

Older Australians

2022-2024 Needs Assessment
2022 Annual Review

In this document we have used the terms Aboriginal, Aboriginal person and Aboriginal people/s when referring to Aboriginal and Torres Strait Islander peoples. We chose Aboriginal because it is inclusive of different language groups and areas within the CESPHN region where this Needs Assessment will be used. There will be some instances where the terminology will be different to our preferred terms, as we use the terminology of the data set being used.

Contents

Contents.....	3
List of tables	3
List of figures	4
Population.....	5
Health status	6
Social isolation	6
Falls	7
Dementia	8
Influenza and pneumonia	10
GP health assessment.....	11
Patient experience of older people	12
Aged care	13
Royal Commission into Aged Care Quality and Safety	13
Home support services	14
Residential care, home care and transition care	14
Residential care	18
Young people in residential care	19
Home care packages	20
Home care package waitlists	22
Transition care	23
GPs in RACFs	24
GP consultations	24
Medication review	24
End of Life Care.....	25
Advance care planning.....	25
Palliative care.....	25
Aged care workforce.....	28
Gender	28
Age.....	29
Qualifications	31
References	32

List of tables

Table 1: CESPHN resident population aged 65 years and over by SA3, 2021.....	5
Table 2: DSS recipients by SA3, June 2022	6
Table 3: Social isolation indicators by SA3, 2016.....	7
Table 4: Estimated prevalence of dementia, by age group, CESPHN region, 2022	8
Table 5: Average number of GP consultations by dementia status, Australia, 2016-17	8
Table 6: Plans per 100 people by place of residence and dementia status, Australia, 2016-17	9

Table 7: Allied health, diagnostic and pathology services per 100 people by place of residence and dementia status, Australia, 2016-17	9
Table 8: Proportion of population 75 years and over who had a health assessment completed, CESPHN region, 2021	12
Table 9: Patient experience measures by age group, Australia, 2020-21	13
Table 10: Rate of home support recipients, CESPHN region, 2021	14
Table 11: Rate of permanent residential care recipients, CESPHN region, 2021	18
Table 12: Rate of home care recipients, CESPHN region, 2020	20
Table 13: Palliative care phase count by setting, Australia, 2019	26
Table 14: Job role by gender, NSW and Australia, 2020.....	29
Table 15: Job role by age groups, NSW and Australia, 2020	30
Table 16: Proportion of facilities who responded to Census and had skills by job role, Australia, 2020	31

List of figures

Figure 1: Fall-related hospitalisations in the CESPHN region, 2015-16 to 2019-20.....	7
Figure 2: Dementia-related hospitalisations in the CESPHN region, 2015-16 to 2019-20	10
Figure 3: Influenza immunisation rates by year, CESPHN region, 2015-16 to 2019-20.....	10
Figure 4: Influenza and/or pneumonia hospitalisation rates by year, CESPHN region, 2015-16 to 2019-20	11
Figure 6: Number and location of aged care services, by service type, CESPHN region, 2022	15
Figure 7: Care type by age group, CESPHN region, 2021	16
Figure 8: Country of birth by care type, CESPHN region, 2021.....	16
Figure 9: Preferred language by care type, CESPHN region, 2021	17
Figure 10: Indigenous status by care type, CESPHN region, 2021	17
Figure 11: Residential care places by care type and age group, CESPHN region, 2022	18
Figure 12: Discharge reason by Aged Care Planning Region (ACPR), CESPHN region, 2021.....	19
Figure 13: Young people (under 65 yrs) entering residential aged care, CESPHN region, 2020-21	20
Figure 14: Young people (under 50 yrs) entering residential aged care, CESPHN region, 2020-21	20
Figure 15: Home care admissions by home care level and ACPR, CESPHN region, 2020-21.....	21
Figure 16: Home care admissions by age group and care level, CESPHN region, 2020-21	21
Figure 17: Discharges from home care packages by ACPR, CESPHN region, 2020-21.....	22
Figure 18: Wait list for home care packages by care level, Inner West ACPR, 2022	22
Figure 19: Wait list for home care packages by care level, South East Sydney ACPR, 2022.....	23
Figure 20: Admissions into transition care by age group, CESPHN region, 2020-21	23
Figure 21: General practitioners in aged care, CESPHN region, 2020-21	24
Figure 22: Medication management reviews, CESPHN region, 2020-21.....	24
Figure 23: Number of closed episodes by palliative care setting, Australia, 2012 to 2019	26

Population

In 2021, 15.1% of the CESPHN population were aged 65 years and over, and 7.1% were aged 75 years and over.(1) The number of people aged 65 years and over is expected to increase by 56.0% between 2021 and 2041. (2)

Lord Howe Island had the highest proportion of people aged 65 years and over (23.8%), followed by Cronulla-Miranda-Caringbah SA3 (19.9%) and Hurstville SA3 (17.8%).(1)

Table 1: CESPHN resident population aged 65 years and over by SA3, 2021

SA3	Age group (years)					Total	% Total SA3 population
	65-69	70-74	75-79	80-84	85+		
Botany	2,072	1,783	1,391	1,044	847	7,137	12.1
Canada Bay	4,222	3,807	2,709	2,011	2,205	14,954	17.2
Canterbury	5,873	4,977	3,846	3,061	3,151	20,908	14.8
Cronulla-Miranda-Caringbah	6,254	5,647	4,478	3,178	3,886	23,443	19.9
Eastern Suburbs – North	5,105	5,492	4,055	2,888	3,158	20,698	16.3
Eastern Suburbs – South	5,617	5,042	3,981	2,922	3,368	20,930	15.6
Hurstville	6,786	5,684	4,181	3,142	3,643	23,436	17.8
Kogarah-Rockdale	6,326	5,768	4,375	3,455	3,804	23,728	16.3
Leichhardt	2,656	2,349	1,526	843	826	8,200	14.5
Lord Howe Island	26	30	21	19	12	108	23.8
Marrickville-Sydenham-Petersham	2,053	1,735	1,304	989	951	7,032	12.8
Strathfield-Burwood-Ashfield	6,490	5,486	4,028	3,291	3,962	23,257	14.4
Sutherland-Menai-Heathcote	5,823	5,154	3,828	2,354	2,537	19,696	17.6
Sydney Inner City	6,873	5,698	3,625	2,370	2,055	20,621	9.5
CESPHN	66,176	58,652	43,348	31,567	34,405	234,148	15.1
NSW	416,493	372,234	268,110	183,409	183,895	1,424,141	17.6%
Australia	1,298,460	1,160,768	821,920	554,598	542,342	4,378,088	17.2%

Source: ABS, 2022

At June 2022, of the CESPHN population aged 65 years and over:

- 47.8% were receiving the Age Pension – Botany SA3 had the highest rate of recipients (64.3%) followed by Marrickville-Sydenham-Petersham SA3 (59.5%) and Kogarah-Rockdale SA3 (57.7%).(3)
- 12.4% were receiving the Commonwealth Seniors Health Card (CSHC), which provides recipients with benefits such as cheaper medicines under PBS and bulk billed doctor visits (doctors discretion) – Cronulla-Miranda-Caringbah SA3 had the highest proportion of CSHC recipients (18.0%), followed by Sutherland-Menai-Heathcote SA3 (16.3%) and Canada Bay SA3 (15.2%).(3)

Table 2: DSS recipients by SA3, June 2022

SA3	Age Pension	Age Pension (%)	Commonwealth Seniors Health Card	Commonwealth Seniors Health Card (%)
Botany	4,591	64.3	556	7.8
Canada Bay	6,317	42.2	2,278	15.2
Canterbury	11,878	56.8	1,403	6.7
Cronulla-Miranda-Caringbah	10,232	43.6	4,218	18.0
Eastern Suburbs – North	5,236	25.3	2,493	12.0
Eastern Suburbs – South	9,275	44.3	2,987	14.3
Hurstville	12,494	53.3	3,110	13.3
Kogarah-Rockdale	13,680	57.7	2,614	11.0
Leichhardt	2,968	36.2	1,079	13.2
Lord Howe Island	28	25.9	15	13.9
Marrickville-Sydenham-Petersham	4,185	59.5	609	8.7
Strathfield-Burwood-Ashfield	12,026	51.7	2,648	11.4
Sutherland-Menai-Heathcote	9,897	50.2	3,211	16.3
Sydney Inner City	9,021	43.7	1,832	8.9
CESPHN	111,828	47.8	29,053	12.4
NSW	790,264	55.5	154,725	10.9
Australia	2,554,053	58.3	450,514	10.3

Source: Department of Social Services, 2022, ABS 2022

Health status

Social isolation

Social isolation and loneliness have significant health repercussions that can contribute to poor mental health and wellbeing and lead to cognitive decline and dementia among older people. In the CESPHN region, almost a quarter of older people (23.3%) live alone and 3% of older people living alone have poor English proficiency; Canterbury SA3 has the highest proportion (5.4%), followed by Marrickville-Sydenham-Petersham SA3 (4.9%).(1)

Table 3: Social isolation indicators by SA3, 2016

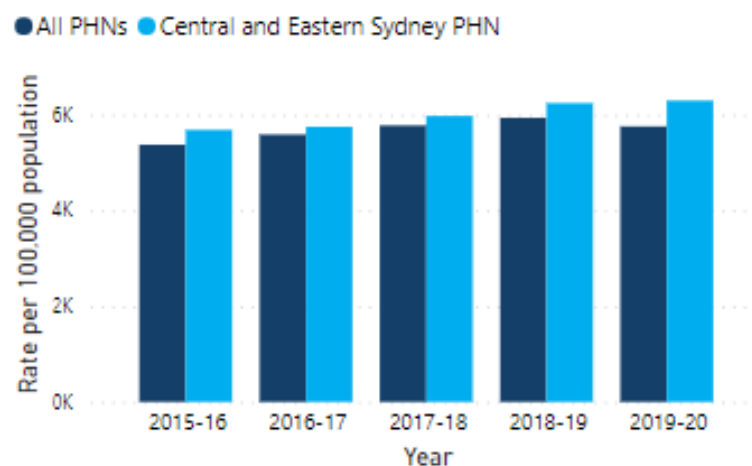
SA3	Population 65 year +	Population 65 years+ living alone	Population 65+ living alone with poor English proficiency
Botany	7,137	1,738	258
Canada Bay	14,954	3,190	380
Canterbury	20,908	3,950	1124
Cronulla-Miranda-Caringbah	23,443	5,272	112
Eastern Suburbs-North	20,698	5,677	148
Eastern Suburbs-South	20,930	5,418	437
Hurstville	23,436	4,617	799
Kogarah-Rockdale	23,728	5,011	821
Leichhardt	8,200	2,265	105
Lord Howe Island	108	15	0
Marrickville-Sydenham-Petersham	7,032	1,648	348
Strathfield-Burwood-Ashfield	23,257	4,949	894
Sutherland-Menai-Heathcote	19,696	3,634	72
Sydney Inner City	20,621	7,074	764
CESPHN	234,148	54,503	6,256

Sources: ABS, 2022

Falls

The rate of fall-related injury hospitalisations (excluding rehabilitation admissions) in those aged 65 years and over has remained relatively consistent across the five years to 2019-20, both within NSW PHNs and CESPHN. In 2019-20, females within the CESPHN region had fall-related hospitalisations 1.3 times the rate of males (3,551.8 compared to 2,745.7 respectively).(4)

Figure 1: Fall-related hospitalisations in the CESPHN region, 2015-16 to 2019-20



Source: HealthStats NSW, 2022

Dementia

In 2021, there are an estimated 358,398 people aged 65 years and over living with dementia in Australia. This is expected to increase by 36.8% to 490,326 by 2031.(5) Based on national rates, we estimate that 20,217 people aged 65+ years in the CESPHN region have dementia, accounting for 8.6% of this population group.(5)

Table 4: Estimated prevalence of dementia, by age group, CESPHN region, 2022

Age group (years)	Estimated people with dementia	
	Number per 1,000 nationally	Number estimated CESPHN
65–69	23.7	1,568
70–74	39.3	2,305
75–79	68.3	2,961
80–84	118.3	3,734
85–89	199.7	4,088
90+	399.0	5,560
Total	14.7	20,217

Source: AIHW, 2021 and ABS, 2022

People living with dementia, especially those in the community, are shown to generally have a higher use of health services than those without dementia. Nationally, in 2016-17, people living with dementia had a higher number of GP consultations per year (19.7) than those living without dementia (7.7), this was especially true for people living in the community.(5) In 2016-17, 48.7% of people living with dementia had a GP service, compared to 39.7% of people without dementia.

Table 5: Average number of GP consultations by dementia status, Australia, 2016-17

Place of residence	With dementia	Without dementia
Living in residential aged care	23.7	25.2
Living in the community	13.9	7.6
Total	19.7	7.7

Source: AIHW, 2021

People living with dementia also had higher rates of both chronic disease plans and geriatrician referred plans per 100 people than people without dementia; there is a greater difference in plans per 100 people for those living in the community, than those in residential care.(5)

Table 6: Plans per 100 people by place of residence and dementia status, Australia, 2016-17

Place of residence plan	With dementia	Without dementia
Living in residential aged care	133.3	137.2
Chronic disease plans (per 100)	121.5	130.1
Geriatrician referred plans (per 100)	11.8	7.1
Living in the community	169.6	56.1
Chronic disease plans (per 100)	145.4	54.8
Geriatrician referred plans (per 100)	24.3	1.4
Total	148.0	56.5
Chronic disease plans (per 100)	131.1	55.1
Geriatrician referred plans (per 100)	16.8	1.4

Source: AIHW, 2021

In 2016-17, individuals living with dementia had:

- Higher rates of medication management reviews than those without dementia (25.9 per 100 people compared to 3.7 per 100 people).(5)
- Higher rates accessing the following specialist services compared to people without dementia:
 - Geriatric medicine service (14.7% compared to 1.1%),
 - General medicine (10.1% compared to 6.1%),
 - Neurology (4.0% compared to 2.3%), and
 - Haematology (21.8% compared to 19.4%).
- Higher utilisation rates per 100 people of allied health services, diagnostic imaging services, other MBS services and pathology tests than those without dementia.(5)

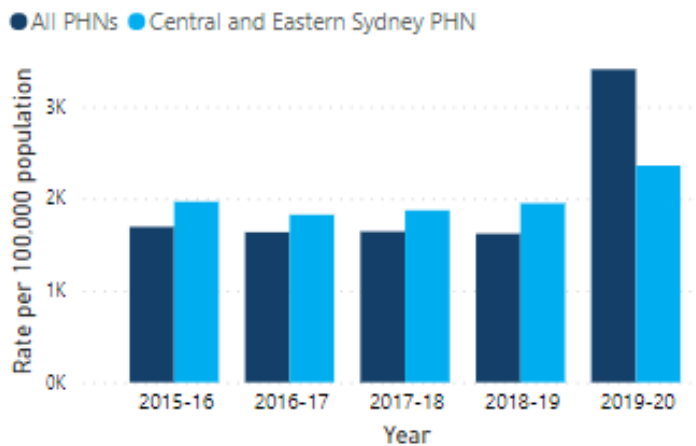
Table 7: Allied health, diagnostic and pathology services per 100 people by place of residence and dementia status, Australia, 2016-17

Place of residence	With dementia	Without dementia
Living in residential care	1,290.3	1,838.0
Allied health services (per 100)	151.4	164.3
Diagnostic imaging services (per 100)	117.3	190.9
Other MBS services (per 100)	88.1	125.7
Pathology tests (per 100)	933.5	1,357.1
Living in the community	1,633.1	849.3
Allied health services (per 100)	137.7	68.1
Diagnostic imaging services (per 100)	245.5	154.9
Other MBS services (per 100)	153.3	63.5
Pathology tests (per 100)	1,096.5	562.8
Total	1,429.1	854.1
Allied health services (per 100)	145.9	68.5
Diagnostic imaging services (per 100)	169.2	155.1
Other MBS services (per 100)	114.5	63.8
Pathology tests (per 100)	999.5	566.7

Source: AIHW, 2021

In 2019-20, there was an increase in the rate of dementia-related hospitalisations for those aged 65 years and over both within NSW PHNs and CESP HN. In 2019-20, dementia related hospitalisation across NSW approximately doubled from 2018-19, while across the CESP HN region rates increased to 1.2 times that of 2018-19. Dementia related hospitalisations across the CESP HN region were comparable between males and females (2,214.5 compared to 2,097.0 per 100,000 population respectively). (2)

Figure 2: Dementia-related hospitalisations in the CESP HN region, 2015-16 to 2019-20

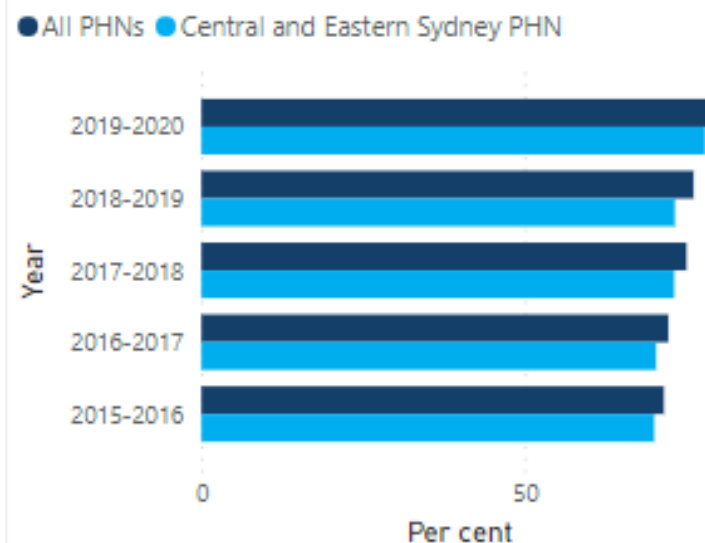


Source: HealthStats NSW, 2022

Influenza and pneumonia

In the five years to 2019-20, individuals aged 65 years and over within the CESP HN region have had influenza immunisation rates slightly lower than NSW PHN rates. CESP HN rates have risen slightly over this period, with rates increasing from 70.1% to 78.0% over the past 5 years. (2)

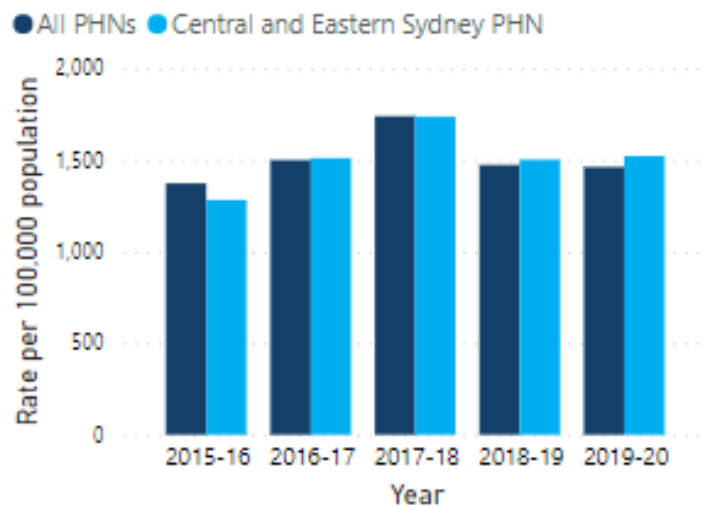
Figure 3: Influenza immunisation rates by year, CESP HN region, 2015-16 to 2019-20



Source: HealthStats NSW, 2022

Since 2016-17, CESP HN rates of influenza and/or pneumonia hospitalisations have been equal to or slightly higher than NSW PHNs rates. There was an increase in the rate of hospitalisations from 2015-16 to 2017-18 (1,290.3 to 1,734.4 per 100,000 population respectively), followed by a decline in the rate from 2017-18.(2)

Figure 4: Influenza and/or pneumonia hospitalisation rates by year, CESP HN region, 2015-16 to 2019-20



Source: HealthStats NSW, 2022

GP health assessment

In 2021 38,185 health assessments were completed in the CESP HN region – 63.5% of these were for people aged 75 years and over, equating to approximately one-quarter of individuals aged 75 years and over living in the CESP HN region (22.2%).

Marrickville-Sydenham-Petersham SA3 had the highest proportion of their population aged 75 years and over with a completed health assessment (37.4%), followed by Sutherland-Menai-Heathcote SA3 (28.6%) and Leichhardt SA3 (27.7%).(6)

Table 8: Proportion of population 75 years and over who had a health assessment completed, CESPHN region, 2021

SA3	Health Assessments [^]	Population [*]	Proportion with Health Assessment completed
Botany	194	3,282	5.9%
Canada Bay	1,755	6,925	25.3%
Canterbury	1,729	10,058	17.2%
Cronulla-Miranda-Caringbah	2,640	11,542	22.9%
Eastern Suburbs – North	1,485	10,101	14.7%
Eastern Suburbs – South	1,950	10,271	19.0%
Hurstville	2,837	10,966	25.9%
Kogarah-Rockdale	3,120	11,634	26.8%
Leichhardt	886	3,195	27.7%
Lord Howe Island	0	52	NP
Marrickville-Sydenham-Petersham	1,214	3,244	37.4%
Strathfield-Burwood-Ashfield	2,480	11,281	22.0%
Sutherland-Menai-Heathcote	2,491	8,719	28.6%
Sydney Inner City	1,544	8,050	19.2%
CESPHN	24,260	109,320	22.2%

Source: [^]Department of Health, 2022; ^{*}ABS, 2022 ERP

Patient experience of older people

Nationally, 95.1% of people aged 65 years and over had seen a GP in the last 12 months.

Patient experience in healthcare for people aged 65 years and over is generally better than for people aged 15 years and over – a higher proportion of people aged 65 years and over feel their GP listens, shows respect and spends enough time with them, and a lower proportion had difficulty accessing their preferred GP or waited longer than acceptable.(7)

Table 9: Patient experience measures by age group, Australia, 2020-21

Patient experience measure	Percent 15 years and over	Percent (65 years and over average)
Percentage of adults who felt their GP always or often listened carefully in the preceding 12 months, by age and sex	92.7	95.5
Percentage of adults who felt their GP always or often showed respect for what they had to say in the preceding 12 months	95.0	97.1
Percentage of adults who felt their GP always or often spent enough time in the preceding 12 months	91.8	95.6
Percentage of adults who saw a GP in the preceding 12 months	82.4	95.1
Percentage of adults who could not access their preferred GP in the preceding 12 months	25.5	17.0
Percentage of adults who felt they waited longer than acceptable to get an appointment with a GP	16.6	11.3
Percentage of adults who did not see or delayed seeing a dentist, hygienist or dental specialist due to cost in the preceding 12 months	14.8	7.5

Source: ABS, 2022

Aged care

The aged care target population is defined as all people aged 65 years and over and Aboriginal and Torres Strait Islander Australians (here in referred to as Aboriginal people) aged 50–64 years. Aged care is delivered through a variety of programs:

- Commonwealth Home Support Programme (CHSP) - provides entry-level home support services (such as personal care, transport, and assistance with food preparation and meals) to help people stay independent and in their homes and communities for longer.
- Residential aged care - provides a range of care options and accommodation on a permanent or respite basis for people who are unable to continue living independently in their own homes.
- Home Care Packages Programme (Home Care) - offers packages of services at four levels of care to enable people to live at home for as long as possible.
- Flexible care - Transition Care is the largest of the flexible care programs, providing support for people to return home after a hospitalisation.

Royal Commission into Aged Care Quality and Safety

In February 2021, the Royal Commission into Aged Care Quality and Safety delivered its final report which outlined 148 recommendations for reforming the aged care system in Australia.⁽⁸⁾ The Commission found that people receiving aged care, particularly those in residential aged care, do not consistently receive the health care they need including GP visits, mental health services, oral and dental health care, and preventative care. It also found that there is often poor clarity about health care responsibilities and communication between aged care providers and health care providers. The report also highlighted gaps that occur when older people transition between multiple health and social care systems.

A report commissioned by the Department of Health in response to issues identified by the Royal Commission found the need for services that:

- support people accessing information and navigating the aged and health care systems
- focus on prevention and early intervention
- are culturally safe for Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, refugees, and LGBTIQ+ communities
- support information sharing to facilitate clinical handover between aged care and health care providers.(9)

In response to the Commission’s recommendations, the Australian Commonwealth Government will boost funding to reform the aged care system within Australia, including a focus on meeting older peoples preferences to age in place and the development and implementation of a new support at home program.(10) The five pillar aged care reform plan includes:

1. Home care – at home support and care based on assessed needs
2. Residential aged care services and sustainability – improving service suitability that ensures individual care needs and preferences are met
3. Residential aged care quality and safety – improving access to and quality of residential care
4. Workforce – growing a bigger, more skilled, caring and values-based workforce; and
5. Governance – new legislation and stronger governance.

Home support services

In 2020-21, the rate of home support recipients per 1,000 people aged 70 years and over was lower in the CESP HN region than state and national rates.(11)

Table 10: Rate of home support recipients, CESP HN region, 2021

Region	Rate of home support recipients per 1,000 people aged 70 years and older
CESP HN	209.7
NSW	231.8
Australia	274.7

Source: AIHW, 2022

Across 2020-21, there were 218 home support outlets across the CESP HN region. Domestic assistance was the most commonly used home support service in the CESP HN region throughout 2020-21.(11)

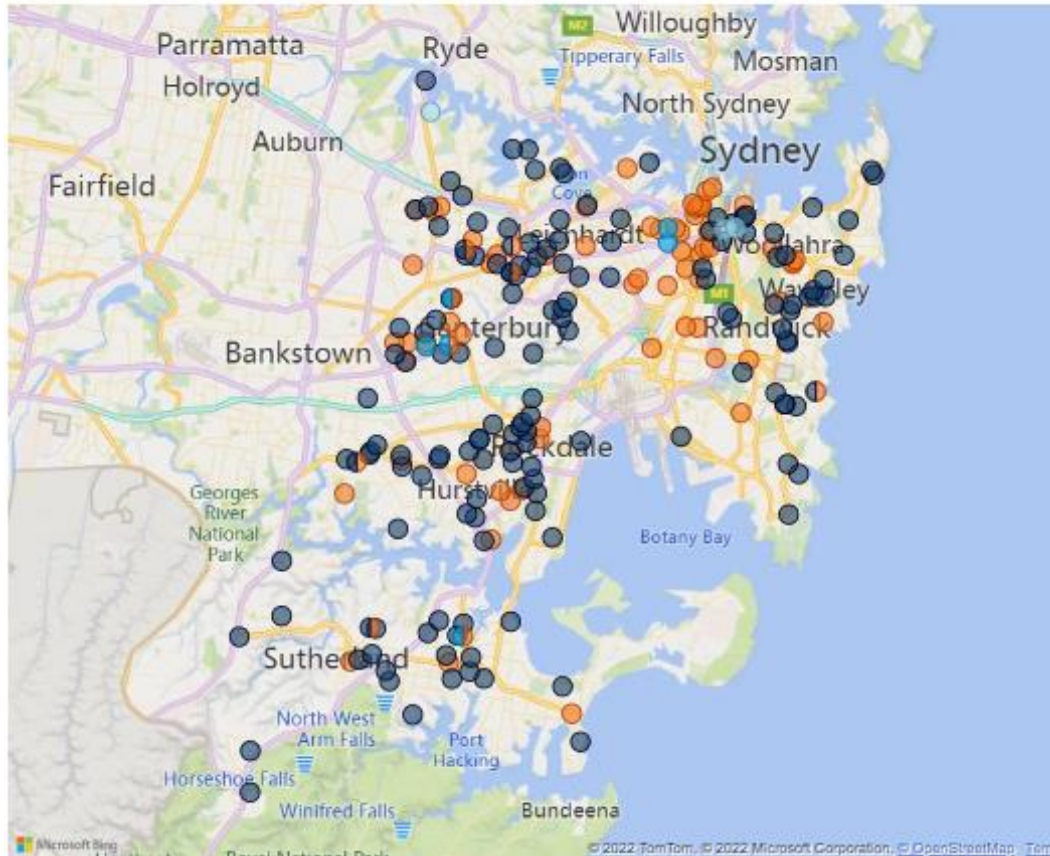
Residential care, home care and transition care

In the CESP HN region, there were:

- 154 RACFs offering 13,087 places (11,167 places filled by those aged 65 years and over)
- 130 services providing home care packages (10,004 people at 30 June 2021)
- 3 services providing transition care
- 6 short-term restorative care, and
- 1 multi-purpose centre.

Figure 5: Number and location of aged care services, by service type, CESPHN region, 2022

Care Type ● Home Care ● Residential ● Short Term Restorative Care (STRC) ● Transition Care

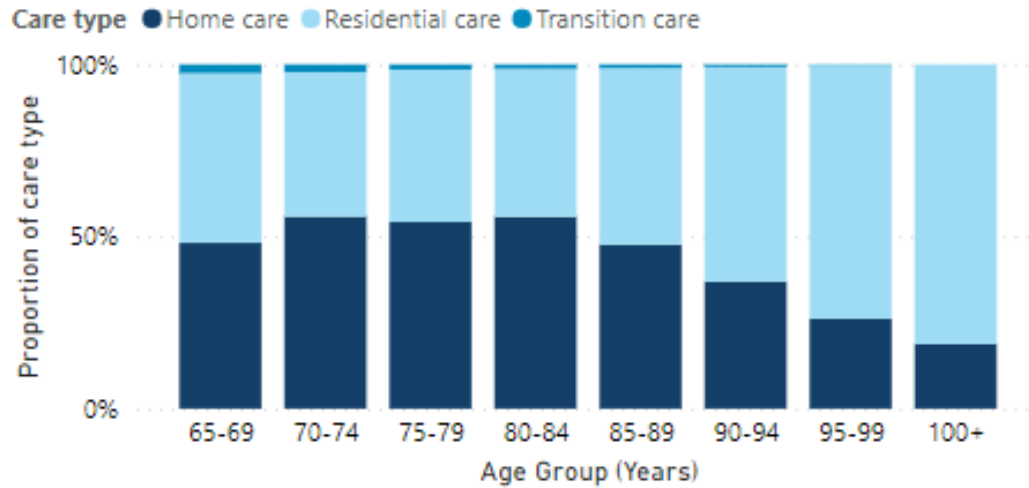


Source: AIHW, 2022

In June 2021, CESPHN was relatively well supplied with permanent residential aged care places (64.1 places per 1,000 people aged 70 and over) compared to state (61.0 places per 1,000 people) and national averages (61.2 places per 1,000 people).(11) Additionally, CESPHN was relatively well supplied with respite residential aged care places (3.8 places per 1,000 people aged 70 and over) compared to state (2.9 places per 1,000 people) and national averages (2.4 places per 1,000 people).(11)

Data shows that up until 80-84 years of age, there is an almost 50:50 split between home care and residential care within the CESPHN region. As people age, the proportion using residential care increases.(12)

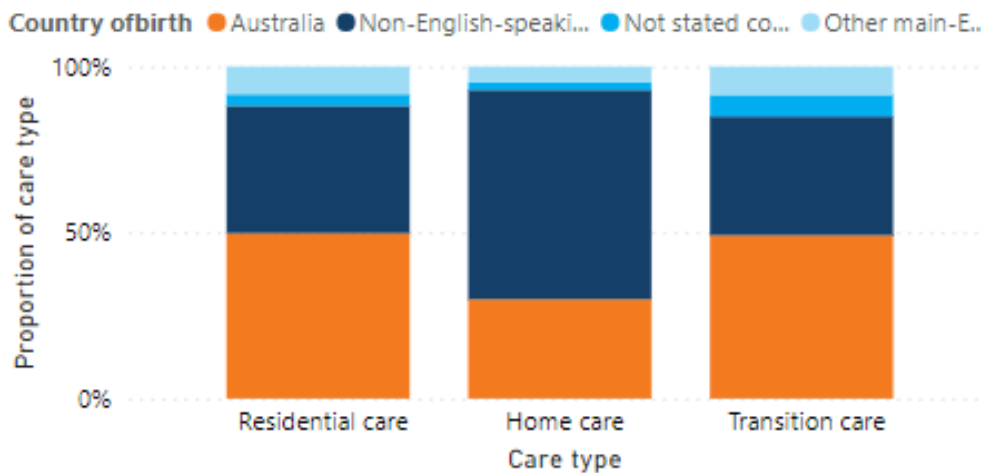
Figure 6: Care type by age group, CESPHN region, 2021



Source: AIHW, 2022

Over 30% of all residential and transition care places (38.4% and 35.8% respectively) and 63.0% of home care places were filled by people born in non-English speaking countries.(12)

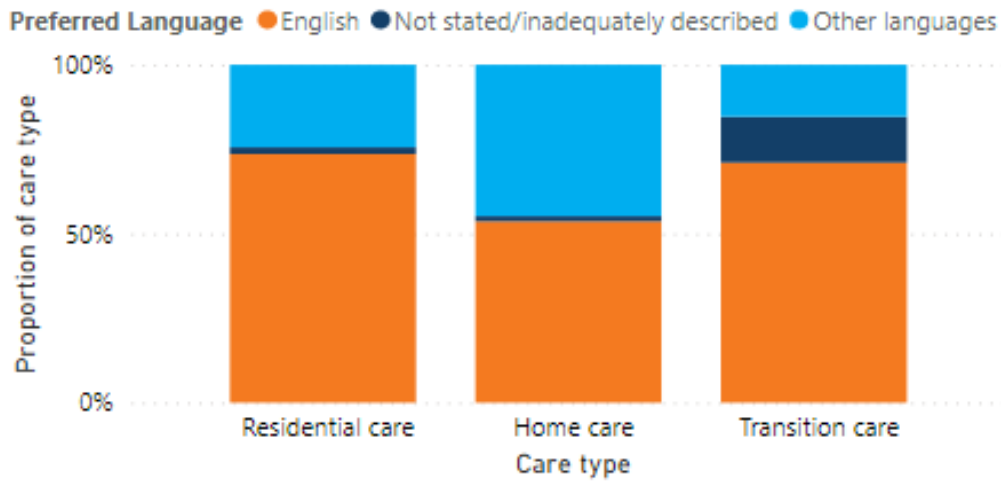
Figure 7: Country of birth by care type, CESPHN region, 2021



Source: AIHW, 2022

The CESPHN region has a much higher proportion of older people with a preferred language other than English (34.5%) compared to NSW (14.3%).(12) Home care packages are more frequently used by this group with 46.2% of people using these services reporting a preferred language other than English. (12)

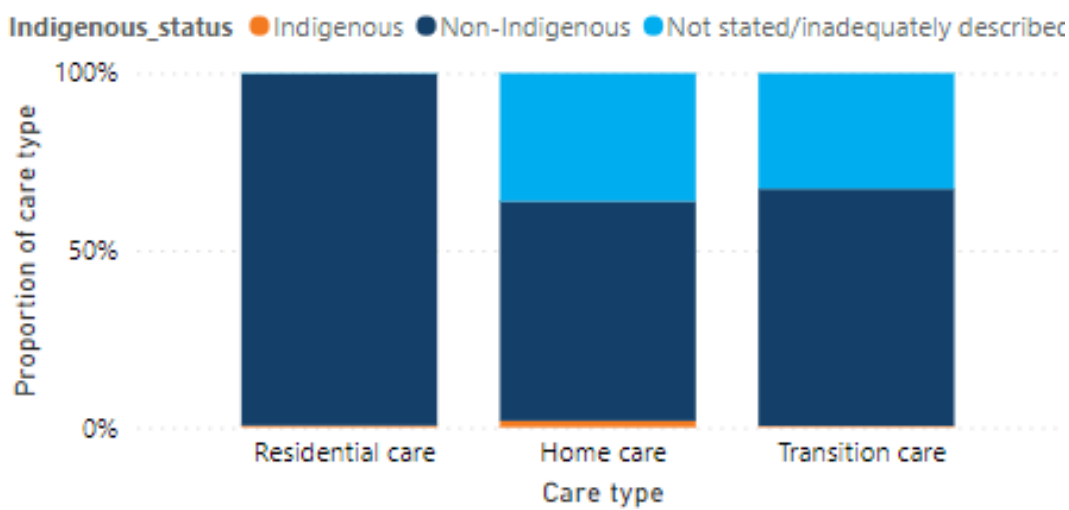
Figure 8: Preferred language by care type, CESP HN region, 2021



Source: AIHW, 2022

1.1% of individuals aged 50 years and over, using aged care services in the CESP HN region identified as Aboriginal.(12)

Figure 9: Indigenous status by care type, CESP HN region, 2021



Source: AIHW, 2022

Residential care

On 30 June 2021, CESPHN had a rate of permanent residential care recipients per 1,000 people aged 70 years and over slightly higher than both the state and national rates. (11)

Table 11: Rate of permanent residential care recipients, CESPHN region, 2021

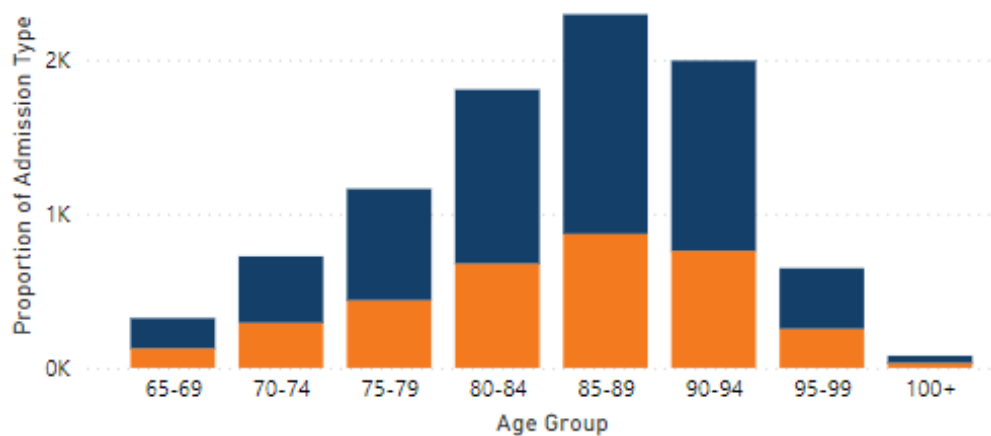
Region	Rate of residential care recipients per 1,000 people aged 70 years and older
CESPHN	64.1
NSW	61.0
Australia	61.2

Source: AIHW, 2022

In 2021, there were 11,317 places filled by individuals aged 65 years and over – 10,690 of these places were identified as permanent admissions and 627 respite places.(12) Almost two-thirds (64.7%) of the 65 years and over residential care population were female, more than half of residents (60.1%) were aged 85 years and over.(12)

Figure 10: Residential care places by care type and age group, CESPHN region, 2022

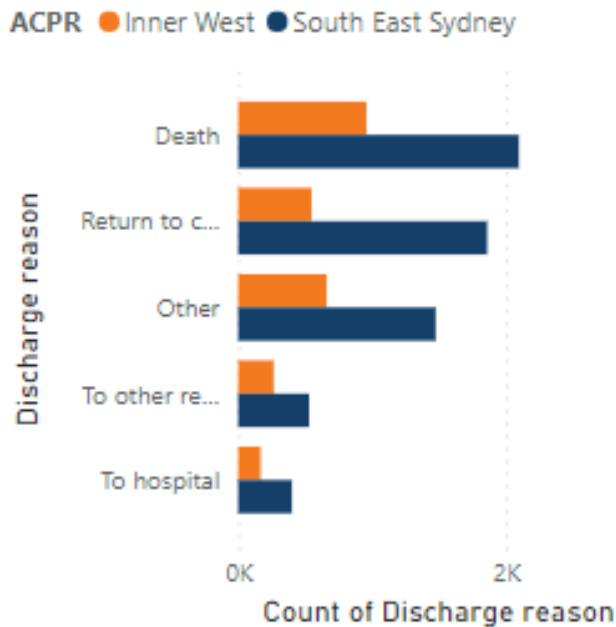
Admission Type ● Permanent ● Respite



Source: AIHW, 2022

In 2019-20, there were 9,376 exits from residential care in the CESPHN region for people aged 65 years and over. Over one-third of exits (34.3%) were due to death.(13)

Figure 11: Discharge reason by Aged Care Planning Region (ACPR), CESP HN region, 2021



Source: AIHW, 2022

Young people in residential care

The Australian Government is working to reduce the number of younger people (under the age of 65 years) going into residential aged care, and to help younger people who are already in residential aged care to move into age-appropriate accommodation with the supports they need.

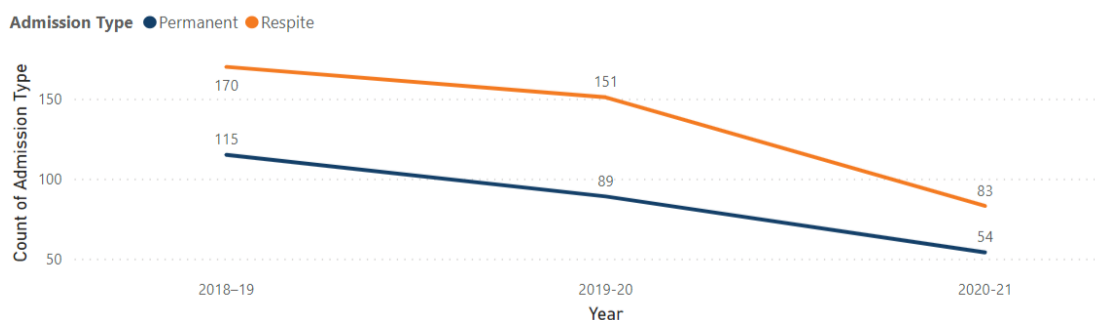
The Younger People in Residential Aged Care Strategy 2020–25 sets out to achieve this goal through the following targets, apart from in exceptional circumstances:

- no people under the age of 65 entering residential aged care by 2022
- no people under the age of 45 living in residential aged care by 2022
- no people under the age of 65 living in residential aged care by 2025.

At 30 June 2021, 259 individuals aged under 65 years were in residential aged care in the CESP HN region; 250 were permanent residents (12) 10 of the 259 residents (3.9%) identified as Aboriginal, 9 were aged 50 years and older (all in permanent care), an additional resident in respite care identified as Aboriginal and was aged 0-49 years.(12)

In 2020-21, there were 54 people aged under 65 years admitted to permanent residential care across the CESP HN region – a 53.0% decrease since 2018-19. There has also been a 51.2% decrease in the number of people aged under 65 years entering respite care in this period.(14)

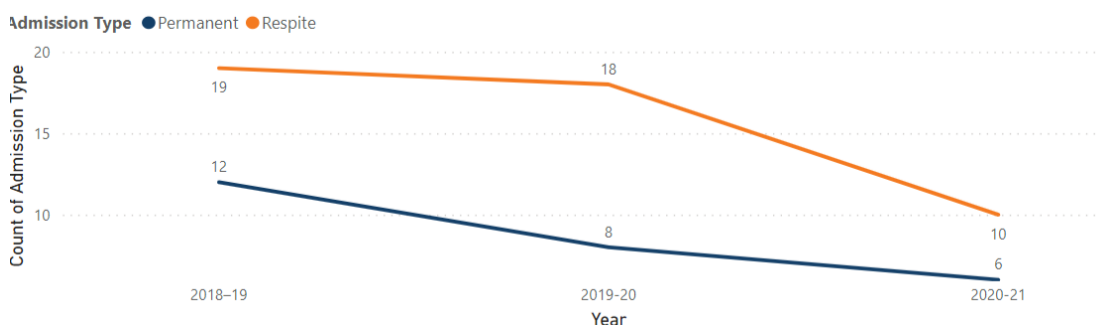
Figure 12: Young people (under 65 years) entering residential aged care, CESPHN region, 2020-21



Source: AIHW, 2022

In 2020-21, there were 6 people aged under 50 years admitted to permanent residential care across the CESPHN region – a 50% decrease since 2018-19. There has also been a 47.4% decrease in the number of people aged under 50 years entering respite care in this period. (14)

Figure 13: Young people (under 50 yrs) entering residential aged care, CESPHN region, 2020-21



Source: AIHW, 2022

Home care packages

On 30 June 2021, CESPHN had a rate of home care recipients per 1,000 people aged 70 years and over in line with both state and national rates.(11)

Table 12: Rate of home care recipients, CESPHN region, 2020

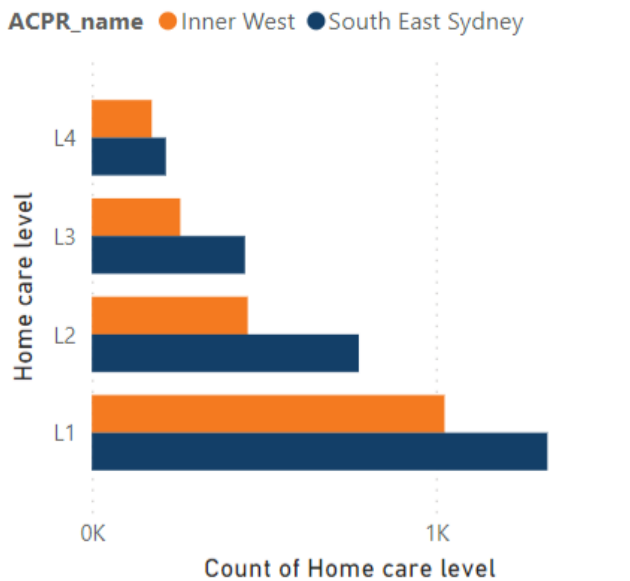
Region	Rate of residential care recipients per 1,000 people aged 70 years and older
CESPHN	60.1
NSW	59.9
Australia	58.6

Source: GEN, 2021

In 2020-21, 4,669 people aged 65 years and over were admitted to home care packages within the CESPHN region,(14) with a total of 10,004 people accessing a home care package at 30 June 2021.(14)

Half of all admissions into home care packages in 2020-21 were for level 1 home care packages (50.3%), another quarter of admissions (26.3%) to home care packages in the CESPHN region were for level 2. (14)

Figure 14: Home care admissions by home care level and ACPR, CESPHN region, 2020-21

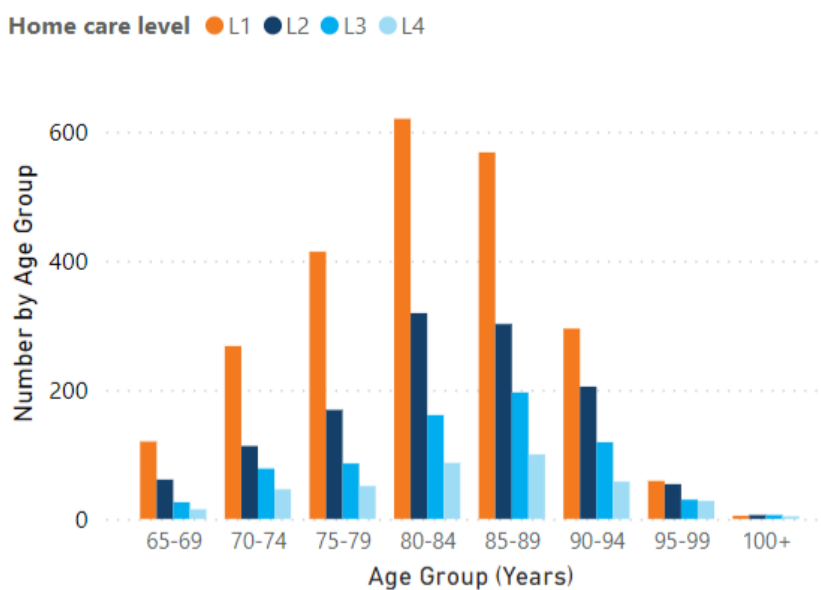


Source: AIHW, 2022

Sixty-three percent (63.2%) of admissions into home care packages in 2020-21 were females(14), while 66.7% of all recipients of home care packages on 30 June 2021 were females.(12)

One quarter of admissions (25.4%) into home care packages in 2020-21 were aged 80-84 years, and a further 25.0% were aged 85-89 years(14). Similar proportions were seen for all people receiving home care packages, with 24.8% of all recipients at 30 June 2021 aged 85-89 years and a further 24.7% aged 80-84 years.(12)

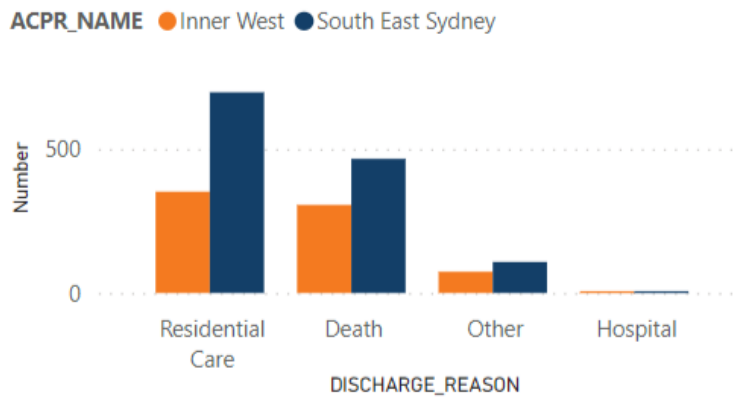
Figure 15: Home care admissions by age group and care level, CESPHN region, 2020-21



Source: AIHW, 2022

In 2020-21, approximately 2,000 individuals (n=2,009) were discharged from home care packages in the CESPHN region. Half of the discharges (52.2%) were for people entering residential care, with 6.4% of these residential care admissions occurring in the South East Sydney ACPR.(13)

Figure 16: Discharges from home care packages by ACPR, CESPHN region, 2020-21



Source: AIHW, 2022

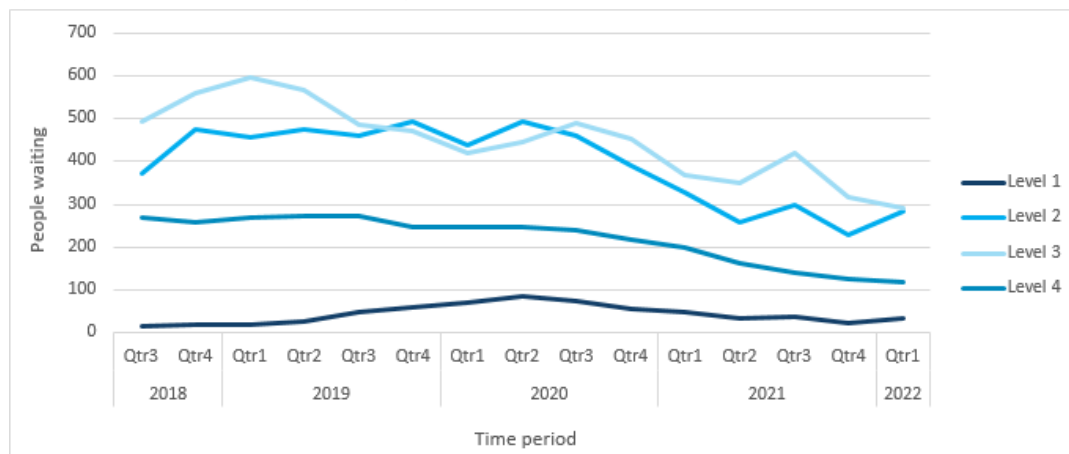
Home care package waitlists

The Royal Commission into Aged Care highlighted the need to meet preferences to age in place, which includes the provision of at home support and care based on assessed need, as such the waitlists for home care packages is an area of focus over the coming years.

From March 2020 to March 2022, the wait lists for home care packages have:

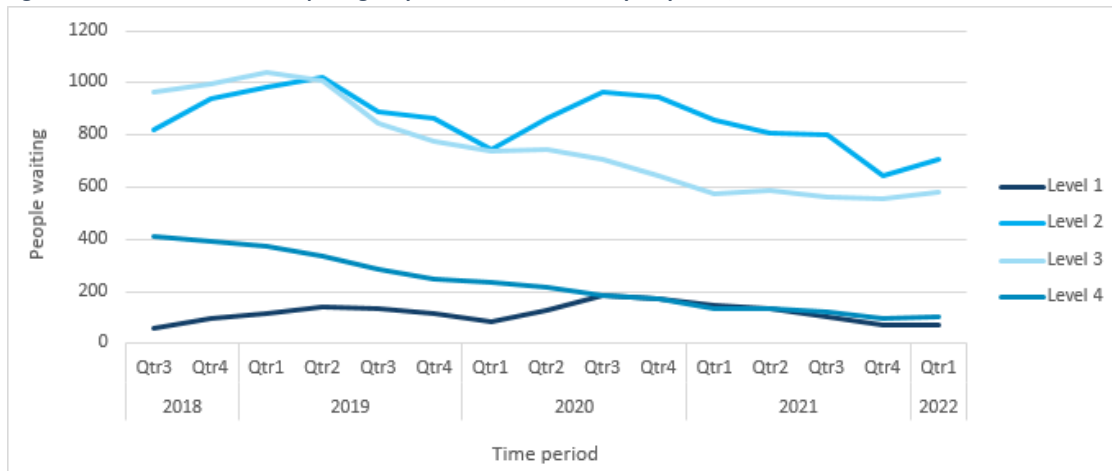
- generally decreased for level 1 – there are now 108 people waiting across the CESPHN region
- fluctuated but overall remained relatively stable for level 2 in the South East Sydney ACPR, decreased in the Inner West ACPR for level 2 – there are now 989 people waiting
- reduced for levels 3 and 4 – there are now 869 people waiting for level 3 and 222 people waiting for level 4.(15)

Figure 17: Wait list for home care packages by care level, Inner West ACPR, 2022



Source: AIHW, 2022

Figure 18: Wait list for home care packages by care level, South East Sydney ACPR, 2022



Source: AIHW, 2022

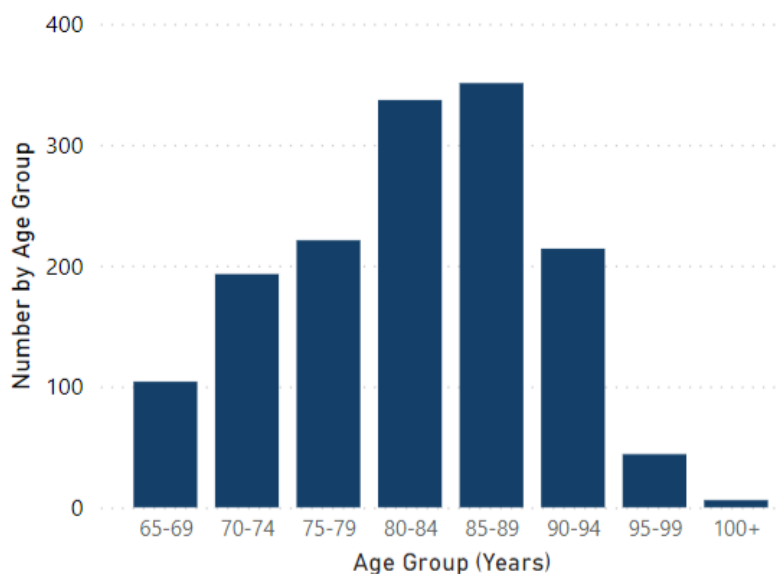
Transition care

In 2020-21, 1,470 people aged 65 years and over were admitted to transition care within the CESPHN region,(14) with a total of 246 people accessing transition care at 30 June 2021.(12)

Approximately 6 in 10 (57.8%) admissions into transition care in 2020-21 were females, and 58.9% of all recipients of transition care at 30 June 2020 were females.(12) Almost half (46.8%) of all admissions in 2020-21 were aged 80-89 years, and a further 15.0% were aged 75-79 years.(14)

The majority (65.7%) of exits from transition care were people entering home/community care, followed by hospital which made up approximately one-fifth of exits (22.5%).(13)

Figure 19: Admissions into transition care by age group, CESPHN region, 2020-21



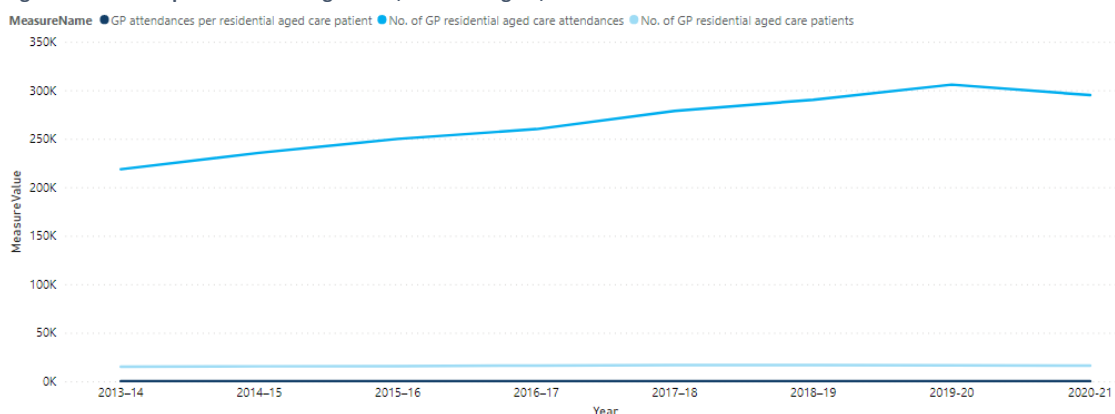
Source: AIHW, 2022

GPs in RACFs

GP consultations

In 2020-21, there were 295,010 GP residential aged care attendances in the CESPHN region to 16,156 residents giving a rate of 18.3 GP attendances per residential aged care patient. This is similar to the national rate of 17.8 GP attendances per residential aged care patient. In the eight years to 2020-21, there has been a 34.9% increase in the number of GP residential aged care attendances in the CESPHN region, however only a 7.0% increase in the number of GP residential aged care patients.(16)

Figure 20: General practitioners in aged care, CESPHN region, 2020-21

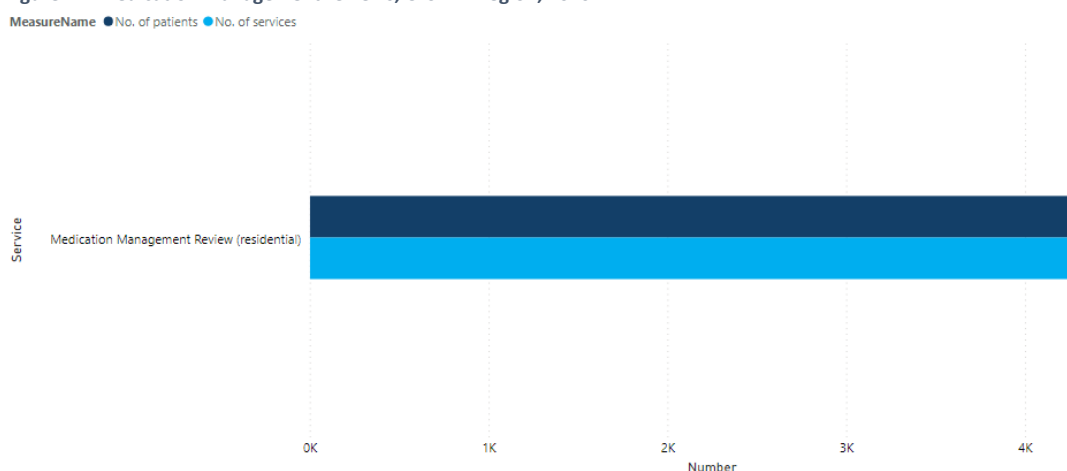


Source: AIHW, 2021

Medication review

In 2020-21, there were 4,306 medication management reviews (residential) for 4,285 patients in the CESPHN region. This is similar to the national rate of 1.01 medication management reviews (residential) per patient.(16)

Figure 21: Medication management reviews, CESPHN region, 2020-21



Source: AIHW, 2021

End of Life Care

Advance care planning

Despite evidence indicating the benefits to end of life care, it is estimated that less than 30% of Australians have completed an advance care plan.(17) This could be due to poor patient experience and psychological distress associated with this phase. Other barriers for uptake of advance care plans may be due to lack of infrastructure and time for discussions to be had and limited workforce capacity in addressing difficult end of life conversations.(18) This is important to note, as people do not usually return home after admission to RACFs.

Additionally, patient attitudes, cultural differences, and clinician self-efficacy regarding establishing plans have been highlighted as barriers and should be considered when implementing strategies.

A 2021 CESP HN survey highlighted the barriers faced by RACFs in preparing advance care plans for their residents. The largest barrier is 'language and cultural' at 32%, followed by 'family/ relative reluctance' at 29%, 'capacity - cognitive impairment/ mental illness preventing informed decision' and 'too early to discuss' both at 9%. Other barriers identified included: 'too much information on admission'; 'dementia'; 'spiritual beliefs of staff'; 'unwilling resident'; 'poor skills'; and 'too little time'.(19)

Palliative care

"The goal of palliative care is to improve the quality of life of patients with an active, progressive disease that has little or no prospect of a cure".(20)

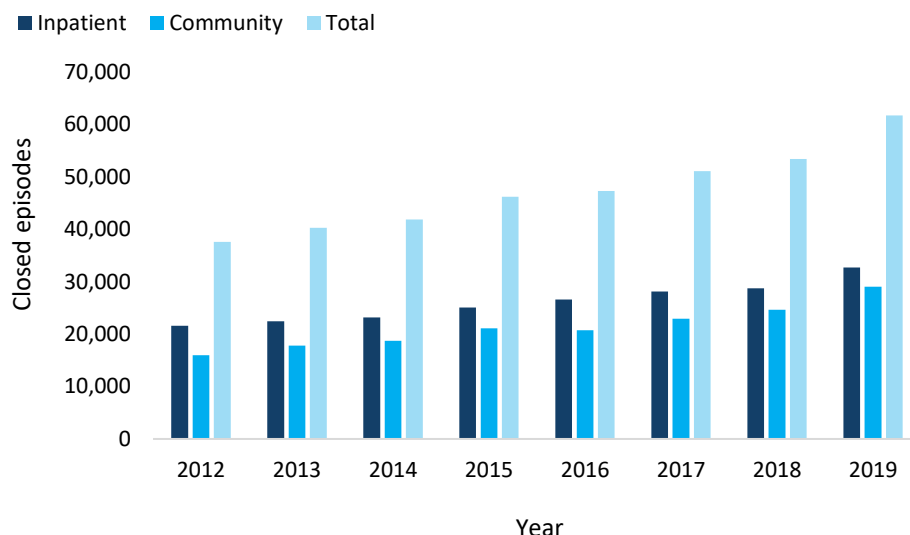
There are four palliative care phases used nationally: stable, unstable, deteriorating and terminal. A palliative care phase describes a stage of the patient's illness within an episode of care and provides a clinical indication of the level of care required.(20) Patients may transition back and forth between phases during an episode of care, with there likely to be more than one phase per episode of care.

Palliative care can be provided in inpatient settings and community settings by a range of care providers. Capacity of GPs to co-ordinate care for these patients, in particular those with advanced cancer, is reduced due to factors including lack of confidence in providing care due to the complexity of these patients, insufficient resources and training, problems with communication with specialists and treating teams, and barriers in successfully transitioning patients from acute hospital to home/community settings.(21)

In 2019, 47,214 patients nationally received palliative care services across 64,297 episodes of care; almost half of which (48.7%) were in community settings. There were 153,108 phases of care with just over half (51.5%) being provided in the community.

The number of closed episodes of palliative care have increased between 2012 and 2019, with a 7.5% annual average change between 2015 to 2019.

Figure 22: Number of closed episodes by palliative care setting, Australia, 2012 to 2019



Source: AIHW, 2021

Approximately one in five (21.2%) episodes in inpatient palliative care closed at 1-2 days, conversely 19.2% of community care palliative care episodes closed at >90 days. The majority of phases in palliative care for both inpatient and community settings were for deteriorating care phase (34.9% and 42.6% respectively). Inpatient palliative care had a relatively even split between stable, unstable and terminal phases, however community palliative care had much higher proportion of care in stable (37%) followed by lower rates of unstable (12.7%) and terminal (7.7%). Overall, community palliative care had an average episode length almost 4 times that of inpatient palliative care (36.6 days compared to 9.4 days), with a median episode length of 21 days compared to 5 days.

Table 13: Palliative care phase count by setting, Australia, 2019

Palliative care phase	Inpatient		Community	
	Number	%	Number	%
Stable	18,889	25.5	29,203	37.0
Unstable	13,810	18.6	9,990	12.7
Deteriorating	25,910	34.9	33,636	42.6
Terminal	15,573	21.0	6,097	7.7
Total	74,182	100.0	78,926	100.0

Source: AIHW, 2021

Three-quarters (75.9%) of individuals in palliative care were aged 65 years and over, this is true for both inpatient palliative care (75.6%) and community palliative care (76.5%). Individuals from least disadvantaged IRSAD quintiles had the highest proportion of palliative care episodes (27.6%), this was reflected across both inpatient palliative care (25.6%) and community palliative care (29.8%).

Almost three-quarters of palliative care episodes in 2019 were for individuals with a cancer diagnosis. Of these, neoplasm of the lung, colorectal and other gastro-intestinal cancer were the three most common cancer diagnoses for palliative care patients.

The Australian Palliative Care Outcomes Collaboration (PCOC) is a national palliative care outcomes and benchmarking program. The 2019 PCOC benchmark results show that overall community setting for palliative care does not reach benchmark levels for 11 of the 12 measures, and inpatient setting for palliative care does not reach benchmark levels for 4 of the 12 measures.

Nationally there was 271 employed palliative medicine specialists in 2018, giving a rate of 1.0 FTE per 100,000 population. Of these specialists, 190 worked in a hospital setting. Palliative medicine specialists worked an average of 38.3 hours per week, 29.7 of which were in a clinical capacity. New South Wales had 91 palliative medicine specialists, with a rate of 1.1 FTE per 100,000 population.

In 2018, there was 3,528 employed palliative care nurses nationally, giving a rate of 12.2 FTE per 100,000 population; 83.6% were registered nurses. Palliative care nurses worked an average of 32.6 hours per week, with 30.3 hours per week being in a clinical role. More than half of the palliative care nurses nationally worked in a hospital setting. New South Wales employed almost a third of the palliative care nurses nationally (n=1,047; 29.7%).

We have requested data regarding local services who provide palliative care services, this will be included here once received.

Aged care workforce

The Department of Health conducted an Aged Care Workforce Census in 2020 to provide an overview of the aged care sector workforce. The Census covered residential aged care facilities, home care package program providers and Commonwealth home support programme providers nationally. Responses were received across ACPRs from:

- 1,329 Residential Aged Care (RAC) facilities (49% of all RAC facilities)
- 616 Home Care Packages Program (HCPP) providers (47%)
- 505 Commonwealth Home Support Programme (CHSP) providers (38%).

There are five job groups that make up the aged care workforce:

- Personal care workers, which include personal care worker and personal care worker formal traineeship job roles
- Nurses, which include enrolled nurse, nurse practitioner, and registered nurse job roles
- Allied health, which includes Aboriginal and/or Torres Strait Islander health worker/practitioner, dietitian, diversional therapist, exercise physiologist, occupational therapist, pharmacist, physiotherapist, podiatrist, psychologist, social worker, speech therapist, allied health assistants, and other (not specified) allied health
- Administration, which includes administration, management, and quality and education coordinator job roles
- Other, which is made up of ancillary care (such as cleaning, kitchen, gardening, and maintenance) and pastoral/spiritual care worker job roles.

Personal care workers made up 78.7% of the direct care workforce in residential aged care in NSW, compared to 71% nationally. NSW has a much lower proportion of the workforce made up of enrolled nurses compared to nationally (1.8% compared to 7.8%). A similar trend is also seen in allied health assistants which made up 0.7% of the direct care workforce in NSW compared to 1.4% nationally. All other job groups were comparable between NSW and nationally.(22)

Gender

Both nationally and within NSW, females were employed as direct care workforce within residential aged care facilities at a rate 6 times that of males. This trend was reflected across all job groups, with the exception of allied health professionals, where females were employed at a rate 3.5 times the rate of males.(22)

Table 14: Job role by gender, NSW and Australia, 2020

Gender	NSW		Australia	
	Number of staff	Proportion of staff (%)	Number of staff	Proportion of staff (%)
	Total direct staff			
Female	57,502	86.1	177,070	86.1
Male	9,271	13.9	28,604	13.9
Other	-	-	-	-
	Personal care worker			
Female	45,552	86.6	125,594	86.1
Male	7,023	13.4	20,347	13.9
Other	-	-	-	-
	Registered nurse			
Female	8,884	84.9	28,069	86.1
Male	1,580	15.1	4,549	13.9
Other	-	-	-	-
	Enrolled nurse			
Female	1,088	90.1	14,327	89.8
Male	120	9.9	1,622	10.2
Other	-	-	-	-
	Nurse practitioner			
Female	38	79.2	170	82.9
Male	10	20.8%	35	17.1
Other	-	-	-	-
	Allied health professional			
Female	1,561	76.4	6,369	78.4
Male	466	22.8	1,715	21.1
Other	15	0.7	40	0.5
	Allied health assistant			
Female	379	84.2	2,541	88.2
Male	71	15.8	335	11.6
Other	-	-	4	0.1

Source: GEN, 2021

Age

Age distribution by job type in residential aged care direct care staff shows that across NSW, there is a slightly older workforce in the job types of nurse practitioner and enrolled nurses compared to nationally; all other job types show relatively comparable age distribution.(22)

Table 15: Job role by age groups, NSW and Australia, 2020

Age Group	NSW		Australia	
	Number of staff	Proportion of staff (%)	Number of staff	Proportion of staff (%)
Personal care worker				
< 20 years	976	1.9	2,392	1.6
20-29 years	13,591	25.8	35,581	24.4
30-39 years	12,722	24.2	38,252	26.2
40-49 years	9,730	18.5	28,729	19.7
50-59 years	10,118	19.2	26,697	18.3
60+ years	5,466	10.4	14,106	9.7
Registered nurse				
< 20 years	12	0.1	36	0.1
20-29 years	1,988	19.0	6,440	19.7
30-39 years	4,061	38.8	13,215	40.5
40-49 years	1,722	16.5	5,596	17.2
50-59 years	1,370	13.1	4,003	12.3
60+ years	1,309	12.5	3,326	10.2
Enrolled nurse				
< 20 years	2	0.2	62	0.4
20-29 years	209	17.4	2,987	18.8
30-39 years	196	16.3	3,698	23.3
40-49 years	200	16.7	3,059	19.3
50-59 years	315	26.3	3,695	23.3
60+ years	277	23.1	2,382	15.0
Nurse practitioner				
< 20 years	-	0.0	-	0.0
20-29 years	6	12.5	16	7.8
30-39 years	6	12.5	62	30.2
40-49 years	19	39.6	49	23.9
50-59 years	4	8.3	53	25.9
60+ years	13	27.1	25	12.2
Allied health professional				
< 20 years	4	0.2	22	0.3
20-29 years	314	15.4	1,484	18.4
30-39 years	728	35.8	2,651	32.8
40-49 years	430	21.1	1,853	22.9
50-59 years	386	19.0	1,358	16.8
60+ years	174	8.5	716	8.9
Allied health assistant				
< 20 years	4	0.9	33	1.2
20-29 years	50	11.1	374	13.0
30-39 years	76	16.9	473	16.5
40-49 years	81	18.0	580	20.2
50-59 years	154	34.1	840	29.3

60+ years	86	19.1	568	19.8
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Source: GEN, 2021

Qualifications

Aged care workforce respondents were asked whether one or more of their staff, by job role, had specialised skills (from 5 different skill sets). Diversity awareness was consistently low in the proportion of staff specialised skills, often followed by palliative care.

Allied health professionals generally had the lowest proportion of staff with specialised skills in each area.(22)

Table 16: Proportion of facilities who responded to Census and had skills by job role, Australia, 2020

Job Role	Skill				
	Dementia care (%)	Diversity awareness (%)	Falls risk (%)	Infection prevention & control (%)	Palliative care (%)
Personal care worker	75	57	66	73	58
Registered nurse	82	61	76	86	77
Enrolled nurse	75	52	67	76	63
Nurse practitioner	64	34	78	81	51
Allied health professional	49	42	54	53	29

Source: GEN, 2021

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