

CARE FINDER PROGRAM




SUPPLEMENTARY NEEDS ASSESSMENT

South Eastern Melbourne Primary Health Network

FEBRUARY 2023



Acknowledgements

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	<p>We acknowledge the traditional custodians of the land the SEMPHN catchment covers, the Boon Wurrung and Wurundjeri people. We pay our respects to them, their culture and their Elders past, present and future, and uphold their relationship to this land.</p>
	<p>We acknowledge and celebrate diversity in all its forms and recognise the contribution people from diverse backgrounds and life experiences make to a strong, healthy and resilient community. We welcome everyone in the community as part of the SEMPHN organisation.</p>

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Abbreviations

Acronym	Meaning
ABS	Australian Bureau of Statistics
ACAS	Aged Care Assessment Service
ACH	Assistance with Care and Housing
ACSC	Ambulatory care sensitive conditions
AIHW	Australian Institute of Health and Welfare
ATO	Australian Tax Office
CALD	Culturally and Linguistically Diverse
CHSP	Commonwealth Home Support Program
COPD	Chronic obstructive pulmonary disease
CPI	Consumer Price Index
ED	Emergency Department
ERP	Estimated Residential Population
GP	General practitioners
HCP	Home Care Packages
LGA	Local Government Area
OECD	Organisation for Economic Co-operation and Development
PHIDU	Public Health Information Development Unit
PHN	Primary Health Network
RACGP	Royal Australasian College of General Practice
SEIFA	Socio-economic index for areas
SEMPHN	South Eastern Melbourne Primary Health Network
VAHI	Victorian Agency for Health Information
VHISS	Victorian Health Information Surveillance System
VPHS	Victorian Population Health Survey

Introduction

South Eastern Melbourne Primary Health Network (SEMPHN) is a leader, facilitator and influencer towards the shared goal of better primary health care. We are one of six PHNs in Victoria, and 31 PHNs across Australia. Reporting to an independent Board, we are funded primarily by the Australian Government to help people in south east Melbourne get the health care they need, when and where they need it.

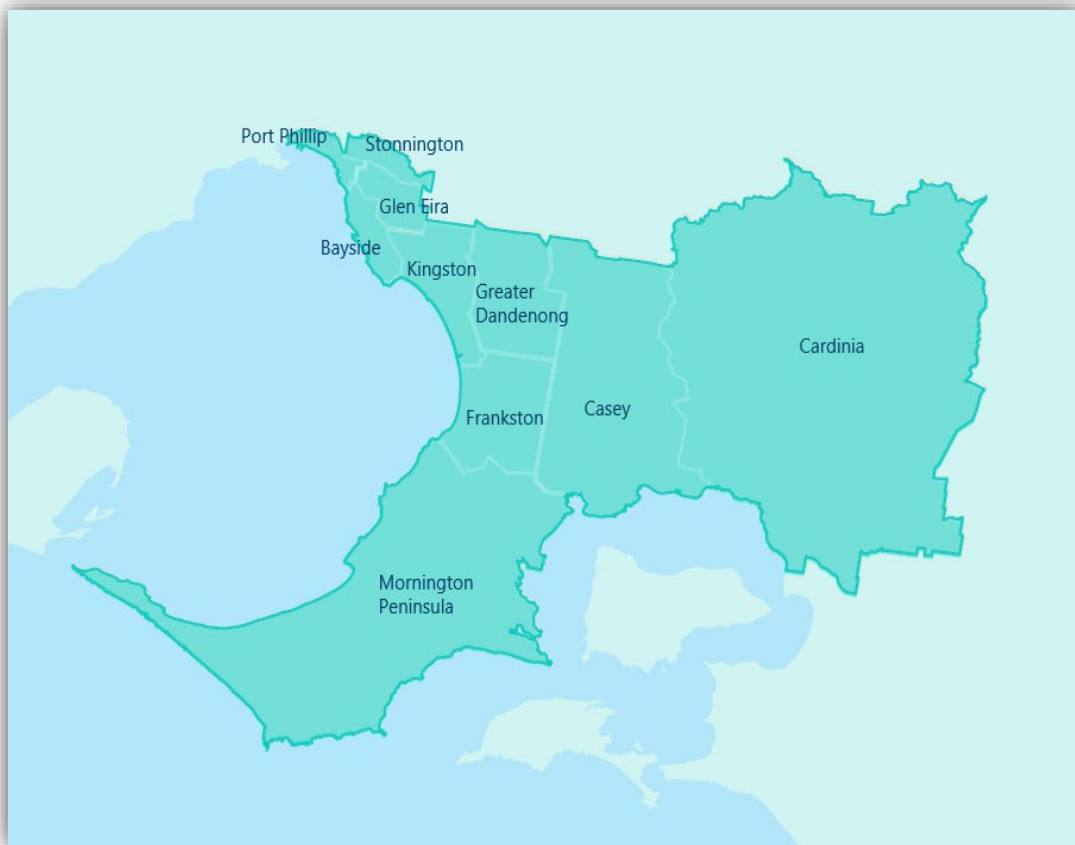
We do this by:

- commissioning out-of-hospital services locally
- partnering to make quality care more accessible and integrated, and easier to navigate – especially for people who need it most
- helping primary health care professionals to deliver the best care possible – now, and into the future
- influencing Government policy on primary health care reform.

Evidence-based practice is the foundation of our work, and we are constantly asking, 'together, how can we do this even better?'

The SEMPHN region covers a total geographical area of 2,935 square kilometres across 10 local government areas (LGAs) (see Figure 1). We serve a highly diverse population of approximately 1.6 million people, equating to one quarter (24%) of the total Victorian population.

Figure 1: SEMPHN region and LGA boundaries



The care finder program

The care finder program forms part of a significant investment in aged care reform in response to the recommendations of the Royal Commission. The program responds to the complexity of the aged care system and the challenges faced when trying to access services. The care finder program:

- provides assistance to help people to access aged care and other relevant support services
- specifically targets people requiring intensive support to interact with My Aged Care, access aged care services and/or access other relevant supports in the community.

Intended outcomes

The intended outcomes of the care finder program are to:

- improve coordination of support when seeking to access aged care
- improve understanding of aged care services and how to access them
- improve engagement with the aged care system
- increase care finder workforce capability to meet client needs
- increase rates of access to aged care services and connections with other relevant supports
- increase rates of staying connected to the services individuals need post-service commencement
- improve integration between the health, aged care and other systems at the local level within the context of the care finder program.

Role and functions

Care finders assist people within the target population to understand and access aged care and connect with relevant supports in the community. The functions of care finders include:

- engagement and rapport building with potential clients and local intermediaries
- supporting people to interact with My Aged Care and if eligible for aged care services are referred for assessment
- support people through the assessment and, where appropriate, attend the assessment
- help people to find the aged care supports and services they need and connect with other relevant supports in the community.
- high level periodic check-in with clients, and follow-up, once services have commenced.

Target population

The care finder target population are those who are eligible for aged care services and have one or more reasons for requiring intensive support to interact with My Aged Care, such as:

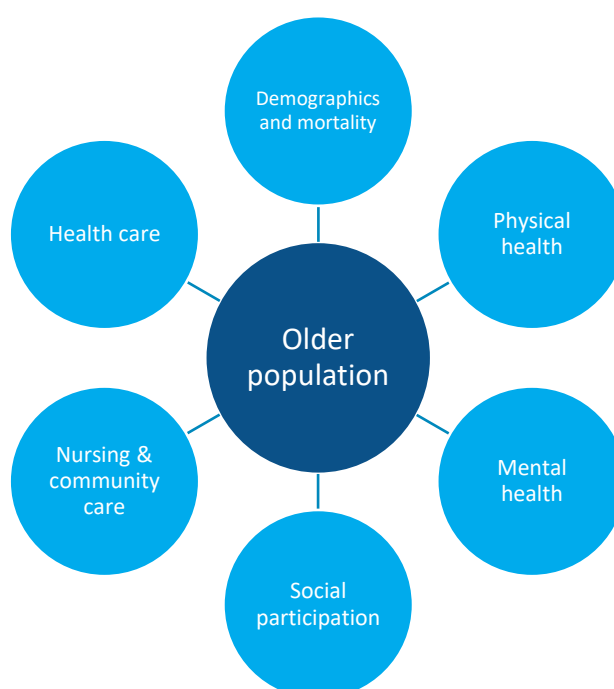
- isolation or no support person (e.g., carer, family, representative) who they are comfortable to act on their behalf and/or who is willing and able to support them to access care
- communication barriers (e.g., literacy) and difficulty processing information to make decisions
- resistance to engage with aged care for any reason and their safety is at immediate risk or they may end up in crisis within (approximately) the next year
- past experiences that reduce one's engagement with aged care, institutions, or government.

Approach and methodology

A once-off supplementary needs assessment report identifying local needs in relation to care finder support was required to provide an evidence-base for the initial commissioning approach to care finder services. This needs assessment was undertaken in mid-2022.

To capture the characteristics of the care finder target population, a care finder indicator framework was developed. The framework is an adaption of a 2019 scoping review of indicator-based monitoring systems of health in older age across countries of the Organisation for Economic Co-operation and Development (OECD)¹ (Figure 2). The framework was used to determine the data sources and measures to be used in this needs assessment.

Figure 2: Care finder indicator framework



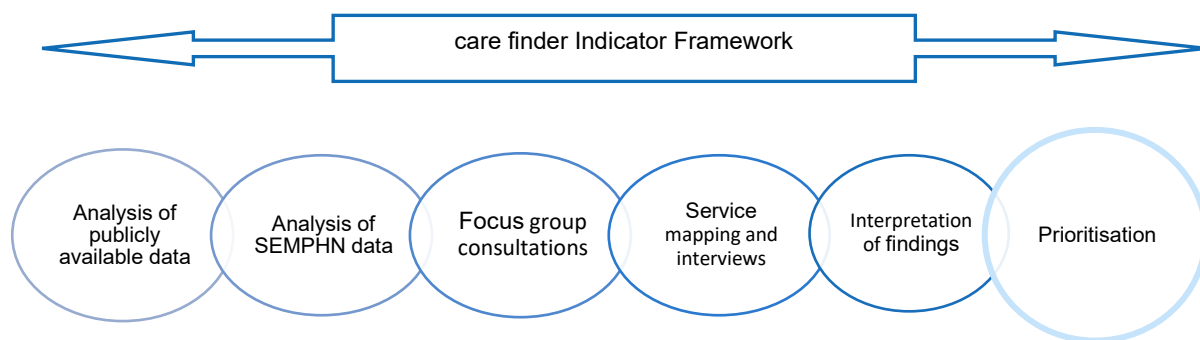
Source: Adapted from Grube et al. (2019)

The approach to the development of the care finder needs assessment integrated the triangulation process into the sequencing and methodology undertaken. The data analysis results were presented to key stakeholders including service providers in the focus groups. Following the process presented in Figure 3, key issues were identified and prioritised based on the criteria below:

- Issue is evident in the health needs analysis, and
- Issue was raised and/or validated in the key stakeholder focus groups, and
- Issue cannot be resolved or addressed through current service access and/or availability.

¹ Grube et al (2019) Indicator-based public health monitoring in old age in OECD member countries: a scoping review; *BMC Public Health*. Article Number 1068

Figure 3: Care finder needs assessment approach and methodology



Data sources

Data was sourced from publicly available data, GP data, focus group consultations and interviews with service providers (for details refer to Appendix 1 and Appendix 2). Publicly available data included the Australian Census 2016 and 2021, Social Health Atlas of Older persons, Australian Institute of Health and Welfare Mortality Data, and Victorian Health Information Surveillance System (VHISS). GP data was available via POLAR software for those practices who signed a data sharing agreement with SEMPLHN. The population level data was contrasted with qualitative input from three focus groups (n=29) conducted with aged care service providers from across the SEMPLHN region. Table 1 presents these data sources against the domains and indicators identified in the Care Finder Indicator Framework.

Note, GEN data from the Australian Institute of Health and Welfare (GEN)² was not utilised as this data focused on residential aged care and formal services (i.e., Home Care Packages), and was not available by Local Government Area (LGA). A map of Residential Aged Care Facilities (RACFs) in the SE Melbourne region is provided in Appendix 3.

² AIHW (2022) GEN Aged Care Data. Found at: <https://www.gen-agedcaredata.gov.au/>

Table 1: Summary of care finder domains, indicators, measures and data sources

Domains and indicators	Measures	Data source
Demographics & mortality		
Age structure	<ul style="list-style-type: none"> Population (5-year intervals from 65 years) Aboriginal and Torres Strait Islander population (5-year intervals from 50 years) 	Census 2021
Culturally and linguistically diverse	<ul style="list-style-type: none"> Country of birth 	Census 2021
Mortality	<ul style="list-style-type: none"> Cause of death 	AIHW 2020
Environment		
Low Income	<ul style="list-style-type: none"> People earning \$650 or less per week 	Census 2021
Vulnerability	<ul style="list-style-type: none"> Living alone, with disability and low income 	Social Atlas (PHIDU)
Income support	<ul style="list-style-type: none"> Aged pension Senior health care card Veterans 	Social Atlas (PHIDU)
Socio-economic disadvantage	<ul style="list-style-type: none"> SEIFA index of disadvantage 	Social Atlas (PHIDU)
Homelessness	<ul style="list-style-type: none"> People experiencing homelessness 	Census 2016
Social participation		
Literacy	<ul style="list-style-type: none"> Low proficiency in English 	Census 2021
Social support	<ul style="list-style-type: none"> Lives alone 	Census 2021
Access to internet	<ul style="list-style-type: none"> Internet access from dwelling 	Social Atlas (PHIDU)
Unemployment	<ul style="list-style-type: none"> Unemployed and looking for work 	Social Atlas (PHIDU)
Physical health		
Requires assistance	<ul style="list-style-type: none"> Has a need for assistance 	Census 2021
Chronic conditions	<ul style="list-style-type: none"> Chronic conditions 	Census 2021
Mental health		
Depression & anxiety	<ul style="list-style-type: none"> Mental health conditions (incl. anxiety or depression) 	Census 2021
Dementia	<ul style="list-style-type: none"> Number of persons with dementia (self-reported) 	Census 2021
Health care		
Ambulatory care sensitive conditions	<ul style="list-style-type: none"> Admissions of ACSC by type and condition 	VHISS 2021
Dementia	<ul style="list-style-type: none"> Number of patients accessing primary care with a dementia diagnosis 	POLAR 2022
Annual health assessments	<ul style="list-style-type: none"> Number of active patients with an annual health assessment 	POLAR 2022
Nursing & community care		
Home & community care	<ul style="list-style-type: none"> Modelled estimates of persons who require care 	Social Atlas (PHIDU)
Unpaid carers	<ul style="list-style-type: none"> Unpaid assistance to people with a disability 	Social Atlas (PHIDU)

Data limitations

Due to time constraints, consultations with consumers were not conducted as part of this project due. Without the voice of the consumer, a significant and important data source is missing from this report. Future consultations with consumers are planned and will be utilised to inform the SEMPHNs understanding of health needs and priorities for our older population.

The SEMPHN region is home to several population groups that are known to be under-represented in national data collection approaches such as the Census. It is well established that Aboriginal and Torres Strait Islander community participation in the Census is inconsistent, and the Victorian undercount rate is estimated around 20%.³ Aboriginal Community Controlled Health Organisations regularly report that the population they service is significantly greater than official numbers, therefore, the information presented herein needs to be considered as a probable under-representation of actual figures.

It is also expected there are significant discrepancies in the official estimated population of refugees, compared to estimates provided by local community leaders. Reasons for these discrepancies may include people choosing not to participate in the Census (this may be due to limited understanding of purpose, language, fear of government authorities); issues with online submission of Census form; and new arrivals that have come to the region after the Census.

The timely release of 2021 Australian Census community profiles means that some areas, such as demographics and environment are well described, yet others were excluded due to lack of access to meaningful data. The impact of the COVID-19 pandemic is such that data older than 2020 has for some domains limited application, due to the significant change in health, social and behavioural conditions, yet in other circumstances, this may not be the case.

Other issues relating to data aggregation level or absence of data to older Australians create limitations. For example, some indicators are only available at aggregate level rather than by age (e.g., homelessness, language spoken at home). There are also no recent data related to health behaviours in people aged 65 and older. In the instance of homelessness, due to the characteristics of the care finder population, data on people experiencing homelessness from 2016 was included.

Data from the Australian Institute of Health and Welfare (GEN) was also considered. However, that data focused on residential aged care, and formal services (i.e., Home Care Packages), and was not available by Local Government Area (LGAs).

³ Andrews, J. 2018, 'Blaks and stats in Aboriginal Victoria: Census resistance and participation' *Australian Aboriginal Studies*, no. 1, pp. 43-56.

Demographics and mortality

In the SEMPHN region, approximately one in six people (16.3%) are aged 65 and over. Mornington Peninsula Shire and the City of Casey have the largest 65-and-over populations and Mornington Peninsula has the largest proportion of people aged 85-and-over.

Mornington Peninsula, Casey and Frankston have the largest Aboriginal and Torres Strait Islander population in the region, and almost half of the 65-and-over population in SEMPHN are born overseas. Casey and Greater Dandenong have very large older populations born outside non-English-speaking, non-western-European countries. These data highlight the cultural and linguistic diversity of the catchment.

Population and age structure

The SEMPHN region is home to a population of 1.57 million people where one in six residents are aged 65 years and older (255,020 persons). Table 2 shows that Mornington Peninsula has the largest older population (27.2%), followed by Bayside (21.2%) and Kingston (18.5%). Cardinia has the smallest older population (12.5%); however, more than one in 10 people are aged 65 and over in the LGA.

Table 2: SEMPHN population and 65 years and over cohort

LGA	SEMPHN population (n)	Population aged 65 and over (n)	Proportion aged 65 and older (%)
Bayside	101,306	21,439	21.2
Cardinia	118,194	14,841	12.6
Casey	365,239	39,583	10.8
Frankston	139,281	23,173	16.6
Glen Eira	148,908	24,218	16.3
Greater Dandenong	158,208	24,856	15.7
Kingston	158,129	29,325	18.5
Mornington Peninsula	168,948	45,980	27.2
Port Phillip	101,942	13,801	13.5
Stonnington	104,703	17,804	17.0
SEMPHN region	1,564,858	255,020	16.3

Source: Census 2021, Australian Bureau of Statistics (June 2022) Table G03: Place of usual residence by place of enumeration on Census Night by age, Victoria, accessed on 20 August, 2022. Please note Monash LGA is excluded due to the small proportion of the LGA falling within SEMPHN region (4%).

Table 3 shows the age breakdown of older people in the SEMHN region. Of the ten LGAs in the region, Mornington Peninsula, Kingston, Casey, and Glen Eira have the largest population of persons aged 85 years and older.

Table 3: Older persons, by age and LGA

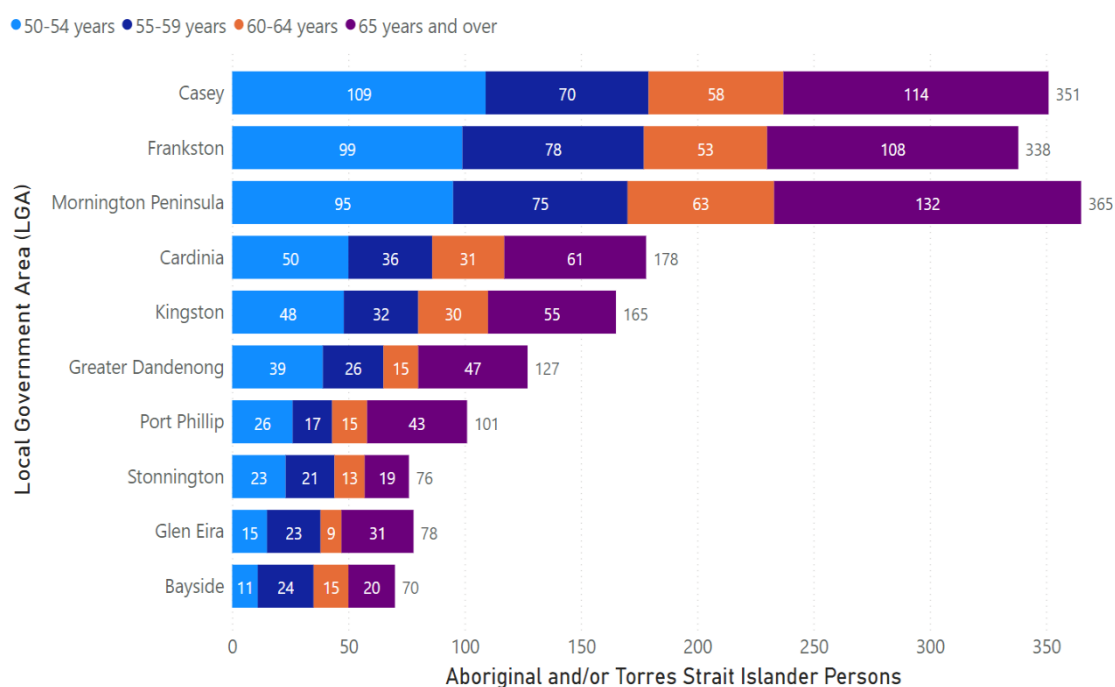
LGA	65-69 years (n)	70-74 years (n)	75-79 years (n)	80-84 years (n)	85-89 years (n)	90-94 years (n)	95-99 years (n)	≥100 years (n)	Total (n)
Bayside	5,631	5,451	4,174	2,760	1,821	1,149	405	48	21,439
Cardinia	4,582	4,125	2,892	1,744	929	434	124	11	14,841
Casey	13,197	10,463	7,110	4,605	2,658	1,216	296	38	39,583
Frankston	6,797	6,124	4,382	2,855	1,803	936	242	34	23,173
Glen Eira	6,791	6,234	4,099	3,122	2,169	1,278	468	57	24,218
Greater Dandenong	7,107	6,259	4,688	3,408	2,070	1,009	275	40	24,856
Kingston	8,080	7,307	5,503	4,034	2,608	1,356	372	65	29,325
Mornington Peninsula	11,965	12,153	9,562	6,271	3,698	1,802	462	67	45,980
Port Phillip	4,289	3,772	2,626	1,646	898	439	127	4	13,801
Stonnington	4,579	4,398	3,447	2,630	1,604	857	259	30	17,804
SEMPHN region	73,018	66,286	48,483	33,075	20,258	10,476	3,030	394	255,020

Source: Census 2021, Australian Bureau of Statistics (June 2022) Table G03: Place of usual residence by place of enumeration on Census Night by age, Victoria, accessed on 20 August, 2022. Please note Monash LGA is excluded due to the small proportion of the LGA falling within SEMPHN region (4%).

Aboriginal and/or Torres Strait Islander

At the 2021 Census, 9,970 persons within the SEMPHN region identified as being Aboriginal and/or Torres Strait Islander. Approximately one in five Aboriginal and/or Torres Strait Islander persons were 50 years or older (n=1,849). Mornington Peninsula has the largest population of older Aboriginal and/or Torres Strait Islander persons (n=365), followed by Casey (n=351) and Frankston (n=338) (Figure 4).

Figure 4: Number of Aboriginal and/or Torres Strait Islander older people by age and LGA



Source: Census 2021, Australian Bureau of Statistics (June 2022 release) Table I03: Age by Indigenous status by sex, Victoria, accessed on 20 August 2022. Please note Monash LGA is excluded due to the small proportion of the LGA falling within SEMPHN region (4%).

Culturally and Linguistically Diverse (CALD)

At the 2021 Census, almost as many people aged 65 and over living in the SEMPHN region were born overseas (n=112,230) as were born in Australia (n=128,429). The numbers of people aged 65 and over by country of birth and LGA are displayed in Table 4.

Of those born overseas, approximately 27% were born in primarily English-speaking countries (e.g., England, New Zealand, Canada). Approximately 21% were born in other European countries (e.g., Greece, Italy and Netherlands), spread fairly consistently across LGAs (varying between 15% in Casey and 29% in Stonnington). Notably, there are large Greek-born populations in Kingston (n=2,078), Glen Eira (n=1,572), Stonnington (n=1,253), and Greater Dandenong (n=1,222), which also has a large Italian-born population (n=1,210).

The largest populations of older people born overseas in other countries (e.g., India, Sri Lanka and China) reside in Casey (n=14,011), Greater Dandenong (n=13,310), Glen Eira (n=7,906) and Kingston (n=6,896). Greater Dandenong, Casey, and Glen Eira might be considered especially diverse by this metric, with other countries making up 74%, 64%, and 62% of their overseas-born populations respectively. There are large Vietnamese-born (n=2,561), Sri Lankan-born (n=1,231) and Cambodian-born populations (n=1,225) in Greater Dandenong, as well as large Indian- and Sri Lankan-born populations in Casey (n=1,878 and n=1,668 respectively).

All LGAs show large numbers of people 'born elsewhere', counted in the Census data as "Countries not identified individually, 'Inadequately described', and 'At sea'". LGAs with higher numbers of older persons 'born elsewhere' are Glen Eira (n=3,657), Casey (n= 3,119) and Greater Dandenong (n= 2,134). In Glen Eira, those 'born elsewhere' make up 46% of the local overseas-born population. This suggests a gap in the data, as we are unable to make a definitive determination around country of birth, although these numbers should not be excluded as they may indicate a barrier to access.

Table 4: Number of older people by country of birth and LGA

Country of birth	Bayside	Cardinia	Casey	Frankston	Glen Eira	Kingston	Mornington Peninsula	Port Phillip	Stonnington	Greater Dandenong	SEMPHN total
Australia	13,382	8,785	15,652	13,196	10,418	14,367	29,559	7,363	10,025	5,682	128,429
Overseas	7,096	5,030	21,882	8,705	12,694	13,642	13,138	5,410	6,735	17,898	112,230
Born elsewhere	1,217	571	3,119	999	3,657	1,816	1,096	1,181	1,090	2,134	16,880
Not stated	955	1,016	2,036	1,286	1,130	1,310	3,260	1,010	1,004	1,293	14,300
Total (n)	22,650	15,402	42,689	24,186	27,899	31,135	47,053	14,964	18,854	27,007	271,839
Among those who were born Overseas											
Primarily English Speaking (total)	(36%)	(45%)	(21%)	(50%)	(15%)	(21%)	(57%)	(27%)	(23%)	(8%)	(27%)
Other European (total)	(21%)	(21%)	(15%)	(18%)	(23%)	(28%)	(23%)	(27%)	(29%)	(18%)	(21%)
Other countries (total)	(43%)	(35%)	(64%)	(32%)	(62%)	(51%)	(20%)	(47%)	(48%)	(74%)	(52%)
Total (n)	7,096	5,030	21,882	8,705	12,694	13,642	13,138	5,410	6,735	17,898	112,230

Source: Census 2021, Australian Bureau of Statistics (June 2022 release) Table G09: Country of birth of person by age by sex, Victoria, accessed on 20 August 2022. Please note Monash LGA is excluded due to the small proportion of the LGA falling within SEMPHN region (4%).

Almost a third of service provider participants in focus group consultations described diversity as both a strength and barrier to service access the SEMPHN region. Cultural, linguistic and faith diversities were identified as community strengths. However, participants also identified cultural factors as a significant contributor to a person's level of vulnerability, and barrier to access.

Mortality

Table 5 presents data from 2016 to 2020 showing that the median age at death for males in south eastern Melbourne was 80.6 years (Victoria: 79.8 years) and 85.7 years for females (Victoria: 85.3 years).⁴ While age standardised death rates in the south east Melbourne region (448 per 100,000) is lower than Victorian estimates (479.2 per 100,000); certain LGAs within south eastern Melbourne

⁴ Cancer screening programs: quarterly data. Australian Institute of Health and Welfare (2021).

report higher rates than the state average (Greater Dandenong: 501.7 per 100,000; Frankston: 483.2 per 100,000; Cardinia: 481.6 per 100,000).

When comparing leading causes of death across both genders in the south eastern Melbourne region, dementia including Alzheimer's disease was the leading cause of death among females accounting for 12.4% of all causes, and coronary heart disease was the leading cause for death among males in the region, accounting for 12.7% of all causes.

Falls are Australia's largest contributor to hospitalised injuries and a leading cause of injury deaths for the older population. In 2019–20, 42% of hospitalised injuries and 40% of injury deaths were due to falls in the older population. The south eastern Melbourne region ranked fourth across all PHNs in Australia for deaths due to accidental falls among men (ASR 15.6 per 100,000) and sixth for deaths due to accidental falls among women (ASR 10.9 per 100,000).

When comparing age standardised rates (ASR) across age groups, in 2019-20, 132,933 (59.4%) hospitalisations due to falls occurred in the 65 and over age group across both genders. This equates to an ASR of 2,518.7 per 100,000 hospitalisations due to falls among males aged 65 and over and 3,852.5 per 100,000 hospitalisations due to falls among females aged 65 years and over⁵.

When comparing top underlying causes of death by age group, ischemic heart diseases, and cancers in the digestive and respiratory organs are the top three causes of death in the 65+ years age groups. Organic, including symptomatic, mental disorders.⁶ are ranked as the second leading cause of death in the 85 years and over cohort.

Table 5: Median age at death by LGA

Local Government Area (LGA)	Median age at death (years)
Bayside	87.5
Cardinia	80.5
Casey	79.4
Frankston	81.2
Glen Eira	85.6
Greater Dandenong	82.2
Kingston	83.6
Mornington Peninsula	83.9
Port Phillip	80.4
Stonington	85.0
SEMPHN region	83.0
Victoria	82.6

Source: Mortality Over Regions and Time (MORT) books (2016-2020), AIHW (accessed on 20 August 2022). Please note Monash LGA is excluded due to the small proportion of the LGA falling within SEMPHN region (4%).

⁵ Injury in Australia: Falls accessed through <https://www.aihw.gov.au/reports/injury/falls>

⁶ Definition of Organic, including symptomatic, mental disorders: this classification comprises of a range of mental disorders grouped together on the basis of their having in common a demonstrable etiology in cerebral disease, brain injury, leading to cerebral dysfunction

Environment

This section reports on a range of indicators related to an older person's physical and economic conditions. Mornington Peninsula and Casey have the largest number of 65-and-overs who are low-income earners or utilising income support, defined here as age pensioners and Seniors Health Card holders, and Veterans who are likely to receive benefits from the Department of Veterans Affairs.

The Consumer Price Index (CPI) and cost of living is increasing, and housing and transportation will affect vulnerable people. Across the various indicators of lacking a motor vehicle, renting, and living alone, Greater Dandenong has a higher proportion of older vulnerable people. Greater Dandenong also has a low socio-economic index compared to other LGAs in SEMPHN and Victoria. Focus group consultations highlighted distance and transportation as a barrier for older people accessing services. Due to their geographical locations, older residents in Mornington Peninsula, Cardinia and Casey are likely to be affected.

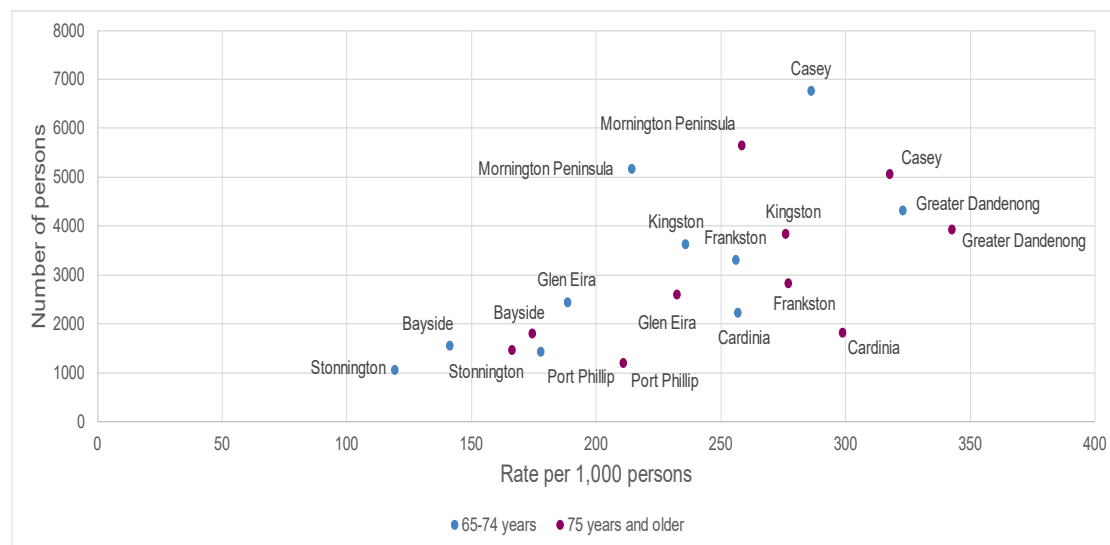
Low income

The Australian Tax Office (ATO) provides the maximum low-income tax offset to persons deemed to have earned less than \$37,500 year, equating to \$721.15 per week⁷. Using the available ABS data, vulnerable persons have been identified using a threshold of \$650 per week (i.e., under the low-income tax offset). Casey, Mornington Peninsula, Greater Dandenong, and Kingston LGAs reported the largest number of persons 65 years and older that earned less than \$650 per week.

Figure 5 presents data for older persons on incomes less than \$650 per week. The data indicates there will be a significant wave of need from low-income persons, particularly in the LGAs where the blue dot is close to, or higher on the y-axis than the purple dot, indicating the 65–74 age bracket is as large as or larger than the 75 and older brackets. Using Casey as an example, there are significantly more low-income persons in the 65–74 age bracket than among the population aged 75 years and older. In the majority of the other LGAs, the dots are almost level, indicating this 65–74-year-old cohort may bring a wave of needs associated with the impact of low incomes, larger than the previous cohorts.

⁷ ABS (2022) Low and middle income earner tax offsets. Found at: <https://www.ato.gov.au/Individuals/Income-and-deductions/Offsets-and-rebates/Low-and-middle-income-earner-tax-offsets/>

Figure 5: Rate per 1,000 and number of older persons earning less than \$650 per week, by LGA

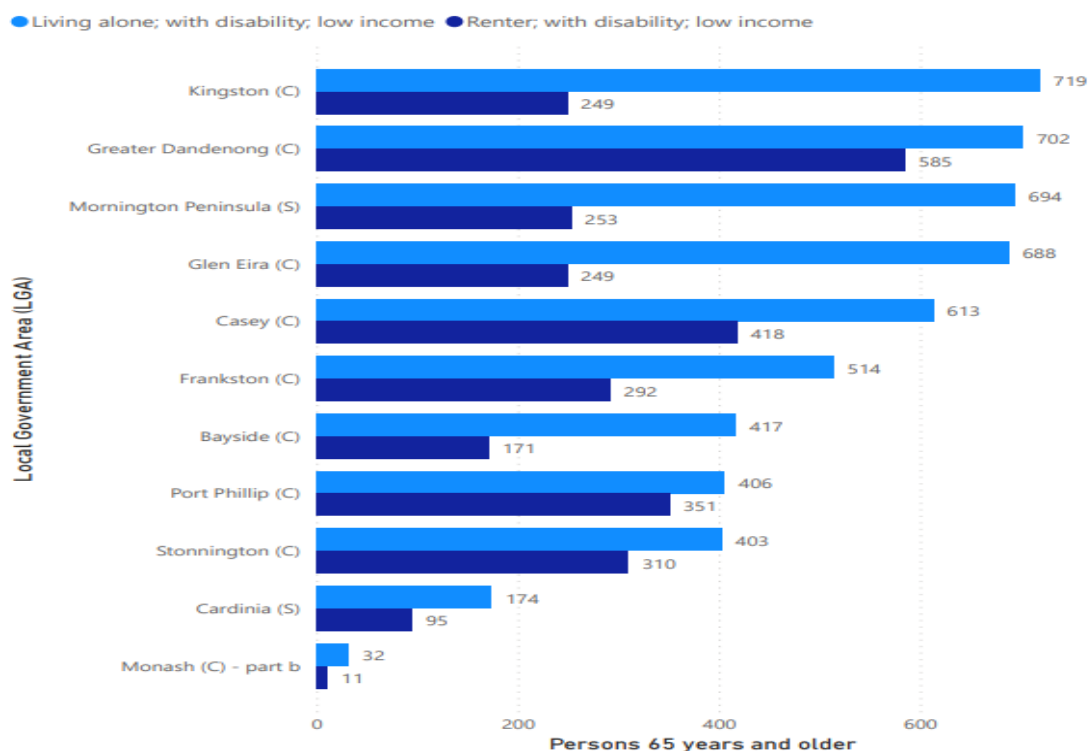


Source: Census 2021, Australian Bureau of Statistics (June 2022 release) Table G17: Total personal income (weekly) by age by sex, Victoria, accessed on 20 August 2022. Please note Monash LGA is excluded due to the small proportion of the LGA falling within SEMPHN region (4%).

Vulnerability

The Social Health Atlas includes a measure of vulnerable persons, defined as those with no motor vehicle, who are renting, living alone, low income and those with a disability. The data presented in Figure 6 suggests the most vulnerable older persons live in the Greater Dandenong, Casey, Mornington Peninsula, Kingston, and Glen Eira LGAs.

Figure 6: Older persons with low income, living alone, renting and living with a disability, by LGA



Source: Social Health Atlas of Older People in Australia Data by Primary Health Network (Published June 2021).

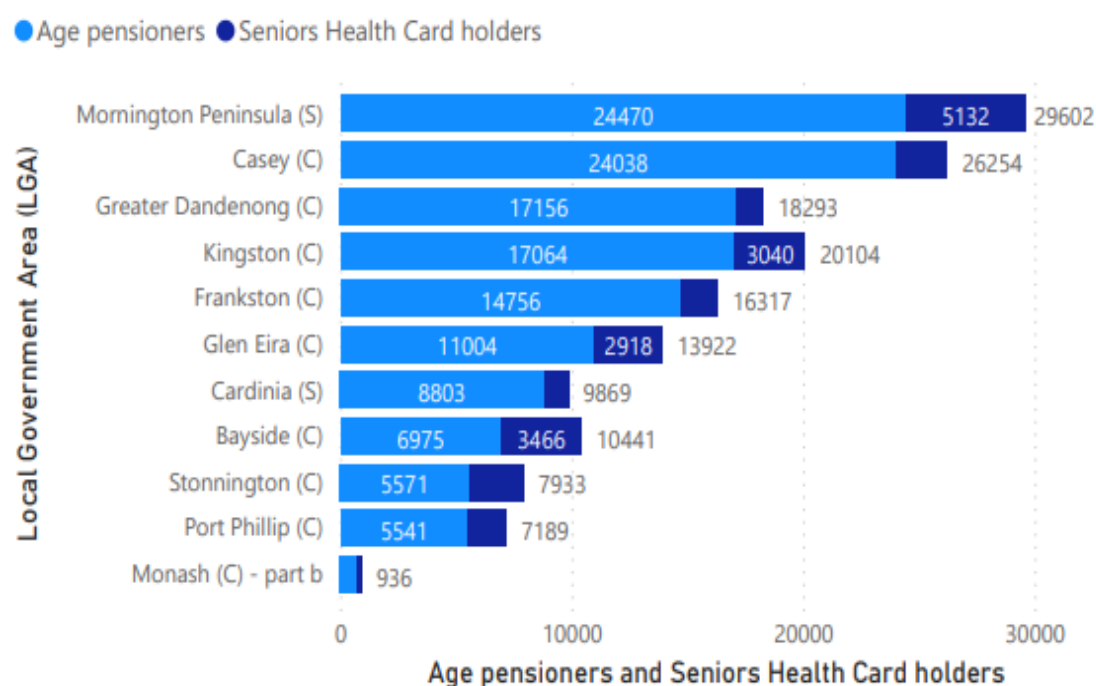
Service providers participating in focus group consultations identified access to services and transport as a significant influence on an older person's vulnerability. Distance and transportation were highlighted as issues experienced across the Mornington Peninsula and peri-urban areas. Participants also raised service distribution and access with respect to population, overcrowding/wait times, and the impacts of COVID including workforce shortages. Elder abuse as a key determinant of a person's vulnerability should also be considered. Lack of access to services was also raised as an important determinant for prioritisation of areas for aged care needs, which was related to access to public or private transport. The Older Persons Advocacy Network (OPAN) offer support and information to older people seeking or already using aged care services across the nation, along with their families and carers. OPAN services also include identification and management of the risk of abuse of older people. OPAN is also a participating member of the new primary and aged care reference group being facilitated by SEMPHN. The reference group is set to convene in October 2022.

"Retirement areas such as the Mornington Peninsula have a high number of older people with increasing health needs, often do not have younger family members near them, and these areas are away from "the city" and have less health services and GPs available to them" – Service Provider

Income support

Income support payments are regular payments that help with the cost of living. The type of income support received by a person will be provided based on circumstances. Mornington Peninsula and Casey LGAs reported the highest number of age pensioners and Seniors Health Card holders. Figure 7 indicates the Mornington Peninsula (n=24,470), Casey (n=24,038) and Greater Dandenong (n=17,156) have the highest number of aged pensioners. Mornington Peninsula (n=5,132), Bayside (n=3,466) and Kingston (n=3,040) have the highest number of senior health card holders.

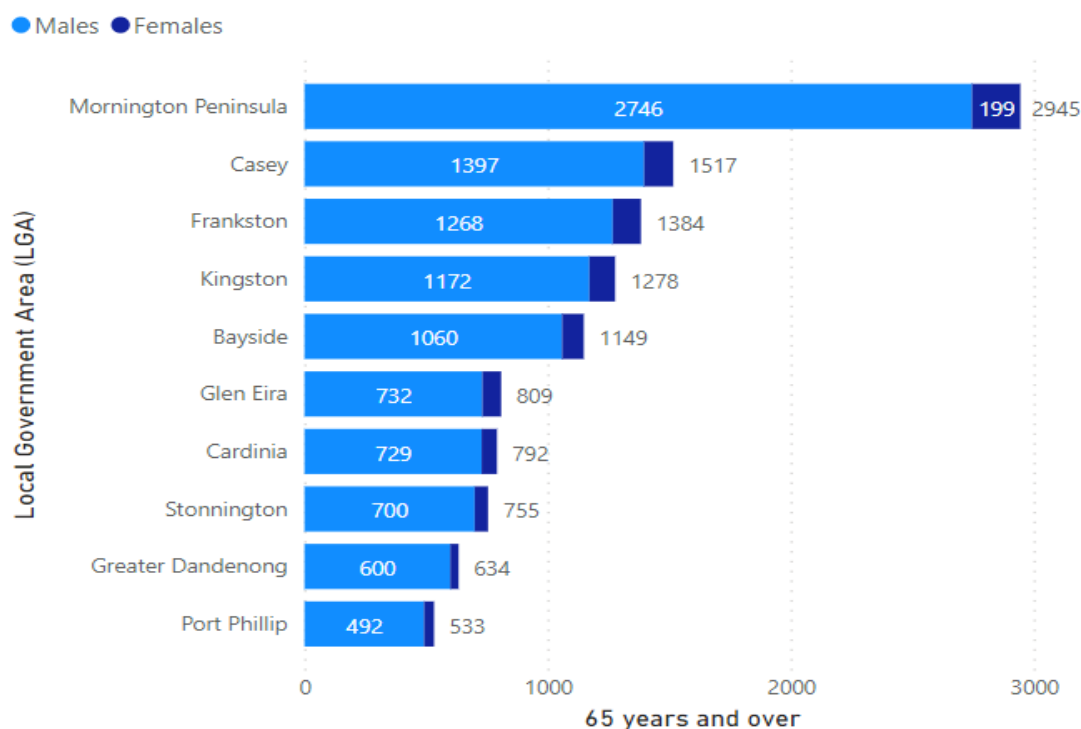
Figure 7: Aged pensioners and Senior Health Card holders, by LGA



Source: Social Health Atlas of Older People in Australia Data by Primary Health Network (Published June 2021). Note: Number outside the bar refers to a total number of age pensioners and seniors health card holders

Figure 8 shows the number of people receiving veterans support for people aged 65 years and older. Mornington Peninsula has over twice as many veterans than any other LGA (n=2,945).

Figure 8: Older Veterans, by LGA

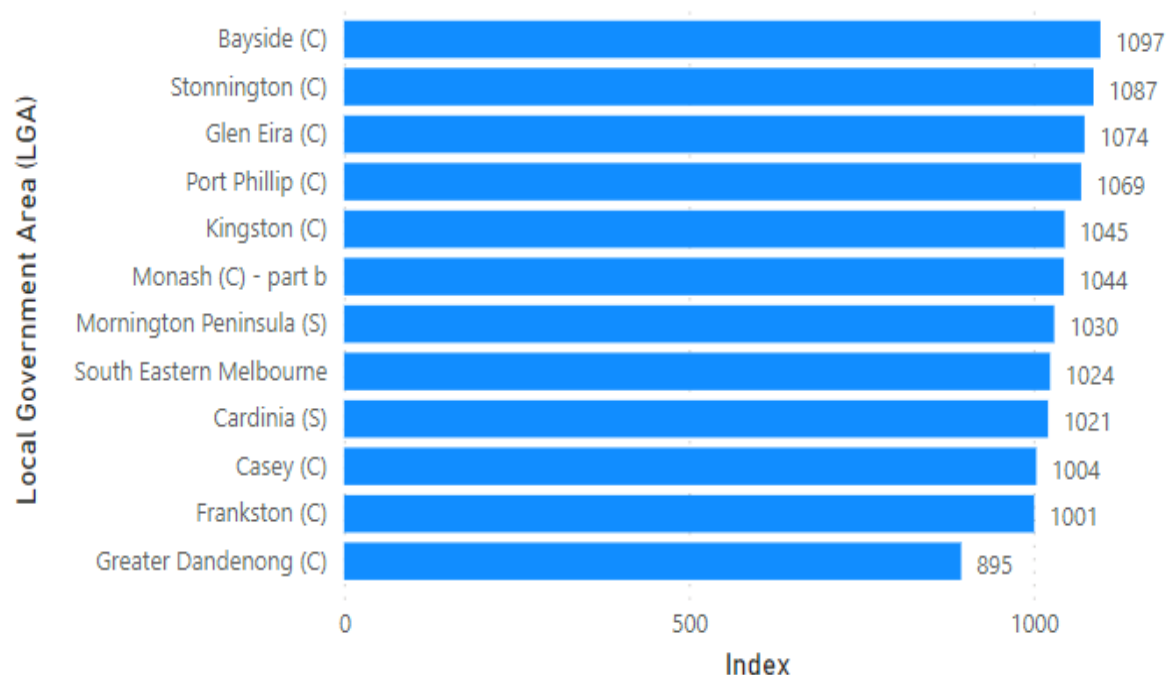


Source: Social Health Atlas of Older People in Australia Data by Primary Health Network (Published June 2021). Note: Number outside the bar refers to a total number of older veterans, both males and females combined

Socio-economic disadvantage

The Socio-Economic Index (SEIFA) is a measure of community disadvantage, with a lower SEIFA index referring to a greater level of disadvantage within the community. An index of Figure 9 shows that Greater Dandenong has a significantly higher level of disadvantage (895) compared to other LGAs in SEMPHN. The City of Frankston (1001) and City of Casey (1004) also have relatively high levels of disadvantage with index scores lower than SEMPHN average (1024). While the SEIFA measure is not age specific, it should be noted that approximately one in seven residents in the Cities of Casey and Greater Dandenong one in 10 residents in Frankston are aged 65 and older.

Figure 9: SEIFA Index of Relative Socio-economic Disadvantage, by LGA



Source: Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), ABS 2016

People experiencing homelessness

People experiencing homelessness may have to manage a varied range of complex issues, that when not dealt with, can further exacerbate this experience. Approximately 7% of the homeless population in Victoria are sleeping rough (n= 8,200) reported in the 2016 Census. Larger proportions of the homeless population include people staying in boarding houses, staying temporarily with other households but having no usual address, commonly called couch surfing.⁸

Available data related to people experiencing homelessness are not broken down by age and therefore cannot be analysed in relation to the older population. Obtaining accurate estimates of homelessness is challenging, especially in relation to limitations around age and geographic specificity. Therefore, this section is intended only to be a guide.

Data from 2016 ABS Census has been reported in Table 6. This data is expected to be updated with the release of Census data in mid-2023.

⁸ Source: GLENN - THE CENSUS EXPERT. (2018). Who are Australia's homeless? <https://blog.id.com.au/2018/population/australian-Census/who-are-australias-homeless/>

Table 6: Number of older people experiencing homelessness and rates, by LGA

LGA	People experiencing homelessness (n)	Population Estimates in 2016 (n)	Rates per 10,000
Bayside	212	108,612	1.9
Cardinia	144	117,469	1.2
Casey	931	363,512	2.5
Frankston	465	146,305	3.2
Glen Eira	382	160,300	2.4
Greater Dandenong	1,515	174,770	8.7
Kingston	352	169,278	2.1
Mornington Peninsula	272	171,714	1.6
Port Phillip	1,461	117,920	12.4
Stonnington	523	121,956	4.3
Victoria	24,817	5.93 million	41.9
Australia	116,427	24.19 million	49.8

Source: Social Health Atlas of Older People in Australia Data by Primary Health Network (Published June 2021).

Drawing on 2016 Census data from across the State, it shows that Greater Dandenong and Port Phillip are in the top five LGAs in Victoria with the greatest per cent of people experiencing homelessness. Casey has the fourth greatest number of people experiencing homelessness in Victoria, followed by Port Phillip (Figure 10).

Figure 10: Top LGAs of concern by greatest proportion of people experiencing homelessness in Victoria⁹

LGAs by greatest per cent of homeless people		LGAs by greatest number of homeless people	
Greater Dandenong	1.3% of the LGA	Greater Dandenong	1,942
Melbourne	1.3% of the LGA	Melbourne	1,725
Port Phillip	1.1% of the LGA	Brimbank	1,477
Yarra	1.0% of the LGA	Casey	1,280
Maribyrnong	0.9% of the LGA	Port Phillip	1,127

⁹ Source: Law and Justice Foundation (2018). Homelessness in Victoria: Key facts. Found at: [www.lawfoundation.net.au/ljf/site/templates/resources/\\$file/Homelessness_VIC.pdf](http://www.lawfoundation.net.au/ljf/site/templates/resources/$file/Homelessness_VIC.pdf)

The Australian Housing and Urban Research Institute's 'Estimating the population at-risk of homelessness in small areas' report (2021)¹⁰, estimates a high risk of homelessness in:

- Port Phillip: South Melbourne, St Kilda West/Central/East, Elwood
- Stonnington: South Yarra North/South, Prahran-Windsor
- Glen Eira: Ormond-Glen Huntly, Carnegie
- Kingston: Clayton South
- Greater Dandenong: Springvale, Noble Park East/West, Dandenong South
- Casey: Hallam
- Frankston: Frankston, Frankston North

However, this report does not cover most of Mornington Peninsula or Cardinia. The method of risk estimation does not focus on the older population and excludes some factors such as the loss of a partner which are more likely to be relevant for old-age homelessness.

¹⁰ Batterham, D., Nygaard, C., Reynolds, M. and de Vries, J. (2021) Estimating the population at-risk of homelessness in small areas, AHURI Final Report No. 370, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/370>, doi: 10.18408/ahuri5123501.

Social participation

Social participation is a critical aspect of healthy ageing. Indicators within this domain seek to understand the social connection and participation of older people. Measures were selected that indicate the likelihood of a person actively participating in their community as well as their vulnerability to social isolation.

Data shows older people living in Mornington Peninsula have the lowest level social participation, with other LGAs of concern being Kingston, Casey, Greater Dandenong, and Glen Eira and Frankston.

The largest number of persons 65 years and older that are living alone are found in Mornington Peninsula, although social isolation was identified in the focus groups (and appears in the data) as a catchment-wide issue, especially in the LGAs of Kingston, Casey and Frankston. There are large numbers of 65-and-overs with low English proficiency in Greater Dandenong and Casey, which can also be used as an indicator of low social participation.

Access to the Internet is increasingly important both for socialising and to access the health system. Mornington Peninsula, Kingston and Greater Dandenong have the highest numbers of dwellings without Internet access for 65-and-overs and Glen Eira for 85-and-overs.

Focus group consultations identified networks as a community strength, which divided into roughly three equal streams: 1) informal networks, community support, volunteers, etc.; 2) formal networks, response and assessment times, referrals; and straddling these, 3) multicultural networks, the CALD workforce, and interpreters.

Social isolation was also a common theme identified as a health need for the aged cohort. With regards to vulnerability, the focus groups identified low English proficiency and cultural factors, limited social support, especially a lack of family support or the presence of abuse, and Internet access and broader computer literacy as key factors to consider. It was also noted that there is some resistance to developing computer literacy among over-70s.

Elder abuse was also highlighted in consultations as an issue which has not been covered by the quantitative data and requires further investigation. A recent study conducted by the Australian Institute of Family studies indicates that one in six (15%) older Australians reported experiencing abuse in the past 12 months (Qu et al, 2021).¹¹

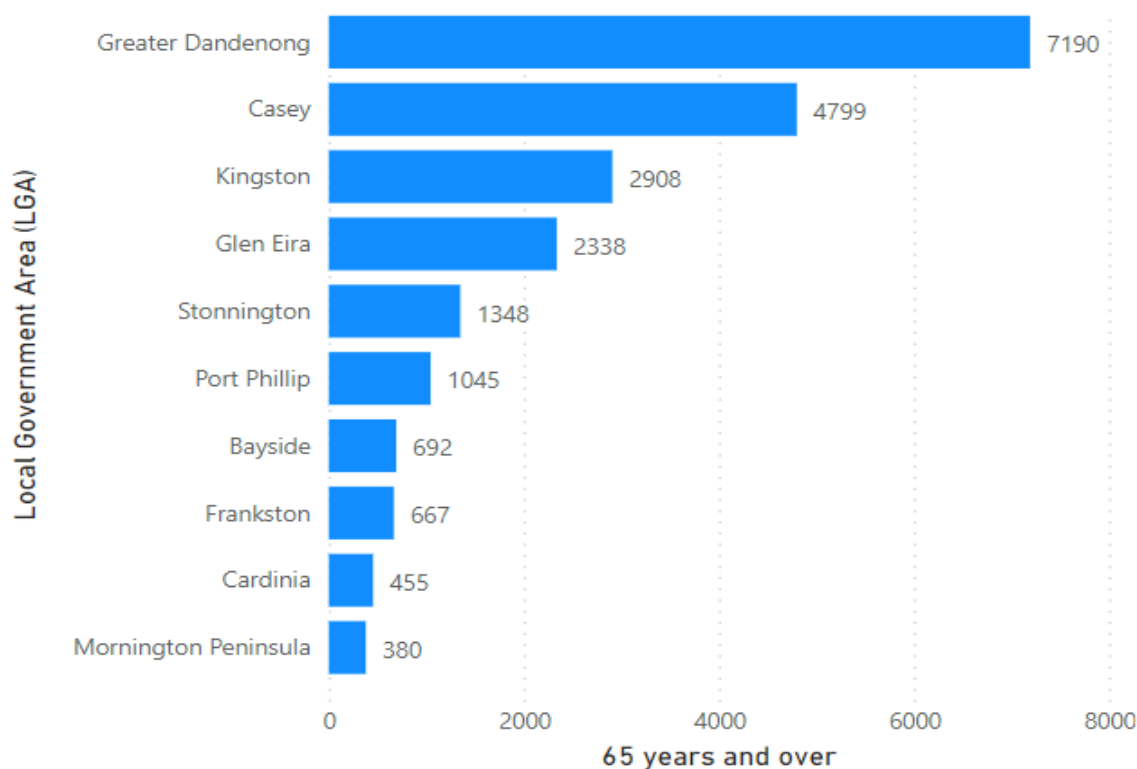
"Access to the Internet now equals access to a motor vehicle in terms of impacts on a person's capacity to access services, navigate the environment, and self-advocate."- Service Provider

¹¹ Qu, L., Kaspiew, R., Carson, R., Roopani, D., De Maio, J., Harvey, J. and Horsfall, B. 2021. National Elder Abuse Prevalence Study. Australian Institute of Family Studies, Melbourne.

Low proficiency in English

Low proficiency in English is defined as the person either does not understand English or does not understand English very well. The majority of older persons with low proficiency in English reside in Greater Dandenong (n=7,190), Casey (n=4,799), Kingston (n=2,908), and Glen Eira (n=2,338) (Figure 11).

Figure 11: Older persons with low proficiency in English, by LGA

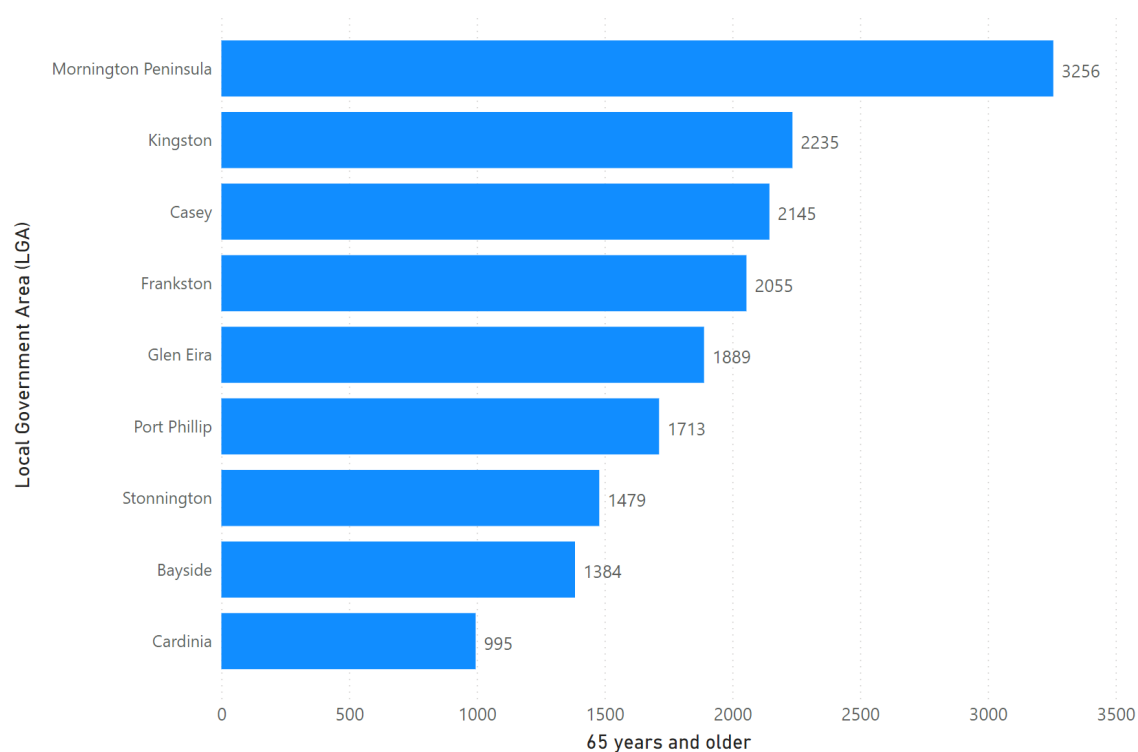


Source: Census 2021, Australian Bureau of Statistics (June 2022 release) Table G11: Proficiency in spoken English by year of arrival in Australia by age, Victoria, accessed on 20 August 2022. Please note Monash LGA is excluded due to the small proportion of the LGA falling within SEMPHN region (4%).

Living alone

Living alone can be an important determinant of social isolation and loneliness, especially for the older population. If a person is living with a disability, dementia, or mental health condition, living alone can further negatively impact their health. Figure 12 shows that Mornington Peninsula (n= 3,256), Kingston (n=2,235), Casey (n=2,145) and Frankston (n=2,055) have the largest number of persons 65 years and older that live alone. Proportionally, Frankston has the highest number of older people living alone (8.9%) followed by Stonnington (8.3%) and Glen Eira (7.8%).

Figure 12: Older persons who live alone, by LGA

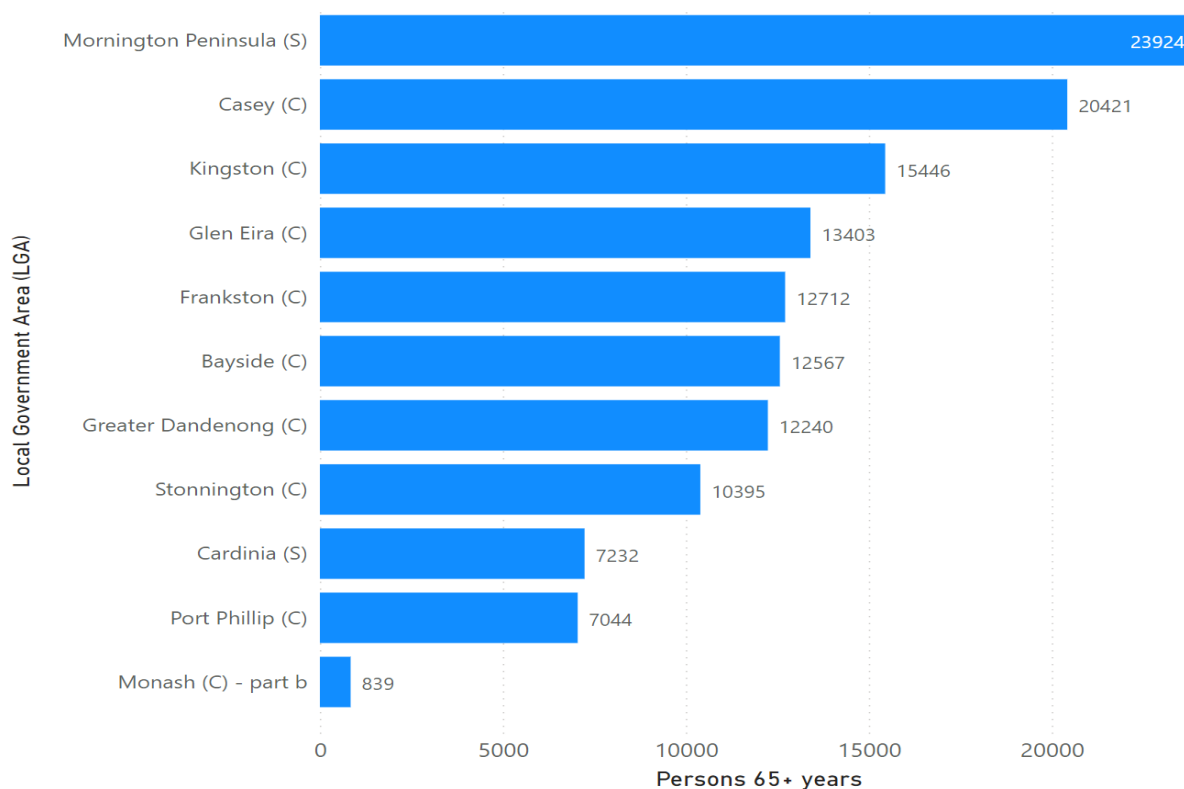


Source: Census 2021, Australian Bureau of Statistics (June 2022 release) Table G27: Family composition, Victoria, accessed on 20 August 2022. Please note Monash LGA is excluded due to the small proportion of the LGA falling within SEMPHN region (4%).

Access to internet

In 2021, 91% of Australian's had access to the internet. In the first half of 2021, there was an increase in the number of older adults who used the internet from 2019 (prior to lockdowns).¹² The largest number of persons aged 65 years and older who had accessed the internet from a dwelling were in Mornington Peninsula (52%), Casey (51.5%) and Kingston (52.7%) (Figure 13).

Figure 13: Older persons with internet access from dwelling, by LGA



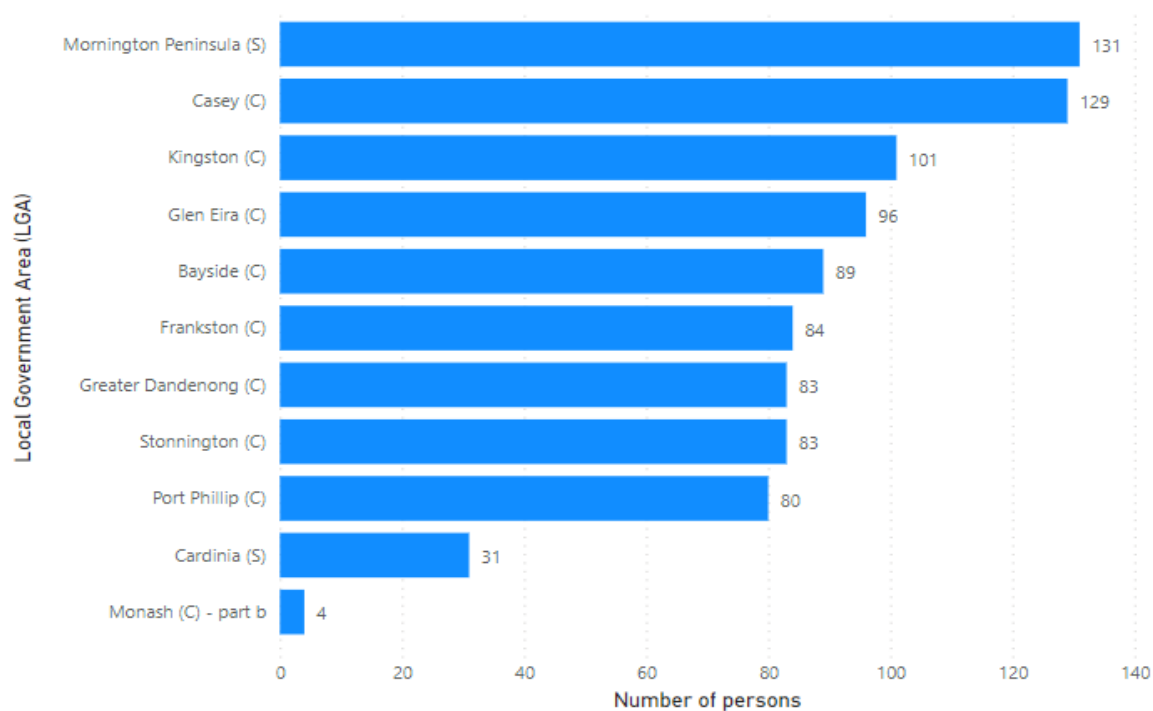
Source: Social Health Atlas of Older People in Australia Data by Primary Health Network (Published June 2021).

¹² Australian Communications and Media Authority (2021). Communications and media in Australia: How we use the internet. Found at: [Communications and media in Australia: How we use the internet | ACMA](https://www.acma.gov.au/communications-and-media-in-australia-how-we-use-the-internet)

Unemployment

Mornington Peninsula had the highest number of persons 65 years and older who were unemployed and looking for work (14.6%), and who were on a low income (17.4%) (Figure 14). Although the total numbers are low, they do not include those who are unemployed and are not looking for work.

Figure 14: Older persons unemployed and looking for work, by SEMPHN LGA



Source: Social Health Atlas of Older People in Australia Data by Primary Health Network (Published June 2021), 2016 Data.

Physical health

The physical health domain includes indicators relating to the health status of an individual such as self-reported chronic conditions, self-rated health, and whether or not you need assistance for the activities of daily living. In contrast to the health care domain, these indicators do not include utilisation rates such as hospital admissions or ED presentations. The largest number of 65-and-overs and 75-and-overs who self-identified as needing assistance were in Casey, Greater Dandenong and Mornington Peninsula.

Chronic heart disease stands out as occurring at a substantially higher rate across the catchment than other chronic conditions, with large populations in Mornington Peninsula and Casey. This may impact one's ability to participate in society and may in itself lead to other comorbidities.

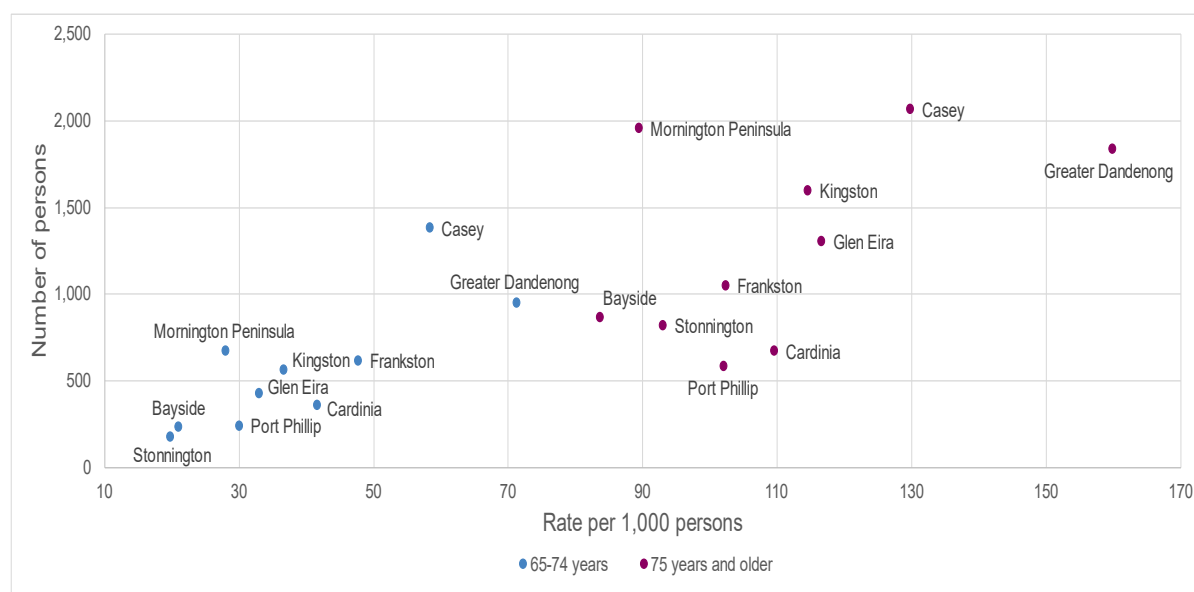
Chronic mental health conditions (including anxiety and depression) also stood out as having a high catchment-wide rate, followed closely by chronic lung conditions (including chronic obstructive pulmonary disease (COPD) and emphysema).

The physical health lens highlights Casey, Mornington Peninsula and Greater Dandenong as LGAs with the greatest unmet needs, although depending on the condition in question, Kingston and Frankston might be added to that list.

People requiring assistance

Based on self-reported data, the majority of persons 65 years and older within the SEMPHN area who reported needing assistance with daily activities were from the Casey, Greater Dandenong, Mornington Peninsula and Kingston LGAs. When considering the older cohort, those 75 years and older, the majority of persons that need assistance live in Casey and the Mornington Peninsula (Figure 15).

Figure 15: Rate per 1,000 and number of older persons that need assistance, by LGA



Source: Census 2021, Australian Bureau of Statistics (June 2022 release) Table G18: Core activity need for assistance by age by sex, Victoria, accessed on 20 August 2022. Please note Monash LGA is excluded due to the small proportion of the LGA falling within SEMPHN region (4%).

Chronic conditions

Chronic diseases are among the most costly, prevalent, and avoidable ailments impacting population health. They are complex health conditions which have multiple causes and can affect quality of life. These are also more likely to occur later in life. With changing lifestyles and ageing population, chronic diseases have become increasingly common and now cause most of the burden of ill health. Typically, chronic diseases are long-lasting, and have persistent effects. They can result from complex causes, which can include a number of different health risk factors. They are a leading cause of disability and have major impacts on health and welfare services. Many people have more than 1 chronic illness or condition at the same time.

There was little discussion of physical health during the focus group consultations. Health concerns were framed in terms of age-related deterioration and increased frailty, rather than a specific focus on conditions such as heart disease.

Tables 7 – 10 present the rates per 1,000 and number of persons per LGA for the top five chronic conditions in the SEMPHN region. When observing rates per 1,000, heart disease is most prevalent and kidney disease least prevalent. Frankston has the highest rates of heart disease, kidney disease, lung conditions, mental health conditions and stroke. Casey and Cardinia also show high rates of chronic conditions. Stonnington and Bayside have the lowest rates of chronic conditions in the older population

Table 7: Heart disease, rate per 1,000 and number of older persons, by LGA

LGA	Rate per 1,000	Number of persons
Frankston	170	3,939
Cardinia	165.3	2,453
Casey	164.2	6,499
Mornington Peninsula	163.6	7,521
Kingston	159.8	4,687
Glen Eira	156.2	3,784
Bayside	152.7	3,274
Greater Dandenong	143.1	3,556
Stonnington	139.4	2,481
Port Phillip	134	1,849

Source: Census 2021, Australian Bureau of Statistics (June 2022 release) Table G19: Type of long-term health condition by age by sex, Victoria, accessed on 20 August 2022. Please note Monash LGA is excluded due to the small proportion of the LGA falling within SEMPHN region (4%).

Table 8: Kidney disease, rate per 1,000 and number of older persons, by LGA

LGA	Rate per 1,000	Number of persons
Frankston	40.7	942
Casey	37.2	1,472
Cardinia	36.7	544
Greater Dandenong	36.5	908
Glen Eira	33.2	805
Kingston	32.6	955
Mornington Peninsula	28.5	1,309
Port Phillip	25.7	354
Stonnington	24.8	441
Bayside	24	514

Source: Census 2021, Australian Bureau of Statistics (June 2022 release) Table G19: Type of long-term health condition by age by sex, Victoria, accessed on 20 August 2022. Please note Monash LGA is excluded due to the small proportion of the LGA falling within SEMPHN region (4%).

Table 9: Lung condition (including COPD or emphysema), rate per 1,000 and number of older persons, by LGA

LGA	Rate per 1,000	Number of persons
Frankston	78	1,807
Cardinia	72.4	1,074
Casey	60.7	2,403
Mornington Peninsula	59	2,715
Kingston	54.8	1,607
Greater Dandenong	49	1,217
Bayside	46.1	988
Port Phillip	45.3	625
Glen Eira	42.9	1,040
Stonnington	39.7	706

Source: Census 2021, Australian Bureau of Statistics (June 2022 release) Table G19: Type of long-term health condition by age by sex, Victoria, accessed on 20 August 2022. Please note Monash LGA is excluded due to the small proportion of the LGA falling within SEMPHN region (4%).

Table10: Stroke, rate per 1,000 and number of older persons, by LGA

LGA	Rate per 1,000	Number of persons
Frankston	44.1	1,023
Greater Dandenong	43.2	1,075
Casey	43.1	1,706
Cardinia	40.5	601
Mornington Peninsula	38.2	1,756
Kingston	37.8	1,108
Glen Eira	33.1	802
Bayside	31.9	684
Port Phillip	30.4	419
Stonnington	30	534

Source: Census 2021, Australian Bureau of Statistics (June 2022 release) Table G19: Type of long-term health condition by age by sex, Victoria, accessed on 20 August 2022. Please note Monash LGA is excluded due to the small proportion of the LGA falling within SEMPHN region (4%).

Mental health

Mental health considers the number of people within a particular area with a diagnosed mental health condition or having self-reported conditions that may indicate significant vulnerability for developing a mental health condition. On this basis, it is important to acknowledge that LGAs with a higher proportion of persons born overseas may not self-report such conditions, leading to under-representation in the data.

Mornington Peninsula and Casey have the highest numbers of 65-and-overs with self-reported mental health conditions (including anxiety and depression), with Kingston and Greater Dandenong also figuring more prominently when considering 75-and-overs (this may be due to delayed access by CALD communities in Kingston and Greater Dandenong given the diversity of the LGA's population). A similar pattern can be seen looking at dementia data.

During focus group consultations, mental health and dementia were the most often cited health conditions. Both health conditions were identified as a main health concern in the older cohort across the region, and a contributor to vulnerability. However, the focus groups did not provide specific insight to where relative need was across the LGAs.

Depression and anxiety

At the 2021 Census, there were 21,212 persons 65 years and older who were reported as having a mental health condition (including anxiety and depression). Mornington Peninsula (8.3%) and Casey (8.6%) show the largest number of older persons with a mental health condition (including anxiety and depression) (Table 11).

Table 11: Mental health (including anxiety and depression), 65 years and older, by LGA

LGA	Rate per 1,000	Number of persons
Frankston	98.4	2,280
Greater Dandenong	90.9	2,259
Cardinia	88.1	1,307
Casey	86.4	3,418
Mornington Peninsula	83.4	3,834
Kingston	82.9	2,432
Glen Eira	80.4	1,946
Port Phillip	77.6	1,071
Bayside	70.3	1,507
Stonnington	65	1,158

Source: Victorian Government, Health Information Surveillance System. Accessed 10 July 2022.

Dementia

At the 2021 Census, there were 10,388 persons 65 years and older in the SEMPHN region who were reported as living with dementia. Mornington Peninsula (3.9%) and Casey (4%) LGAs had the largest number of persons with dementia (Table 12).

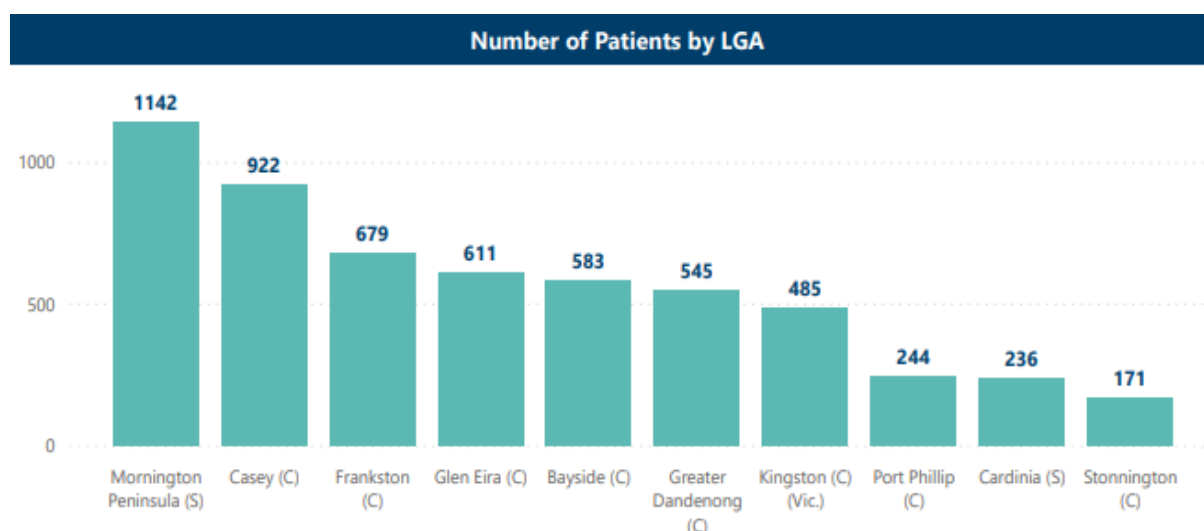
Table 12: Dementia, rate per 1,000 and number of older persons, by LGA

LGA	Rate per 1,000	Number of older persons
Greater Dandenong	50.3	1,251
Bayside	46	986
Frankston	43.9	1,018
Glen Eira	43.4	1,050
Kingston	41.6	1,221
Casey	39.6	1,569
Mornington Peninsula	38.7	1,781
Stonnington	36.8	655
Cardinia	35.1	521
Port Phillip	24.3	336

Source: Victorian Government, health Information Surveillance System. Accessed 10 July 2022.

As of 20 June 2022, there were 5,618 persons with dementia accessing primary care within the SEMPHN, the majority of those persons were female (n=3,330) and lived in the Mornington Peninsula Shire and City of Casey LGAs (Figure 16).

Figure 16: Older patients with dementia accessing primary care, by SEMPHN LGA



Source: GP data accessed via POLAR on 20 June 2022, SEMPHN. Please note: Shire (S), City (C)

Health care

The health care domain includes indicators that reflect health care utilisation and access. The selected measures include hospital admission rates, accessing prevention services such as immunisations and health assessments, and continuity of care. When considering unmet needs, a reliable and useful utilisation data source comes from the numbers of ambulatory care sensitive conditions (ACSCs), which can be considered as potentially preventable hospitalisations.

The majority of ACSCs were in Mornington Peninsula and Casey, and notably, Mornington Peninsula had an unusually large proportion of these (39%) being acute conditions, which are generally easier to address than chronic conditions. The focus groups highlighted access to GP support in residential aged care facilities, improved continuity of primary care, and health/aged care system navigation as some of the key opportunities for addressing the gaps the ACSC numbers represent. The health care lens therefore highlights Mornington Peninsula and Casey as the LGAs with the greatest unmet need, the former especially when considering acute conditions.

Access and utilisation

Access and utilisation of primary care were identified as key health issues for aged people in SEMPHN. Access to GP support in residential aged care facilities was highlighted, as was continuity of care, particularly primary care. Palliative care was also identified as a key issue, as was linking the data to the number of appropriate and available service providers within each region.

System navigation was raised as a key issue related to both health care and aged care, and gaps in services were highlighted in care coordination and complex case management.

"Navigation of the system [is an issue for vulnerable older persons,] if you have to make 100 phone calls you get a bit tired" – Service Provider

Telehealth

There was little engagement on the topic of telehealth even when promoted by the focus group facilitator. Digital connectivity was raised as an area missing from the data analysis, which included discussion around internet access and mobile phone use/coverage, and participants noted there is some resistance to developing computer literacy among over-70s.

Palliative care

Access to palliative care was identified as a health need for older adults in the SEMPHN region, which was framed alongside the access issues to GPs and primary care in residential care settings. The identified access issues were not linked to a particular area within the SEMPHN region; however, it was noted that existing palliative care services were stretched with demand exceeding supply.

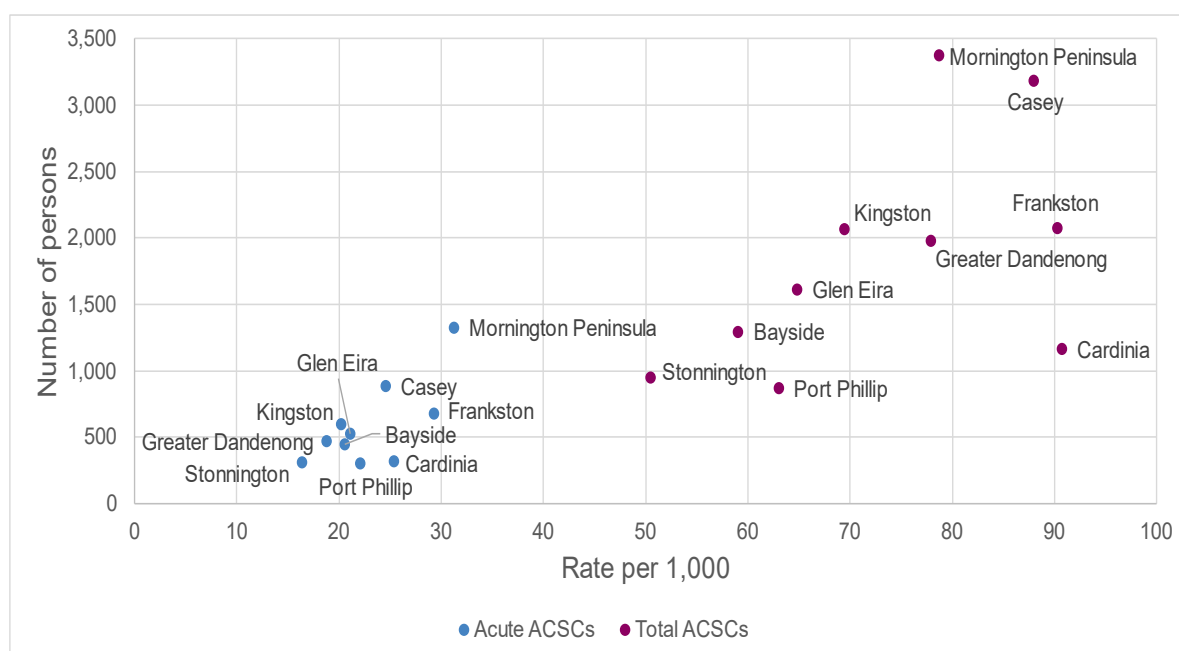
Ambulatory care sensitive conditions

Ambulatory care sensitive conditions (ACSCs) are those for which a hospitalisation is thought to be avoidable with the application of public health interventions and early disease management, usually delivered in ambulatory setting such as primary care. High rates of hospital admissions for ACSCs may provide indirect evidence of problems with patient access to primary healthcare, inadequate skills and resources, or disconnection with specialist services. Since 2014-15, Victoria has aligned its definition of ACSC with the National Health Reform Agreement – focusing on potentially preventable hospitalisations.

Based on the 2020-21 data, the majority of ACSCs for persons 65 years and older were in the Mornington Peninsula and Casey LGAs; and the highest rates were reported in Frankston, Cardinia, Casey, and Mornington Peninsula LGAs. Most of the ACSCs within each LGA were related to chronic conditions.

Almost all ACSCs can be classified as acute or chronic. As such, the breakdown of total ACSCs can be determined by comparing the number and rate of total ACSCs to acute/chronic ACSCs. Figure 17 plots the acute ACSCs (blue) and total ACSCs (purple) for each LGA in terms of number and rate per 1,000 persons. The large (diagonal) gap between each LGA's acute and total ACSC points indicates that acute ACSCs account for only a relatively small proportion of total ACSCs in terms of both number and rate. On that basis, Casey LGA is an LGA of need for chronic ACSCs across all LGAs within the PHN region – something which suggests an access issue for the population to primary care services.

Figure 17: Acute ACSCs and total ACSCs, rate per 1,000 and number of older persons, SEMPHN region

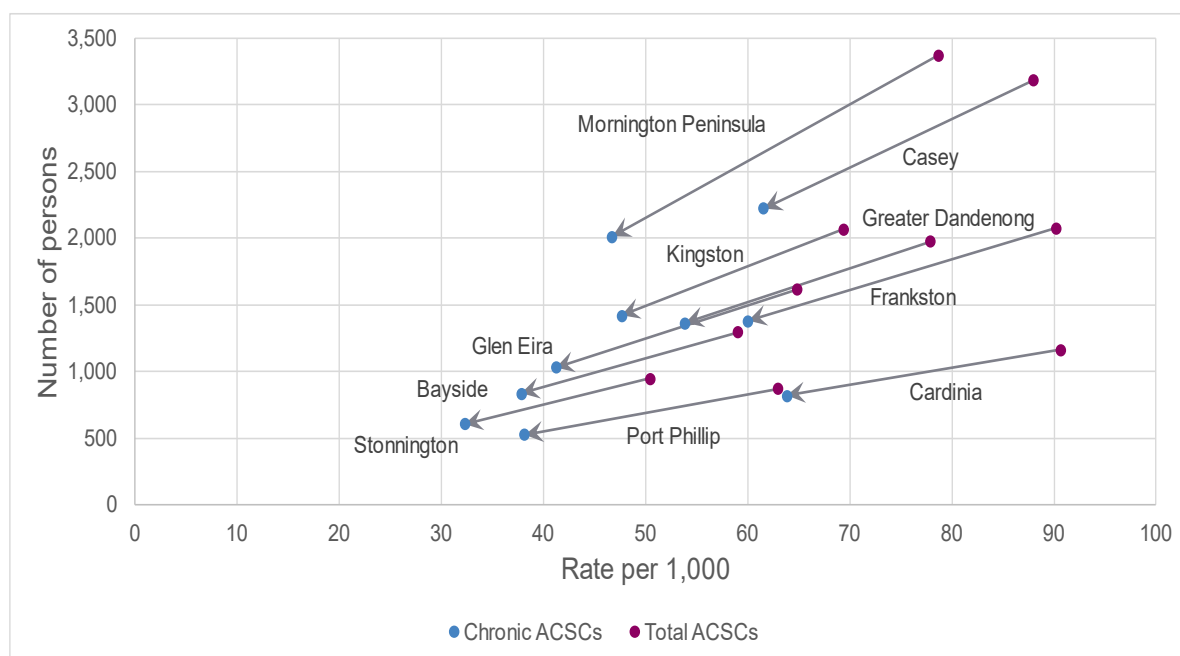


Source: Victorian Government, Health Information Surveillance System. Accessed 10 July 2022

Figure 18 shows the same plot but with acute ACSCs replaced by chronic ACSCs. It confirms that the majority of ACSCs are chronic as the chronic (blue) and total (purple) points are substantially closer.

An arrow has been drawn on this plot from the total ACSC point to the chronic ACSC point for each LGA. This arrow represents the gap between total and chronic ACSCs, i.e., the contribution of the acute ACSCs. As acute conditions are easier to address than chronic ones, from a resourcing effectiveness perspective, the primary goal should be to bring the purple points closer to the blue points along each arrow (i.e., by minimising acute ACSCs). In doing so, the greatest impact will be felt where the arrow is longest, which is Mornington Peninsula, indicating it should be prioritised, followed by other longer arrows such as Frankston and Casey. The slope of the arrow is also important to consider. If the slope is steep, then the impact of the intervention will likely be achieved sooner; the LGAs with the steepest slopes are Mornington Peninsula, Casey, and Kingston.

Figure 18: Chronic ACSCs and total ACSCs, rate per 1,000 and number of older persons, SEMPHN region

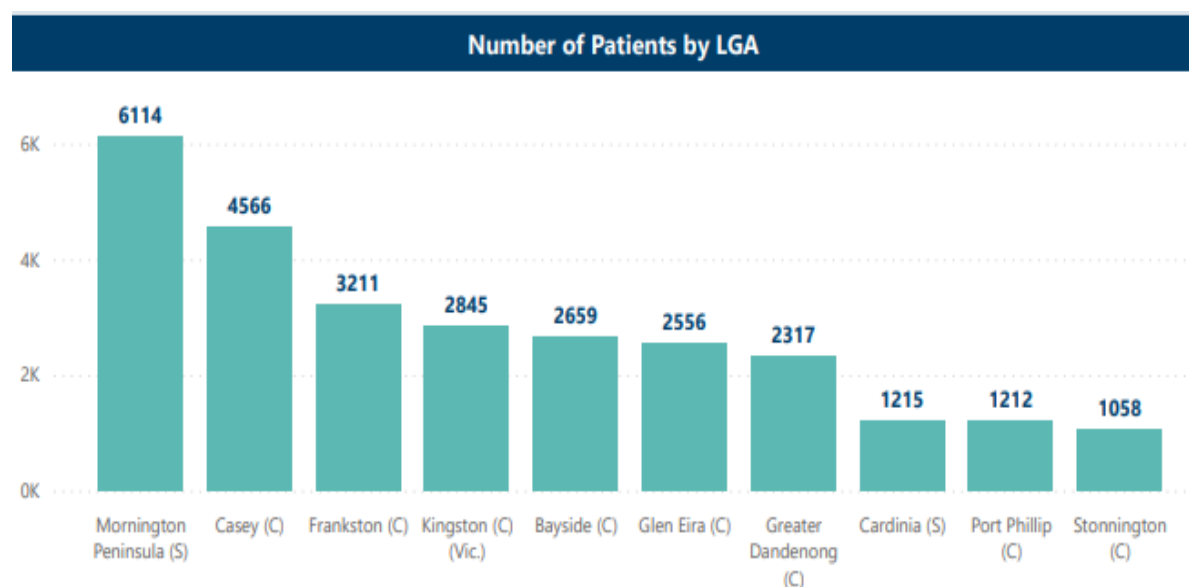


Source: Victorian Government, Health Information Surveillance System. Accessed 10 July 2022

Annual health assessments

As at the 20 June 2022, there were 27,753 persons across within the SEMPHN active patients receiving an annual health assessment (as per the Royal Australasian College of General Practice (RACGP) definition) (Figure 19).

Figure 19: Older patients receiving an annual health assessment, by SEMPHN LGA



Source: GP data accessed via POLAR on 20 June 2022, SEMPHN. Please note: Shire (S), City (C)

Nursing and community care

Nursing and community care includes formal and informal caring and service access. The Social Atlas of Older People in Australia modelled that Mornington Peninsula, Casey and Kingston had the highest numbers of 65-and-overs with an unmet ongoing need for formal assistance. We caution that these estimates may be based on pre-COVID data and without details of the methodology used we cannot validate the estimates made, however, the track with the numbers given for unpaid assistance to people with a disability, which provides a heuristic indicator of the gap in paid assistance.

Whilst there was limited available data that would shed light directly on unmet nursing and community care needs, the focus groups reported strongly on issues around workforce and access to home and carer support, stemming from a lack of resources, especially for home care or residential aged care. According to the focus group participants, home care, carer support and care coordination are the most significant health needs of the aged population. Appendix 3 provides a map of the Residential Aged Care Facilities (RACFs) across the SEMPHN region as of 31 July 2022. While RACFs are not a target setting for the care finder program, they still provide an understanding of where populations of older people in the catchment reside. It should be noted that older people in RACFs may fall within the care finder target population and will be able to access care finder support.

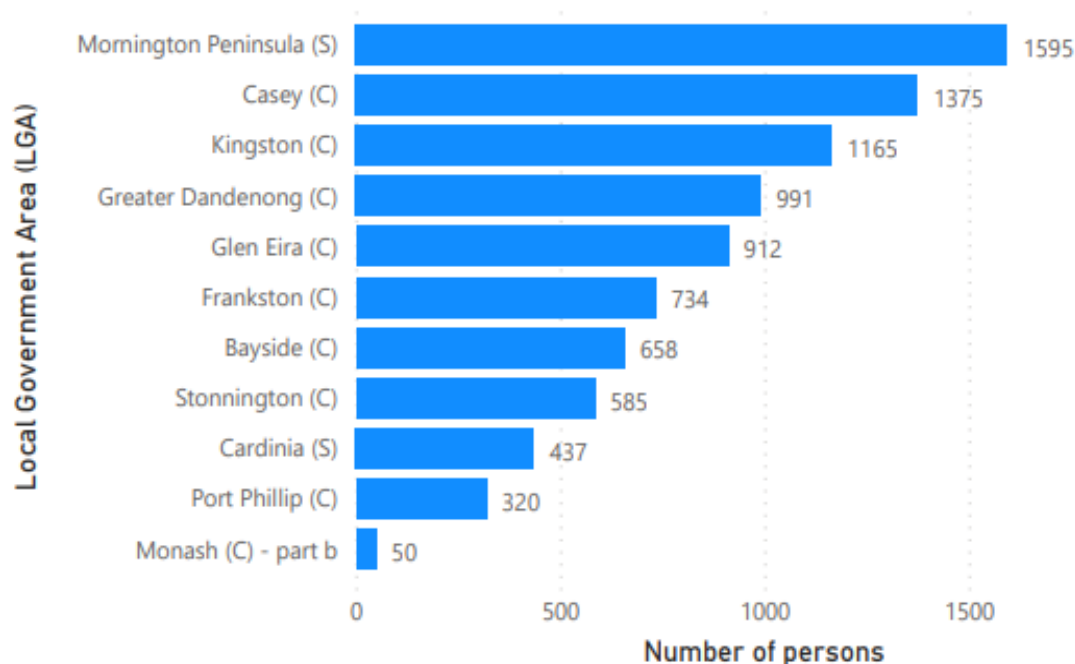
The map shows that there are a higher number of RACFs in the inner urban areas of the catchment e.g., Glen Eira, Bayside, Kingston and Greater Dandenong.

On the basis of the available data, the nursing and community care lens highlights Mornington Peninsula, Casey and Kingston as the LGAs most likely to have an unmet need, although like social participation, this appears to be a catchment-wide issue.

Home and community care

The Social Atlas also modelled those persons who are likely to always require assistance. The Mornington Peninsula, Casey and Kingston LGAs reported the most persons within the SEMPHN who always need assistance with one or more activities and whose need for formal (organised) assistance is unmet (selected reasons) (Figure 20).

Figure 20: Modelled estimates of older persons who always need assistance with one or more activities and whose need for formal assistance is unmet, by SEMPHN LGA

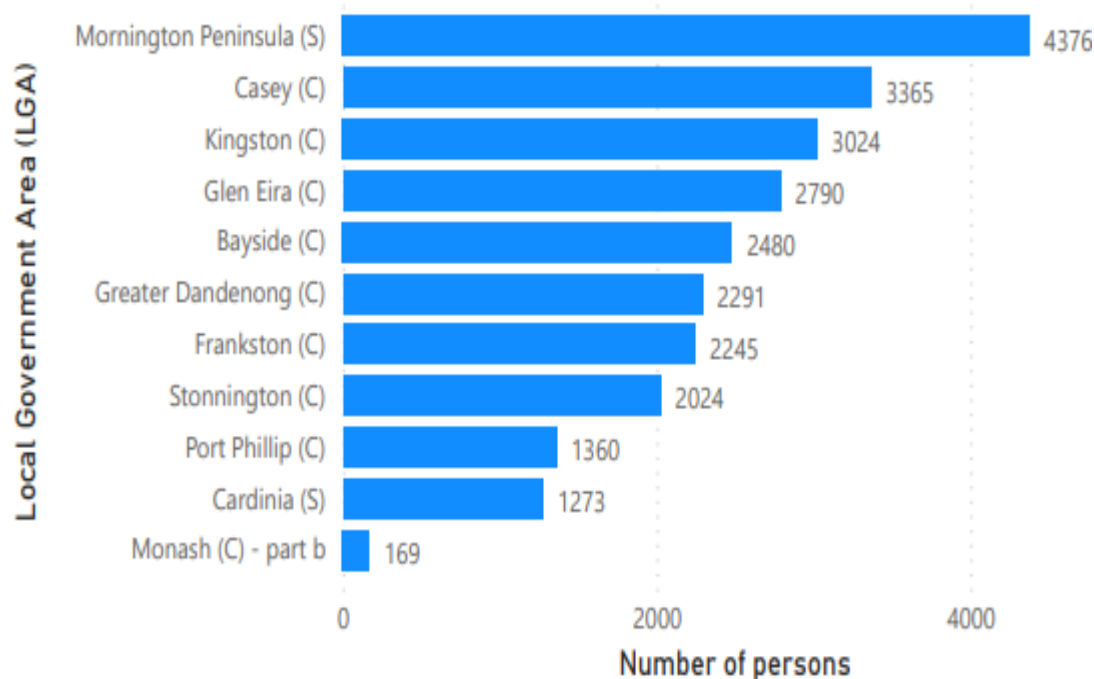


Source: Social Health Atlas of Older People in Australia Data by Primary Health Network (Published June 2021).

Unpaid carers

At the same time, those LGAs reported the highest amount of unpaid assistance provided to persons with a disability 65 years and older. Figure 21 shows that Mornington Peninsula has the highest number of older persons with unpaid assistance followed by Casey and Cardinia.

Figure 21: Unpaid assistance to people with a disability, 65 years and older, by SEMPLHN LGA



Source: Social Health Atlas of Older People in Australia Data by Primary Health Network (Published June 2021).

The focus group consultations repeatedly raised the issue of workforce and access to home and carer support as key issues facing older persons. **Lack of resources and support**, especially for home care or residential aged care, generally referred to **access to services, staffing shortages, and a lack of support for carers of high-needs people**. The above theme also relates to access to support packages and home services. According to the focus group participants, **home care, carer support and care coordination** are the most significant health needs of the aged population.

Service mapping

Currently, Assistance with Care and Housing Providers are delivering services across the SEMPLHN region. These services are similar to proposed care finder program activities. Figures 22 and 23 show the current coverage of ACH providers and their activities. This should be taken into consideration when prioritising need.

Figure 22: Assistance with Care and Housing (ACH) Provider activities across SEMPHN

LGA	 Assertive Outreach	 Support through assessment process	 Support post Assessment	 High Level Checks	 Follow up support
City of Bayside	Monash Health MiCare Bayside City Council Wintringham	Monash Health MiCare Bayside City Council Wintringham	Monash Health Bayside City Council Wintringham	Monash Health Bayside City Council Wintringham	Monash Health MiCare Bayside City Council Wintringham
Cardinia Shire	Monash Health MiCare	Monash Health MiCare	Monash Health	Monash Health	Monash Health MiCare
City of Casey	Monash Health MiCare	Monash Health MiCare	Monash Health	Monash Health	Monash Health MiCare
City of Frankston	Peninsula Health MiCare	Peninsula Health MiCare	Peninsula Health	Peninsula Health	Peninsula Health MiCare
City of Glen Eira	MiCare Bayside City Council Wintringham	MiCare Wintringham	Wintringham	Wintringham	MiCare Wintringham
City of Greater Dandenong	Monash Health MiCare	Monash Health MiCare	Monash Health	Monash Health	Monash Health MiCare
City of Kingston	Monash Health MiCare Bayside City Council Wintringham	Monash Health MiCare Wintringham	Monash Health Wintringham	Monash Health Wintringham	Monash Health MiCare Wintringham
Mornington Peninsula Shire	Peninsula Health* MiCare*	Peninsula Health* MiCare*	Peninsula Health*	Peninsula Health*	Peninsula Health* MiCare*
City of Port Phillip	MiCare Sacred Heart Mission Wintringham	MiCare Sacred Heart Mission Wintringham	Sacred Heart Mission Wintringham	Sacred Heart Mission Wintringham	MiCare Sacred Heart Mission Wintringham
City of Stonnington	MiCare Sacred Heart Mission Wintringham	MiCare Sacred Heart Mission Wintringham	Sacred Heart Mission Wintringham	Sacred Heart Mission Wintringham	MiCare Sacred Heart Mission Wintringham

* Limited delivery of services



Assertive Outreach, engagement and rapport building



High level checks to see if services are still in place & meeting client needs



Support through registration, screening and assessment





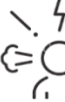


Follow up support if needs change or services have lapsed



Support post Assessment to access aged care & connect with relevant support

Figure 23: Care finder target populations serviced through Assistance with Care and Housing (ACH) providers across SEMPHN

LGA	 No support/isolated	 Communication Barriers	 Difficulty Processing information	 Resistance to engage	 Negative past experiences
City of Bayside	Bayside City Council Monash Health Wintringham	Monash Health Wintringham	Bayside City Council Monash Health Wintringham	Bayside City Council MiCare Monash Health Wintringham	Bayside City Council MiCare Monash Health Wintringham
Cardinia Shire	Monash Health	Monash Health	Monash Health	MiCare Monash Health	MiCare Monash Health
City of Casey	Monash Health	Monash Health	Monash Health	MiCare Monash Health	MiCare Monash Health
City of Frankston	Peninsula Health	Peninsula Health*	Peninsula Health	MiCare Peninsula Health	MiCare Peninsula Health
City of Glen Eira	Bayside City Council Wintringham	Wintringham	Bayside City Council Wintringham	Bayside City Council MiCare Wintringham	Bayside City Council MiCare Wintringham
City of Greater Dandenong	Monash Health	Monash Health	Monash Health	MiCare Monash Health	MiCare Monash Health
City of Kingston	Monash Health Wintringham	Monash Health Wintringham	Monash Health Wintringham	MiCare Monash Health Wintringham	MiCare Monash Health Wintringham
Mornington Peninsula Shire	Peninsula Health	Peninsula Health*	Peninsula Health	MiCare* Peninsula Health	MiCare* Peninsula Health
City of Port Phillip	Sacred Heart Mission Wintringham	Wintringham	Sacred Heart Mission Wintringham	MiCare Sacred Heart Mission Wintringham	MiCare Sacred Heart Mission Wintringham
City of Stonnington	Bayside City Council Sacred Heart Mission Wintringham	Wintringham	Bayside City Council Sacred Heart Mission Wintringham	Bayside City Council MiCare Sacred Heart Mission Wintringham	Bayside City Council MiCare Sacred Heart Mission Wintringham

* Limited delivery of services



Person in isolation or with no support person



Difficulty processing information to make decisions



Past experiences that mean they are hesitant to engage with aged care, institutions, or government (e.g., First Nations)



Communication barriers, including limited literacy skills



Resistance to engage with aged care for any reason and their safety is at immediate risk or they may end up in a crisis within the next year (e.g., homeless, veterans)

Existing aged care navigation supports in the region

The local service landscape includes existing aged care navigation supports such as the Access and Support services that provide short term support for the elderly, and their carers, who need help to stay at home. They can play a critical role in assisting people with diverse needs and who experience barriers to accessing services, to understand the pathways and to support them at various stages throughout the consumer journey and assist with improved service responses. Access and Support providers exist across the SEMPHN catchment. The PHN provided specific Access and Support information sessions from the Victorian and Tasmanian PHN Alliance perspective and informed and updated them about the carefinder program.

COTA Victoria and HAAG are key organisations working in the aged care system navigator trials. COTA is an advocacy organisation which lobbies for action at a national level on issues affecting seniors. The PHN has ongoing engagement and collaboration with COTA to improve care provided to older people in the catchment. HAAG provides intake services across metropolitan Melbourne and does not provide any on the ground services in SEMPHN region. Other aged care navigation supports include the Southern Migrant and Refugee Centre as part of the EnCOMPASS program, and the Elder Rights Advocacy, who is the Older Persons Advocacy Network (OPAN) delivery partner in Victoria.

Prioritisation of need

Interpretation of the data highlights that the most need for the care finder program is concentrated in the Mornington Peninsula Shire, City of Casey, City of Greater Dandenong and City of Kingston (Table 13). Each LGA have high numbers of older residents which match the characteristics of the care finder target population. Figure 24 provides a SEMPHN region catchment map identifying these areas.

SEMPHN acknowledges that not everyone within the sub-groups described in the table below will fall within the care finder target population. Supports for people outside the target population may include My Aged Care face-to-face services, translation, and interpreting services to help people interact with My Aged Care, the Carer Gateway, the Dementia Helpline or OPAN.

Table 13: Priority LGAs to service care finder target population

Location	Target population
City of Casey	<p>To receive care finder support a person must be eligible for government-funded aged care and have one or more of the reasons below for needing intensive support:</p> <ul style="list-style-type: none"> • Low income • Born overseas (in a non-English-speaking country) • Low proficiency in English • Living alone • No internet connection at home • Require assistance for activities of daily living • Experiencing poor health due to Ambulatory care sensitive conditions • Living with a chronic condition (heart disease) • Living with a mental health condition (including dementia)
Mornington Peninsula Shire	<p>To receive care finder support a person must be eligible for government-funded aged care and have one or more of the reasons below for needing intensive support:</p> <ul style="list-style-type: none"> • Low income • Poor access to services (incl. transport) • Living with a mental health condition (including dementia) • Living alone • Living with a chronic condition (heart disease)

Location	Target population
City of Greater Dandenong	<p>To receive care finder support a person must be eligible for government-funded aged care and have one or more of the reasons below for needing intensive support:</p> <ul style="list-style-type: none"> • Low income • Born overseas (in a non-English-speaking country) • Low proficiency in English • Vulnerability based on income, rental status, disability and access to transport
City of Kingston	<p>To receive care finder support a person must be eligible for government-funded aged care and have one or more of the reasons below for needing intensive support:</p> <ul style="list-style-type: none"> • Low income • Born overseas (in a non-English-speaking country) • No internet connection at home • Living alone • Living with a mental health condition (including dementia)

Figure 24: Map of priority LGAs to service care finder target population

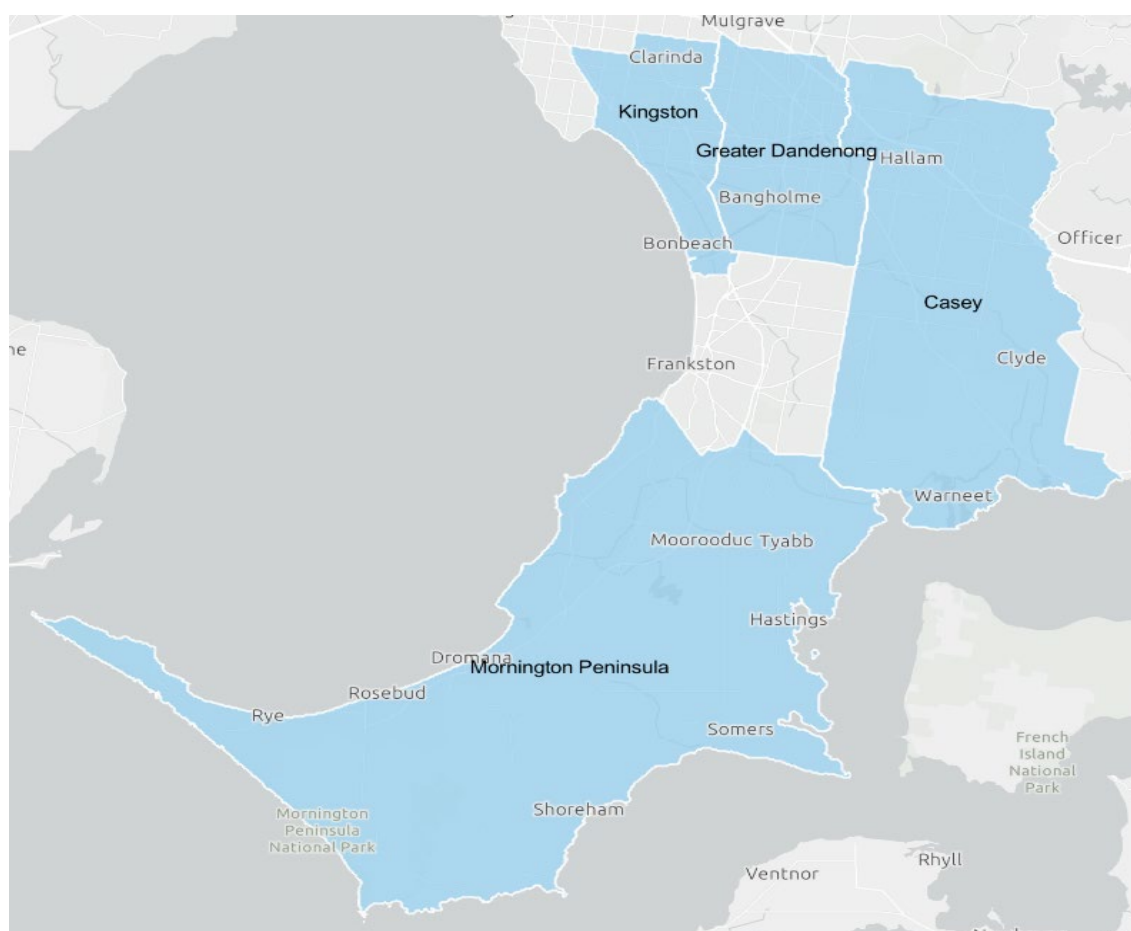


Table 14 outlines the identified need using the care finder framework domains, highlights the key issues and provides the evidence to support each key issue.

Table 14: Overview of identified need, key issues and evidence

Identified Need	Key issue	Evidence
Demographics and mortality	There are three LGAs with significant populations of people aged 65 years and older (Mornington Peninsula, Casey, and Kingston).	Mornington Peninsula, Casey and Kingston have the highest numbers of people aged 65 and over, accounting for almost half (45%) of the aged population in SEMPHN (Census, 2021). Almost 30% of people living in Mornington Peninsula LGA are aged 65 years and over (Census, 2021)
People born overseas	Greater Dandenong has the highest proportion of people born overseas (aged 65 and over), however, Casey LGA has the highest number of people born in “other countries” (outside of English-as-a-first-language population [Primarily English-speaking], and those in Western, Northern, and Southern Europe [Other European]).	Greater Dandenong (72%) has the highest proportion of people born overseas (aged 65 years and older) (Census, 2021). The largest populations of people born in “other countries” are in Casey (14,011), Greater Dandenong (13,310), Glen Eira (7,906) and Kingston (6,896) (Census, 2021).
Low income	The 65–74-year-old cohort across SEMPHN may bring a wave of needs associated with the impact of low income, larger than the previous cohorts.	Casey, Mornington Peninsula, Greater Dandenong, and Kingston LGAs reported the largest number of persons 65 years and older that earned less than \$650 per week (Census, 2021). In the Casey LGA there are more low-income persons aged 65–74, than in the 75 years and above age group (Census, 2021)
Vulnerability	Focus group participants described vulnerability of older adults in the SEMPHN region to include access to services, transport, literacy, housing, income and social support. Greater Dandenong, Casey and Mornington Peninsula report high numbers of older vulnerable persons, based on rental status, access to a vehicle, income status and presence of a disability. Poor access to services was frequently cited as an issue in the focus groups for older persons living in Mornington Peninsula .	Social Atlas analysis of vulnerability measures related to housing, income, disability and access to a vehicle (PHIDU). Focus Groups.
Social participation	Greater Dandenong and Casey LGAs had the highest number of people aged 65 years and over with low proficiency in English. Access to the Internet is increasingly important both for socialising and to access the health system, and	Approximately five in every one-hundred people (n=72,059) living in the SEMPHN has low proficiency in English, in that they either do not understand English, or do not understand English very well (Census, 2021).

Identified Need	Key issue	Evidence
	Mornington Peninsula, Kingston, Casey, and Greater Dandenong have the highest numbers of dwellings without Internet access for 65-and-overs.	
Social support	Mornington Peninsula has the highest number of older people living alone, followed by Kingston and Casey for both 65-and-overs and 75-and-overs.	The number of people aged 65 and over that live alone in Mornington Peninsula is 3,256 (7.1%), Kingston 2,235 (7.6%), Casey 2,145 (5.4%) and Frankston 2,055 (8.9%) (Census, 2021)
Need for assistance	The largest number of 65-and-overs and 75-and-overs who self-identified as needing assistance were in Casey, Greater Dandenong and Mornington Peninsula . In the 65–74-year-old cohort there are almost 1,500 people in Casey requiring assistance, making up almost half of the total 65 years and older population that require assistance, and being significantly larger number than the other LGAs.	The number if people with a need for assistance, aged 65 years and older is highest in Casey (3,448), followed by Greater Dandenong (2,789), and Mornington Peninsula (2,630). (Census, 2021)
Chronic conditions	Over 18,700 people aged 65 and over have heart disease in the LGAs of Mornington Peninsula, Casey, and Kingston .	Self-reported data from Census 2021.
Mental health	Mornington Peninsula and Casey have the highest numbers of 65-and-overs with self-reported mental health conditions (including anxiety and depression), with Kingston and Greater Dandenong also figuring more prominently when considering 75-and-overs. A similar pattern was found for dementia.	Self-reported data from Census 2021.
Prevalence of ACSCs	The Casey LGA is a stand out of concern for acute ACSCs across all LGAs within the PHN region – something which is more readily addressable than chronic conditions The focus groups highlighted access to GP support in residential aged care facilities, improved continuity of primary care, and health/aged care system navigation as some of the key opportunities for addressing the gaps the ACSC numbers represent.	The majority of ACSCs were in Mornington Peninsula and Casey, and notably, Mornington Peninsula has an unusually large proportion of these (39%) being acute conditions, which are generally easier to address than chronic conditions (VHISS, 2021).
Nursing & community care	According to the focus group participants, home care, carer support and care coordination are the most significant health needs of the aged population.	The Social Atlas of Older People in Australia modelled that Mornington Peninsula, Casey and Kingston had the highest numbers of 65-and-overs with an unmet ongoing need for formal assistance (please note these estimates may be based on pre-COVID data)

Appendix 1: Focus groups with service providers

The purpose of focus group consultations with key stakeholders in aged care was to discuss and understand existing structures, issues, and service gaps and to provide the context for, and assist with the interpretation of, the quantitative needs assessment data; and attain insights to augment the data to ensure a comprehensive assessment of both formal and informal services and needs.

Three focus groups were conducted. In total, there were 29 key stakeholders that participated, representing 20 separate organisations. Each of the semi-structured focus groups ran for 90 minutes. The focus groups were conducted online using Microsoft teams and Slido (interactive software). The participants explored the questions summarised below.

Qualitative input from stakeholders on specific issues, such as dementia, telehealth and working with the CALD communities was covered. The primary questions included:

- What are the characteristics of SEMPHN's vulnerable aged population?
- What issues do vulnerable older persons face when accessing services?
- What aged care services, both formal and informal, operate within the SEMPHN region?
- What are the barriers and enablers to engaging with vulnerable older persons?

Discussion themes	Questions
Characteristics of vulnerable older persons living in the SEMPHN region	<p>Following a brief presentation of a summary of the publicly available population health data, the group were asked:</p> <ul style="list-style-type: none"> • What is the data telling us? • What doesn't the data tell us?
Issues experienced by vulnerable older persons	<p>What are the specific issues experienced by vulnerable older persons when accessing care?</p> <ul style="list-style-type: none"> • Dementia • Culturally and linguistically diverse communities <p>How do these influence health needs? How do these impact service design?</p> <ul style="list-style-type: none"> • Role for telehealth?
Aged care services	<p>What services do vulnerable older people already interact with? (e.g. library, post office, ethnic community group, etc.) Are there any informal care or support services? How are informal services communicated with and accessed? Are there services that are community-specific? (e.g. ethnic or religion-based) Where are the gaps?</p>
Barriers and enablers to engaging with vulnerable older people	<p>What are the barriers to successfully engaging with vulnerable older people? How can these barriers best be overcome? What are the enablers? How can we utilise the strengths of the SEMPHN region?</p>

Appendix 2: Data source definitions

Data source	Description
Australian Census 2021	<p>The 2021 Australian Census was held on Tuesday 10 August 2021. People were invited to participate from July to September 2021. Most households received instructions in the mail to complete the survey online, and people living in remote areas and people experiencing homelessness had help from members of the Australian Bureau of Statistics (ABS) Census staff.</p> <p>As of Tuesday 28 September, more than 10 million forms had been completed in the 2021 Census. The dwelling response rate was 96.1 per cent, higher than the 1996 Census.</p> <p>The Census is one of the most recent publicly available data sources.</p> <p>While there are eleven Local Government Areas (LGAs) in the SEMPHN, this needs assessment presents data for ten LGAs, as the Monash LGA is shared with a neighbouring Primary Health Network and data cannot be distributed between the boundaries of the two PHNs.</p>
Social Health Atlas of Older People in Australia (PHIDU)	<p>The Social Health Atlas of Older People in Australia presents data on a range of population characteristics, including demographic, socioeconomic status, health status, risk factors and use of health and welfare services. The Atlas is produced by the Public Health Information Development Unit (PHIDU), based at Torrens University, and is one of a suite of atlases designed to assist and inform planners, researchers, students and policy makers across Australia.</p> <p>The latest Atlas was published in 2021 and some indicators have been updated following the first tranche of data released from the Australian Census. However, for the purposes of this needs assessment, the updated indicators duplicate what is already available through the Census, and several of the data sources accessed within the Atlas are from 2016.</p> <p>While analysis was undertaken on the Atlas' data for several metrics, given the release of the Australian Census data for 2021, only additional value add metrics are presented here after.</p>
Victorian Health Information Surveillance System (VHISS)	<p>The Victorian Health Information Surveillance System (VHISS) managed by the Victorian Department of Health displays public health indicators. Three components are available on VHISS: Burden of Disease, Avoidable Mortality and Ambulatory Care Sensitive Conditions, at a range of geographies including LGAs. The data accessed from VHISS for this needs assessment focused on ambulatory care sensitive conditions from the 2020-2021 financial year.</p>
GP data accessed via POLAR software	<p>POLAR software is available to general practices to provide data analytic capability of a practice's own patient data. De-identified and aggregated extracts of patient data is provided to SEMPHN to inform population health planning. Two indicators from the POLAR platform were accessed for this needs assessment, the number of patients diagnosed with Dementia, and the number of active patients receiving an annual health assessment, 65 years and older. The GP data provides an overview of service uptake within an area and may be skewed due to the requirement of practices to hold a data sharing agreement with the PHN.</p>

Appendix 3: Residential Aged Care Facilities in the south eastern Melbourne region

