Department of Health and Aged Care. Health Workforce Locator 2022 [Available from: https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator.
10. Yisma E GM, Versace V, Jones S, Walsh S, May E, Jones M.,. Geographical distribution of 3 allied health professions in South Australia: A summary of access and disadvantage. Australian Journal of Rural Health. 2021;Oct.
11. Public Health Information Development Unit. Social Health Atlas of Australia: Population Health Areas Adelaide: Torrens University Australia; 2022 [Available from: https://phidu.torrens.edu.au/social-health-atlases/maps#2021-census-population-health-areas.
12. Australian Government Data Exchange. Healthcare Identifier Service. Canberra: Australian Government; 2021.
13. CSAPHN. Country SA PHN General Practice and Allied Health survey. 2016.

SA3 Name	Total persons >64 [1]	Aboriginal and Torres Strait Islander persons >49 [1]	Overseas arrivals who speak English not well/not at all [1]	Persons with dementia [1]	Persons with a mental health condition [1]	Persons who have had a stroke [1]	Persons with need for assistance* [1]	Persons providing unpaid assistance** [1]	Persons with a profound or severe disability & living in the community (2016) [2]	Enrolled nurse FTE in aged care (2020) [3]	Registered nurse FTE in aged care (2020) [3]	Number of residential aged care facilities [3]	Number of Home Care and other aged care facilities [3]	Number of known navigation service provider sites^
Adelaide Hills	15077	133	68	545	1211	457	1791	9072	924	57	91	10	2	6
Barossa	7984	116	22	270	744	220	1144	4144	600	58	35	6	5	4
Eyre Peninsula & South West	11783	770	50	481	817	396	1913	5837	1276	97	79	5	19	0
Fleurieu - Kangaroo Island	19523	198	32	696	1761	716	2780	7185	1470	60	101	9	6	3
Gawler - Two Wells	6925	153	71	374	729	275	1390	4292	799	40	46	4	1	1
Limestone Coast	14679	341	96	564	1020	531	2170	6791	1308	89	89	12	5	0
Lower North	5927	132	6	235	573	215	1006	2498	548	64	59	9	5	1
Mid North	6790	220	34	343	704	234	1263	3134	871	89	41	10	7	0
Murray & Mallee	17648	610	226	686	1515	616	3019	7859	1882	81	105	14	13	1
Outback - North & East	3923	1169	28	152	264	139	690	2217	442	30	27	2	9	0
Yorke Peninsula	9055	240	17	249	780	324	1318	3200	798	46	51	9	5	1

Supplementary table 1: Demographic and health data describing size of potential Care Finder population and sub-populations, and services and workforce in aged care by SA3 regions.

SA3 Name	SEIFA Index of Relative Socio-economic Disadvantage (2016) [2]	Total persons >64 [1]	%persons >64 [1]	%persons with dementia [1]	%persons with a mental health condition [1]	%persons who have had a stroke [1]	%persons with need for assistance* [1]	%persons providing unpaid assistance** [1]	%persons with a profound or severe disability and living in the community (2016) [2]
Adelaide Hills	1058	15077	19%	3.6%	8.0%	3.0%	11.9%	11.4%	8.4%
Barossa	*1003*	7984	21%	3.4%	9.3%	2.8%	14.3%	10.9%	9.8%
Eyre Peninsula & South West	*939*	11783	21%	4.1%	6.9%	3.4%	16.2%	10.2%	13.7%
Fleurieu - Kangaroo Island	*975*	19523	35%	3.6%	9.0%	3.7%	14.2%	12.9%	10.4%
Gawler - Two Wells	*980*	6925	18%	5.4%	10.5%	4.0%	20.1%	11.4%	14.8%
Limestone Coast	*956*	14679	22%	3.8%	6.9%	3.6%	14.8%	10.2%	11.8%
Lower North	*964*	5927	26%	4.0%	9.7%	3.6%	17.0%	11.0%	11.7%
Mid North	*909*	6790	25%	5.1%	10.4%	3.4%	18.6%	11.5%	15.2%
Murray & Mallee	*919*	17648	25%	3.9%	8.6%	3.5%	17.1%	11.0%	13.6%
Outback - North & East	*891*	3923	15%	3.9%	6.7%	3.5%	17.6%	8.7%	12.7%
Yorke Peninsula	*934*	9055	34%	2.7%	8.6%	3.6%	14.6%	12.0%	11.9%

Supplementary table 2: Demographic and health data describing complexity of potential Care Finder population and sub-populations by SA3 regions.

Supplementary Table 1&2 notes:

- Highlighted cells denote top 5 regions of need
- Counts and percentages include number of persons aged >64 unless otherwise indicated
- ^ From CSAPHN service mapping. 3 known providers deliver online services, 2 providers deliver over the phone
- *includes people with a self-reported profound or severe core activity limitation.
- **includes all people aged >14 years who in the two weeks prior spent time providing unpaid care, help or assistance to family members or others because of: disability, long-term health condition, problems related to old age. Excludes care provided through a voluntary organisation or group.

  Abbreviations: FTE=Full-time equivalent; SEIFA=socio-economic indexes for areas.

All data are from 2021 unless otherwise indicated

References:

1. Australian Bureau of Statistics: Census DataPacks, 2021 General Community Profile for Statistical Area 3 (SA3). Canberra: ABS; 2022.
2. Public Health Information Development Unit. Social Health Atlas of Australia: Population Health Areas, Ageing and Carers (SDAC). Adelaide: Torrens University Australia; 2022.
3. Commonwealth Department of Health and Aged Care HeaDS UPP Tool, (Needs Assessment WPP), extracted 26/07/2022.