

OLDER INDIVIDUALS' HEALTH AND WELLBEING

2025-2027 Needs Assessment

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Overview

In the CESPHN region 14.9% of the estimated resident population are aged over 65 and this number will increase by 43.6% between 2024 and 2041. The number of people aged 85 and over is expected to increase by 101.8% between 2024 and 2041 (1). For this reason, focusing on healthy ageing where people can live a fulfilling life and be supported in the community with primary care and integrated health and social services is of benefit to all.

In parallel with the focus of United Nations Decade of Healthy Ageing Plan of Action (2021-2030) and Sustainable Development Goals, to achieve improved health outcomes and social participation for older people, local services will need to be more strongly integrated and other community partners will need to be engaged by CESPHN.

Good health in older age is not distributed equally. People experiencing the most disadvantage are the ones that also experience the worst health outcomes as they age. One challenge will be to have a primary care workforce and aged care workforce equipped to support the needs of the community as they age.

Key issues

- Older individuals (65+ and 85+) experience a range of health issues, including:
 - Higher rates of fall-related hospitalisations
 - Mental health issues
 - Higher use of health care services for those living with dementia and living in the community
 - Chronic conditions and comorbidities
 - Higher levels of disability (2 in 5 people aged 65+)
- Poorer uptake of all age-recommended vaccines - COVID-19, pneumococcal and shingrix as well as flu.

Key gaps

- Better coordination of primary care and other services in the community to ensure timely access to care and continued/seamless support
- Reduced access to affordable primary care and aged care services (cost of primary care and aged care services, and long wait times for home care packages and Commonwealth Home Support Program services)
- Difficulties in service navigation with poor awareness of available support services
- Social isolation, exacerbated by language and cultural barriers.
- Underutilisation of general practice preventative health services (health checks, CDM care plans, vaccination)
- Residential age care places are reducing against increasing number of people (many of whom will have dementia) with social dislocation occurring as older people having to move out of their locality and social networks to access residential aged care.
- People with a disability ageing in group homes rather than aged care facilities

- Older people report barriers to accessing mental health support by clinicians with knowledge of the unique experiences and concerns of older people.
- Diagnosis and services are limited for people living with dementia, and services vary across the CESPHN region
- Increasing difficulties for older people in residential aged care being able to access GPs.

Demographics

In 2022, 14.9% of the estimated resident population (ERP) in the CESPHN region were aged over 65, and 7.1% were aged over 75 years. The number of people aged 65 years and over is expected to increase by 43.6% between 2024 and 2041. The number of people aged 85 and over is expected to increase by 101.8% between 2024 and 2041 (1) (2).

Table 1: Population estimate by age group, CESPHN region, 2024 – 2041

Age Group	2024	2041	Increase %	Compound Annual Growth Rate (CAGR) %
65+	263,366	378,208	43.6	2.15
75+	189,234	292,205	54.4	2.59
85+	38,895	78,505	101.8	4.22

Source: HealthStats, 2024

The areas with the most notable proportions of older people include the following SA3s:

- Cronulla-Miranda-Caringbah (20.0%)
- Hurstville (17.8%)
- Sutherland-Menai-Heathcote (17.7%)
- Canada Bay (17.2%).

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Table 2: Estimated resident population (ERP) aged 65 years and over by SA3, CESP HN region, 2023

SA3	Age group (years)					Total	% Total SA3 population
	65-69	70-74	75-79	80-84	85+		
Botany	2,105	1,765	1,519	1,017	941	7,347	11.9
Canada Bay	4,187	3,712	3,095	2,067	2,242	15,303	17.2
Canterbury	6,077	4,751	4,133	3,061	3,296	21,318	14.7
Cronulla-Miranda-Caringbah	6,487	5,521	4,909	3,327	3,980	24,224	20.0
Eastern Suburbs – North	4,954	4,746	4,586	2,929	3,296	20,511	15.6
Eastern Suburbs – South	5,425	4,810	4,245	2,890	3,242	20,612	14.5
Hurstville	7,233	5,739	4,527	3,136	3,681	24,316	17.8
Kogarah-Rockdale	6,412	5,463	4,725	3,292	3,766	23,658	15.6
Leichhardt	2,493	2,235	1,745	911	877	8,261	14.4
Lord Howe Island	30	31	13	23	0	97	21.5
Marrickville-Sydenham-Petersham	1,929	1,709	1,363	948	1,003	6,952	12.3
Strathfield-Burwood-Ashfield	6,620	5,348	4,251	3,151	3,975	23,345	13.8
Sutherland-Menai-Heathcote	5,766	4,999	4,200	2,532	2,545	20,042	17.7
Sydney Inner City	6,752	5,732	4,136	2,561	2,374	21,555	9.1
CESPHN	66,470	56,561	47,447	31,845	35,218	237,541	14.7
NSW	421,301	365,038	297,527	188,627	186,806	1,459,299	17.5
Australia	1,327,42	1,155,61	931,313	583,158	560,822	4,558,327	17.1%

Source: ABS ERP, 2024

Multicultural population aged 65 years and over

The CESP HN region is very multicultural with residents from many diverse cultures and countries. There are a total of 107,206 people aged over the age of 65 born overseas within the CESP HN region. Of the CESP HN residents aged over 65 and born overseas, the highest proportion of multicultural residents include Canterbury (69%), Kogarah-Rockdale (56%), Strathfield-Burwood-Ashfield (56%), Marrickville (51%) and Botany (50%). The major languages spoken at home by those aged over 65 in the CESP HN region include Greek (7.72%), Mandarin (4.8%), Cantonese (5.35%), and Italian (4.21%) (3).

Recognition for the language spoken by older people is key to enabling effective communication, respect and dignity of older people, access to services, improving mental health and social inclusion. Specific cultural measures assist older people from multicultural communities to achieve greater access to local health services.

Consultations held as part of the Need's Assessment highlighted that this group is least inclined to access primary health care and aged care services, with reasons such as:

- Lack of awareness or trust in services
- Financial strains
- Lack of health insurance
- Lack of culturally sensitive care
- Stigma and discrimination
- Language barriers
- Cultural beliefs and practices.
-

LGBTIQ+

People who identify as lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) experience a significant stigma and discrimination which can impact their health outcomes and health service encounters, particularly in relation to mental health.

Older LGBTIQ+ individuals in New South Wales (NSW) face unique challenges and issues, including, discrimination and stigma, health disparities, social isolation, and economic challenges. Two key concerns for older LGBTIQ+ individuals face include:

- Significant challenges when entering residential aged care homes run by religious organisations due to discrimination and prejudice, lack of inclusive policies, social isolation and fear of re-closeting (4) (5)
- Significant challenges when faced with cognitive diseases such as dementia due to a lack of specialised care resulting in inadequate and inappropriate care, often leading to historical trauma, invisibility of LGBTIQ+ carers, social isolation and fear of re-closeting (6).
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Financial status

The below table is indicative of the overall financial status of the older people within the region and highlights the areas of concentrated need, showing the percentage of CESPHEM population aged 65 years and over as of December 2023 (7). Forty eight percent were receiving the age pension – Canterbury and Kogarah-Rockdale had the highest amount of age pension recipients 14.5% were receiving the Commonwealth Seniors Health Card (CSHC), which provides recipients with benefits such as cheaper medicines under PBS and bulk billed doctor visits (at doctor's discretion).

Table 3: DSS recipients by SA3, June 2024

SA3	Age Pension	Age Pension (%)	Commonwealth Seniors Health Card	Commonwealth Seniors Health Card (%)
Botany	4,530	61.7	675	9.2
Canada Bay	6,260	40.9	2,850	18.6
Canterbury	13,905	65.2	1,725	8.1
Cronulla-Miranda-Caringbah	10,295	42.5	4,870	20.1
Eastern Suburbs – North	5,105	24.9	2,870	14.0
Eastern Suburbs – South	8,980	43.6	3,540	17.2
Hurstville	12,795	52.6	3,595	14.8
Kogarah-Rockdale	13,735	58.1	3,000	12.7
Leichhardt	3,010	36.4	1,365	16.5
Lord Howe Island	30	30.9	15	15.5
Marrickville-Sydenham-Petersham	4,030	58.0	735	10.6
Strathfield-Burwood-Ashfield	12,060	51.7	3,165	13.6
Sutherland-Menai-Heathcote	10,075	50.3	3,755	18.7
Sydney Inner City	9,250	42.9	2,385	11.1
CESPHN	114,060	48.0	34,545	14.5
NSW	801,545	54.9	179,565	12.3
Australia	2,606,195	57.2	523,380	11.5

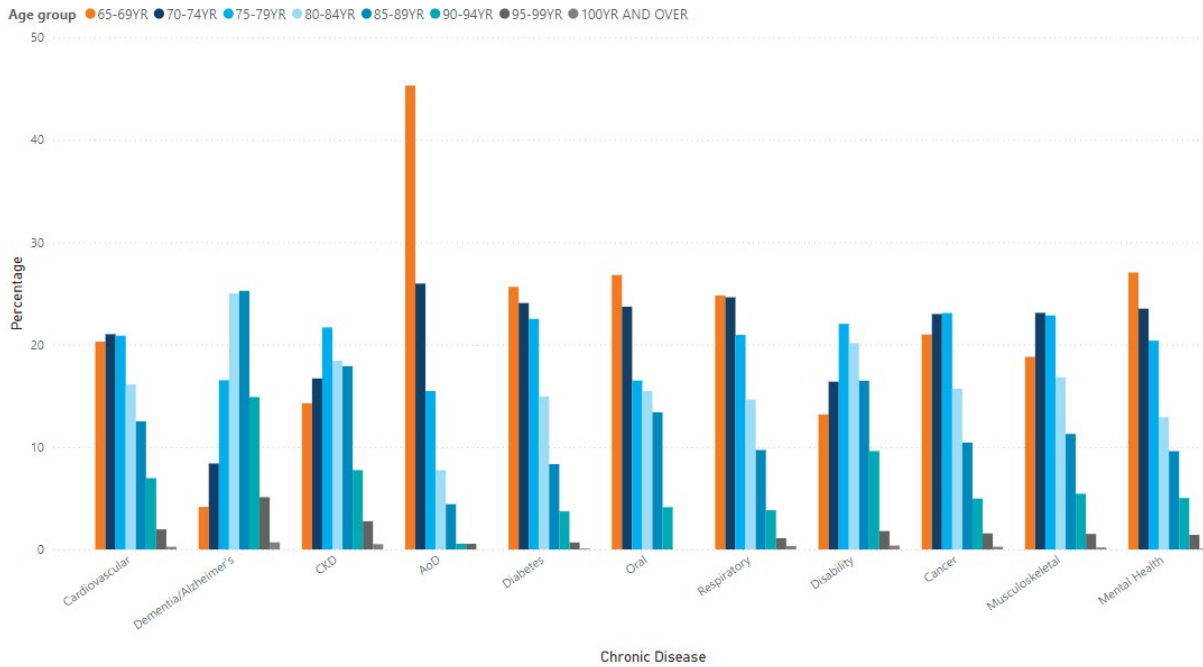
Source: Department of Social Services, 2024, ABS 2024

Health status

Burden of disease

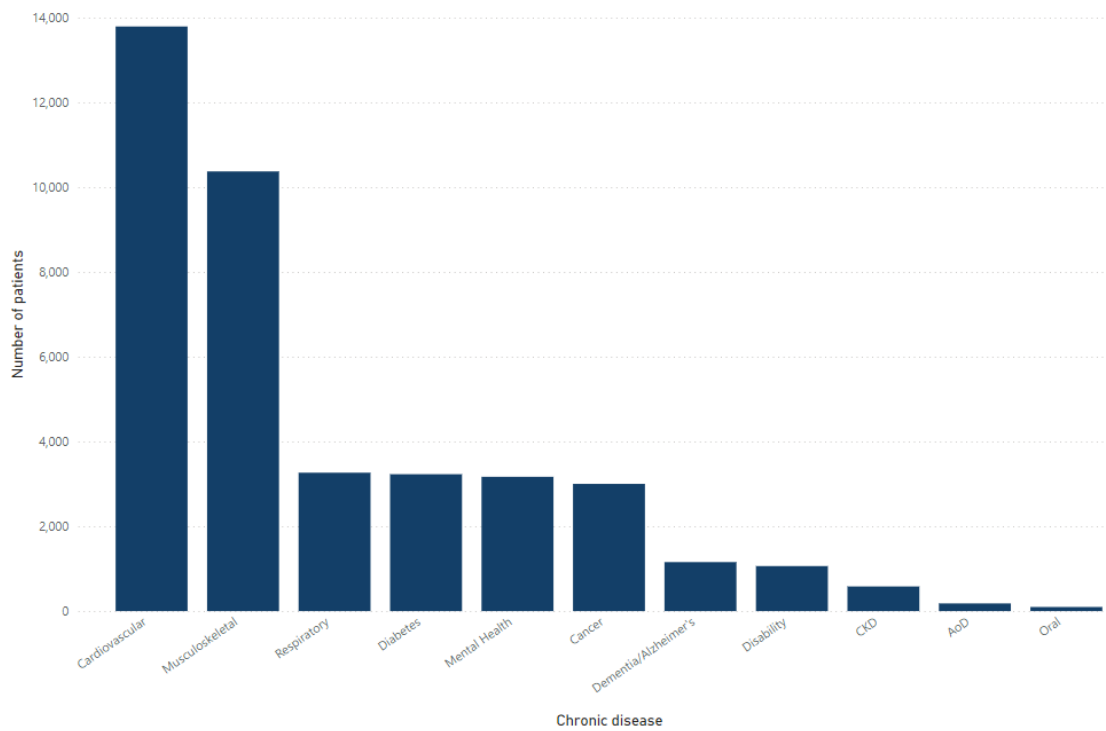
The figure below indicates the real-world burden of disease impact based on the number of patients presenting to the primary care system. Cardiovascular and musculoskeletal concerns are some of the biggest concerns within the CESPHN region, almost accounting for 24,000 presentations in the year 2023. This represents GP presentations for the catchment population above the age of 65 based on POLAR data.

Figure 1: Percentage of patients over the age of 65 by disease-type, CESPHN, 2023



Source: POLAR Database, 2024

Figure 2: Number of patients over the age of 65 by disease-type, CESPHN, 2023



Source: POLAR Database, 2024

Social isolation

Understanding the unique needs of older people to increase their quality of life has been a priority following the Royal Commission into Aged Care. One of those elements includes social isolation, depression and loneliness as they significantly impact on physical and mental health. Emotional distress can negatively impact the immune system.

Almost a quarter of older people in the CESPHE region live alone, of which 11% have poor English proficiency. Notably, Canterbury SA3 accounted for 17.94% of the population aged over 65, living alone with poor English proficiency within the CEPHE region (6). Living alone does not automatically mean someone is lonely; loneliness is a 'subjective unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships (8). Older people however, often live alone, and due to determining factors such as mobility issues or a smaller social circle, can lead to isolation.

Table 4: Population living alone by SA3, 2021

SA3	Population 65 year +	Population 65 years+ living alone	Population 65+ living alone with poor English proficiency
Botany	7,136	1,738	260
Canada Bay	14,952	3,190	380
Canterbury	20,895	3,950	1122
Cronulla-Miranda-Caringbah	23,445	5,272	111
Eastern Suburbs-North	20,705	5,677	149
Eastern Suburbs-South	20,937	5,418	439
Hurstville	23,448	4,617	798
Kogarah-Rockdale	23,726	5,011	816
Leichhardt	8,201	2,265	104
Lord Howe Island	109	15	0
Marrickville-Sydenham-Petersham	7,052	1,648	347
Strathfield-Burwood-Ashfield	23,261	4,949	893
Sutherland-Menai-Heathcote	19,703	3,634	72
Sydney Inner City	20,615	7,074	762
CESPHE	234,185	54,503	6,253

Sources: ABS, 2023

Social isolation also affects vulnerable and priority populations differently. According to a 2024 study of over 2200 adults aged over 50 living in NSW (9), Aboriginal people over the age of 50 reported feeling less socially isolated compared to the non-Aboriginal population (47% to 60%). Older

LGBTIQ+ residents conversely experience much higher levels of social isolation, with 71% of respondents reporting feeling lonely.

The same report revealed that carers can feel severely isolated (11% reporting as always), in comparison with non-carers (7% reporting always). Likewise, those with disabilities self-reported more severe levels of social isolation compared to those without a disability.

Healthy ageing

Given that many people aged over 65 live in their own homes we want to ensure healthy ageing in the community for the vast majority of people. CESP HN has recently commissioned three neighbourhood centres in the region to establish Healthy Ageing Hubs. The Hubs provide practical support, service navigation and guidance to older people living in the community to help people maintain their independence and social connection. It also offers a pathway for GPs and health care providers to refer their patients who might be socially isolated or in need of support on a range of matters.

Falls

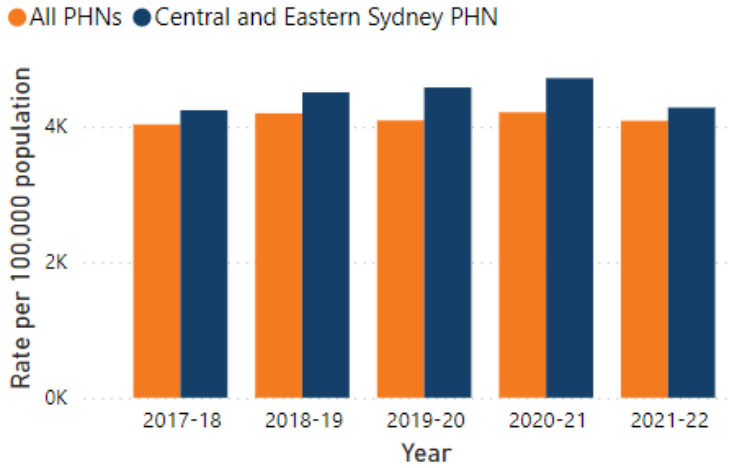
Falls are a key concern in the older population because of their potential to cause permanent harm, disability, earlier admission to residential aged care, and premature death. Understanding high falls risk population is crucial to avoid preventable incidents and hospitalisations.

Falls can result in physical injuries, loss of independence, psychological effects, financial strain and they can lead to increased mortality. They can also lead to more dependence on carers and carer strain.

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 CESP HN. Within the CESP HN region, there is a marked decrease in falls since financial year 2020-21, which could be because of health services no longer being disrupted because of the COVID pandemic and now being able to provide better provision of fall-assisted care to the elderly (10).

In 2022, falls-related hospitalisations decreased slightly to a rate of 894 per 100,000 within the CESP HN region, which represents a total of 16,638 total falls. The slight decrease from the 2020-2021 financial year may be representative of the care placed on falls during the COVID waves. More recent data is required to understand the trend movement (10).

Figure 3: Fall-related hospitalisations in the CESP HN region, 2017-18 to 2021-2022



Source: HealthStats NSW, 2023

Dementia

Dementia is a general term used to describe declines in cognitive functioning impacting daily life and activities. It affects memory, thinking, reasoning, and behaviour.

Based on national rates, there are an estimated 23,163 people aged 65+ years in the CESP HN region have dementia, which accounts to 15.4% of all people over 65 (11). As shown in Table 5, the prevalence of dementia increases significantly as people age. Dementia rates across CESP HN, and Australia have been consistently rising and increase as people age. This rise in dementia rates is projected to significantly impact healthcare costs, carer stress, and mortality (12).

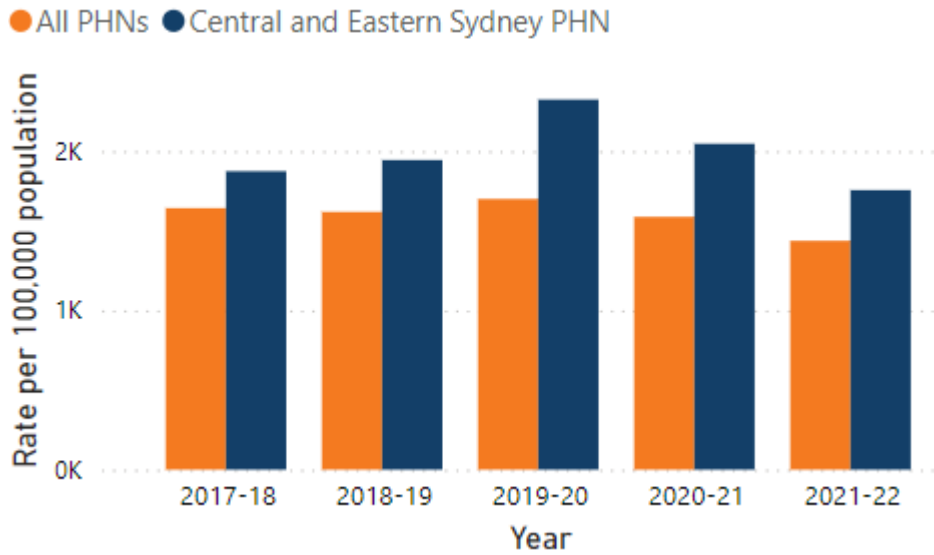
Table 5: Estimated prevalence of dementia, by age group, CESP HN region, 2022

Age group (years)	Estimated people with dementia	
	Number per 1,000 nationally	Number estimated CESP HN
65–69	24.8	1,809
70–74	40.9	2,485
75–79	70.6	3,608
80–84	123.2	4,192
85–89	209.5	11,069
90+	428.7	11,069
Total	15.4	23,163

Source: AIHW, 2023 and ABS, 2024

In 2021-22, across NSW PHNs there was a decrease in the rate of dementia-related hospitalisations for those aged 65 years (11).

Figure 4: Dementia-related hospitalisations in the CESP HN region, 2017-18 to 2021-22



Source: HealthStats NSW, 2024

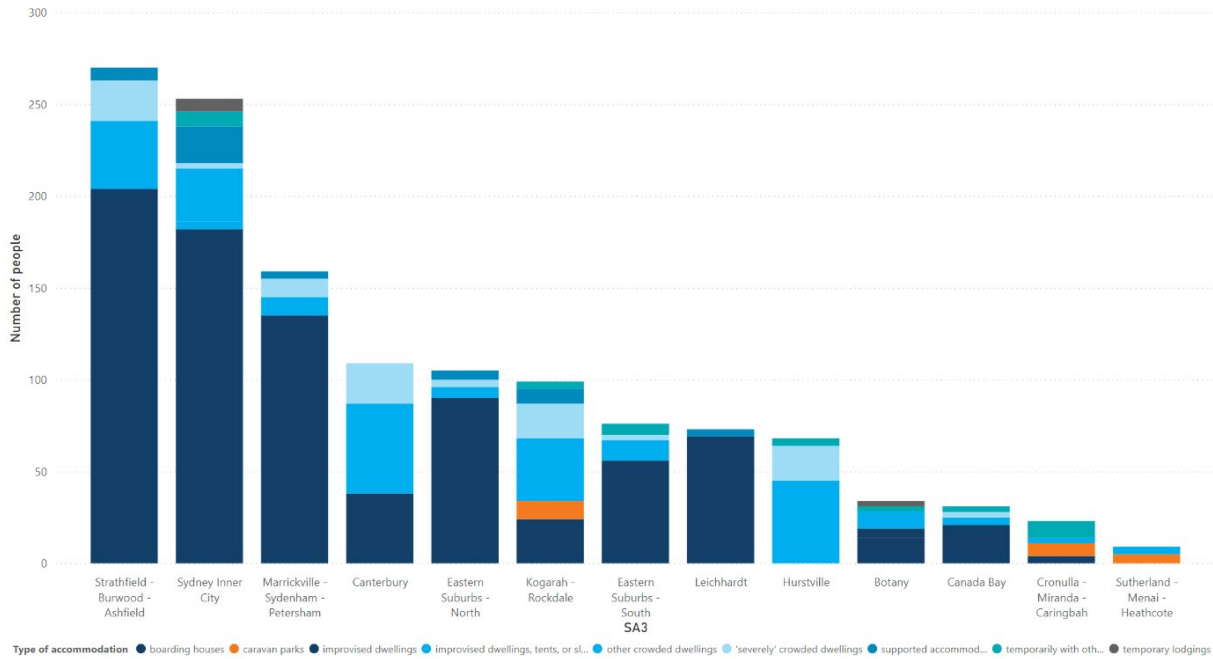
Homelessness

Homelessness in the aged care population is an emerging issue in NSW due to the growing population, and the increasing costs associated with the housing market. This is a significant intersectionality due to the additional health and wellbeing risks faced by the older homeless population.

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Homelessness among older women has become increasingly widespread, growing by almost 40% between 2011 and 2021. There were 465 women aged 65 years and over that accessed a service in NSW in June 2024, which was a 71% increase when compared with June 2019 (272). This is often due to lower lifetime earnings and savings, making them more vulnerable to housing instability (13).

Figure 5: Homelessness above the age of 65 in the CESPHE region, 2021



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Table 6: Homelessness above the age of 65 by accommodation type and SA3, 2021

Location	Number of people									
	Type of accommodation									
	Boarding houses	Caravan parks	Improvised dwellings	Improvised dwellings, tents, or sleeping out	Other crowded dwellings	'severely' crowded dwellings	Supported accommodation for the homeless	Temporarily with other households	Temporary lodgings	Total
Strathfield - Burwood - Ashfield	204	0	0	0	37	22	7	0	0	270
Sydney Inner City	182	0	0	4	29	3	20	8	7	253
Marrickville - Sydenham - Petersham	135	0	0	0	10	10	4	0	0	159
Canterbury	38	0	0	0	49	22	0	0	0	109
Eastern Suburbs (North)	90	0	0	0	6	4	5	0	0	105
Kogarah - Rockdale	24	10	0	0	34	19	8	4	0	99
Eastern Suburbs (South)	56	0	0	0	11	3	0	6	0	76
Leichhardt	69	0	0	0	0	0	4	0	0	73
Hurstville	0	0	0	0	45	19	0	4	0	68
Botany	14	0	5	0	9	0	0	3	3	34
Canada Bay	21	0	0	0	4	3	0	3	0	31
Cronulla - Miranda - Caringbah	4	7	0	0	3	0	0	9	0	23
Sutherland - Menai - Heathcote	0	5	0	0	4	0	0	0	0	9
CESPHN	837	22	5	4	241	105	48	37	10	1309

Source: ABS, 2023

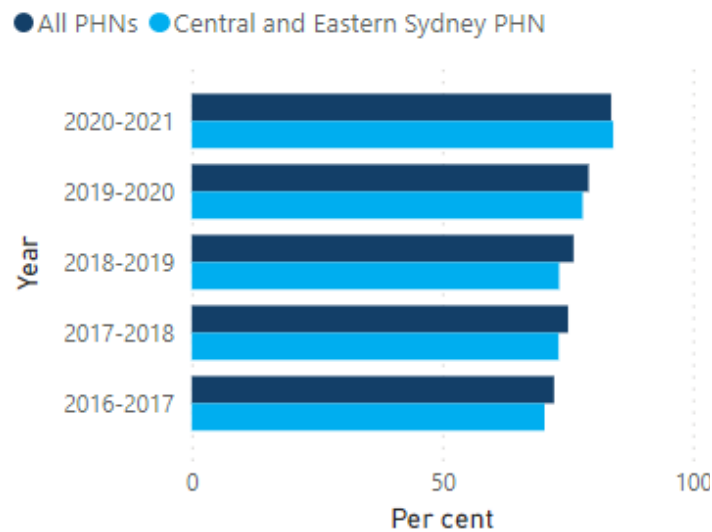
The SA3s with the highest proportion of homelessness are Strathfield-Burwood, Sydney Inner City, and Marrickville-Sydenham-Petersham. Consultations conducted by CESPHN highlight the need for more intervention in the primary care industry to not only identify and treat medical conditions, but to assist in social and wellbeing needs of this proportion of CESPHN's population. The impacts of doing

so will allow for a more integrative approach to primary health, improve their quality of life and break homelessness patterns.

Immunisation rates

In the five years to 2020-21, individuals aged 65 years and over within the CESPHN region have had influenza immunisation rates slightly lower than or on par with NSW PHN rates. CESPHN rates have risen consistently over this period, with rates increasing from 70.4% to 84.1% over the past 5 years (10).

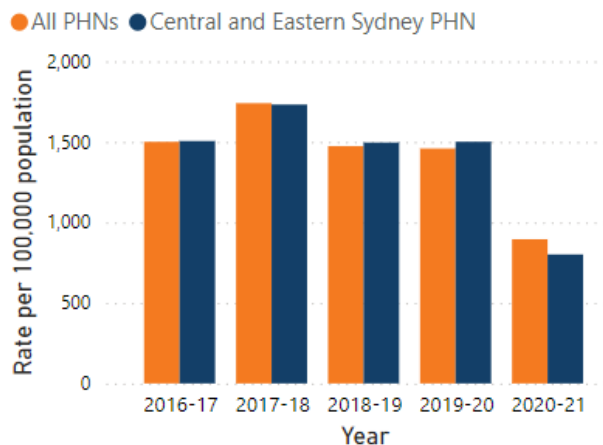
Figure 6: Influenza immunisation rates by year, CESPHN region, 2016-17 to 2020-21



Source: HealthStats NSW, 2023

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 2020-21 (14).

Figure 7: Influenza and/or pneumonia hospitalisation rates by year, CESPHN region, 2016-17 to 2020-21



Source: HealthStats NSW, 2022

75+ health assessment

75+ health assessments are a comprehensive evaluation of a person aged over 75 conducted by a GP to identify any health issues early, manage any recurring problems and promote health ageing. This comprehensive assessment includes a review of the patient's medical history, physical examination, various screening tests and an assessment of the patient's lifestyle. This assessment enables a more tailored approach to the primary and community care received by the older population and prevent hospitalisations and premature RACF care (15).

In 2022-23, 29,367 health assessments were completed in the CESP HN region, accounting for 24.6% of the total eligible population and has potential to be significantly increased. The SA3 areas requiring a greater focus on the provision of interventions include Lord Howe Island (0%), Botany (7.8%) and Eastern Suburbs – North (17.3%) (15).

Table 7: Proportion of population 75 years and over who had a health assessment completed, CESP HN region, 2022-23

SA3	Health Assessments [^]	Population*	Proportion with Health Assessment completed (%)
Botany	258	3,311	7.8
Canada Bay	2,148	7,065	30.4
Canterbury	2,166	10,143	21.4
Cronulla-Miranda-Caringbah	3,878	11,867	32.7
Eastern Suburbs – North	1,807	10,451	17.3
Eastern Suburbs – South	2,438	10,255	23.8
Hurstville	3,136	11,047	28.4
Kogarah-Rockdale	3,441	11,588	29.7
Leichhardt	916	3,369	27.2
Lord Howe Island	-	29	0.0
Marrickville-Sydenham-Petersham	1,443	3,247	44.4
Strathfield-Burwood-Ashfield	2,823	11,263	25.1
Sutherland-Menai-Heathcote	2,950	8,987	32.8
Sydney Inner City	1,963	8,480	23.1
CESP HN	29,367	111,102	24.6

Source: Department of Health, 2024

Carer strain

Carer strain refers to the emotional, physical and mental exhaustion that carers face when caring for the elderly. This is not limited to family and friends of the older person but can also impact professional support workers. Addressing carer strain is crucial to the wellbeing of the care giver of older people so that they can better care for an elderly person.

Signs include feeling burdened, irritated sleeping too much/ not enough, gaining/ losing weight, losing interest in activities, feeling sad, having frequent headaches or other pains, substance abuse and missing their own medical appointments. The 2022 National Carer Survey showed (16):

- 47.5% of respondents of carers were experiencing high to very high levels of psychological distress
- 56.3% of respondents were experiencing social isolation or highly socially isolated
- 57% of respondents were experiencing financial stress

Aged Care Service Sector

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 (13). 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 a lack of 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 Australian Government 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 multicultural communities, refugees, and LGBTIQ+ communities
- Support information sharing to facilitate clinical handover between aged care and health care providers (14).

Changes to the new Aged Care System

The Aged Care System is currently undergoing significant changes to improve the quality of care and the sustainability of the entire health system underpinned by the new Aged Care Act and bolstered by the new Aged Care Quality Standards. The changes include a new regulatory system that holds providers accountable for the care they provide, new fee structure changes ensuring that participants into the system will be means tested appropriately, more accessible and tailor-made solutions to the care and service type relevant for the participant and increased funding for staff retention and job-satisfaction.

Current Aged Care system

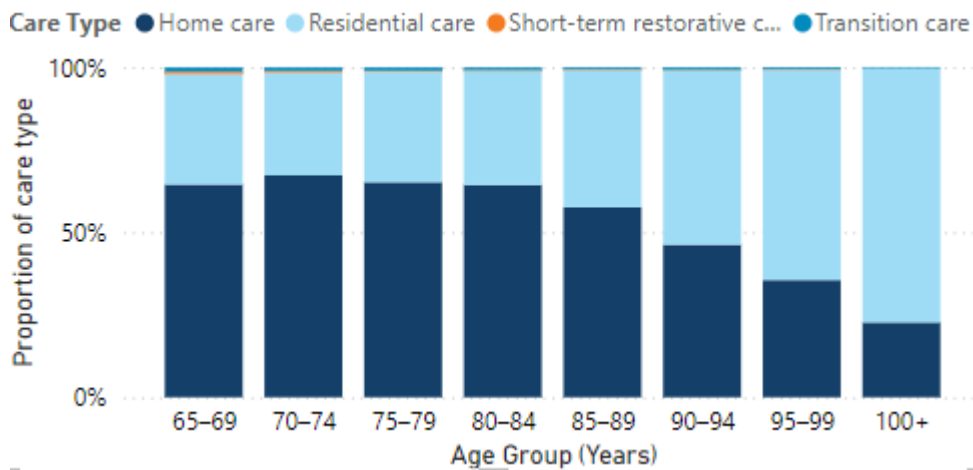
The aged care target population is defined as all people aged 65 years and over and Aboriginal and Torres Strait Islander Australians (here in referred to as Aboriginal people) aged 50–64 years. Aged care is delivered through a variety of programs such as the Commonwealth Home Support Program, Residential Aged Care Program, Home Care Packages Program and the Transitional Aged Care Program.

In the CESPHE region in 2024, there were:

- 149 RACHs offering 10,975 places
- 118 services providing home care packages, offering 14,498 places
- 3 services providing transition care
- 6 short-term restorative care, and
- 1 multi-purpose centre.

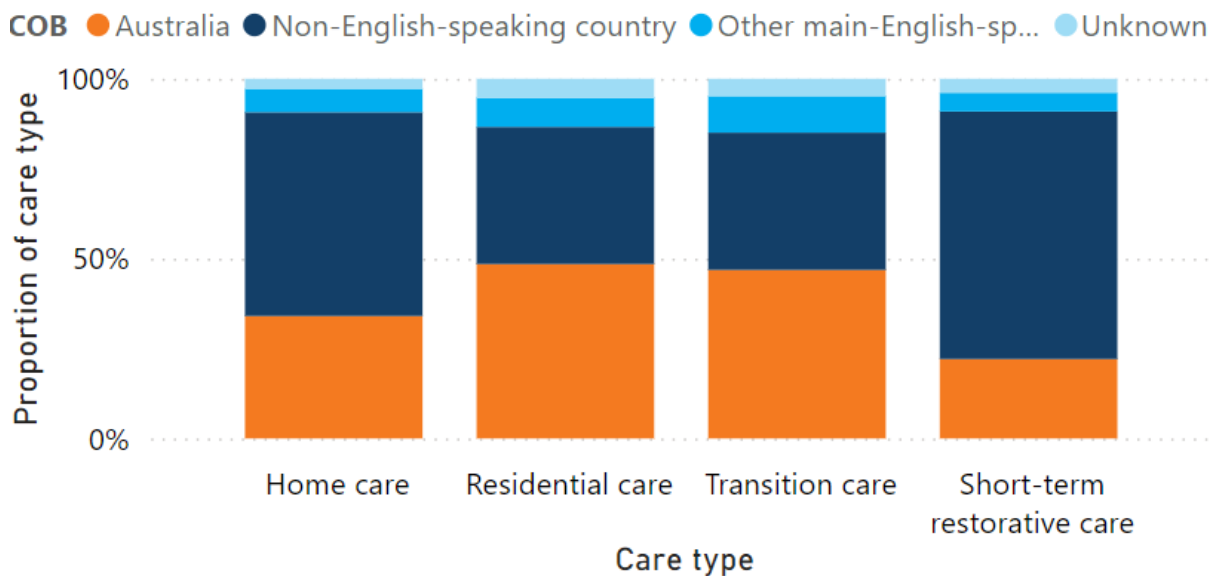
Up until 80-84 years of age, there is a slightly higher proportion of home care participants in comparison to residential care. The use of residential care grows almost at an exponential rate after the age of 85. This is reflective of the high level of care necessary to keep older adults experiencing increased frailty, chronic health conditions and complex comorbidities, safe.

Figure 8: Care type by age group, CESPHN region, 2023



Source: AIHW GEN, 2023

Figure 9: Country of birth by care type, CESPHN region, 2023



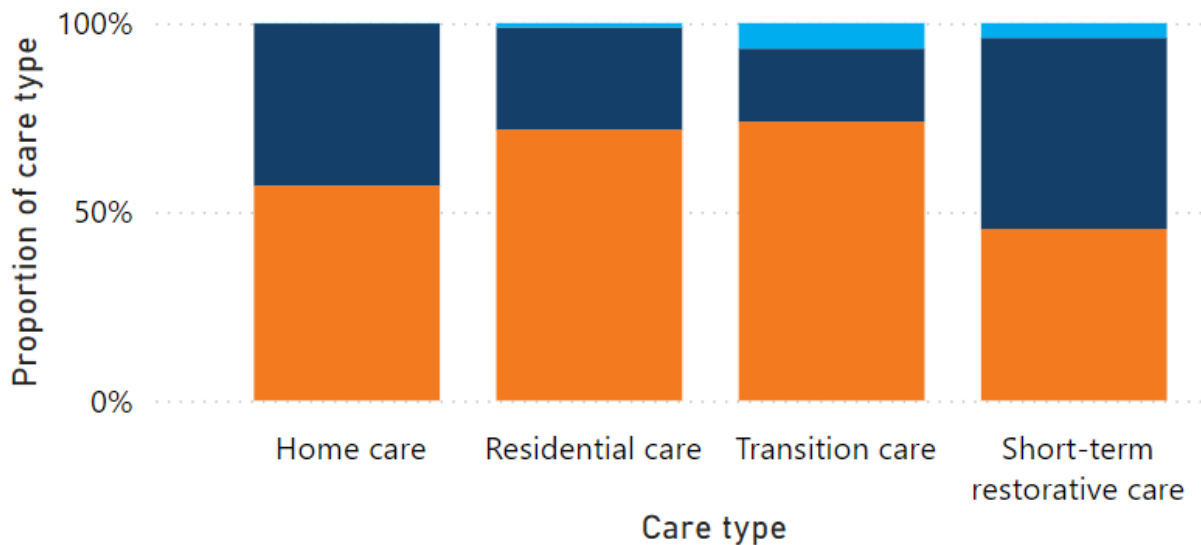
Source: AIHW GEN, 2023

The CESPHN region has a higher proportion of older people with a preferred language other than English (33.5%) compared to NSW (20.4%). Home care packages are more frequently used by this group with 42.5% of people using these services reporting a preferred language other than English (17).

Short-term restorative care and home care services cater to more aged care recipients that speak a language other than English. This presents an opportunity for the primary care system to work closely with the aged care industry to assist this proportion of the population in accessing relevant and culturally appropriate services.

Figure 10: Preferred language by care type, CESP HN region, 2023

Preferred Language ● English ● Other language ● Unknown



Source: AIHW GEN, 2023

Home care services

In 2023, there were a total of 15,100 recipients of home care services in the CESP HN region. Of these, majority of the packages approved and provided were Level 2 and Level 3 (18).

Table 8: Number of home care recipients, CESP HN region, 2023

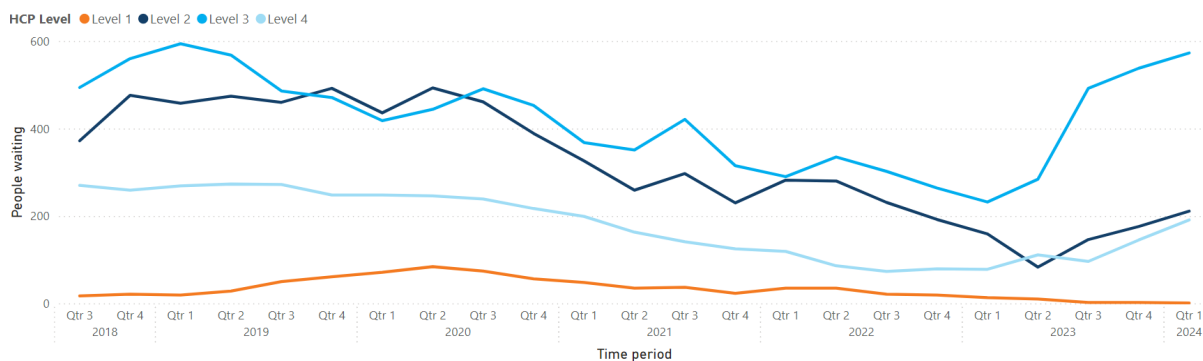
Level	Number
Level 1	860
Level 2	6,424
Level 3	5,184
Level 4	2,632
Total CESP HN Region	15,100

Source: AIHW GEN, 2024

Of the total home care packages approved in the CESP HN area, 283 were for Aboriginal recipients, and 6,484 recipients preferred to speak a language other than English. Home care packages were utilised the most by the 80-84 age group (18).

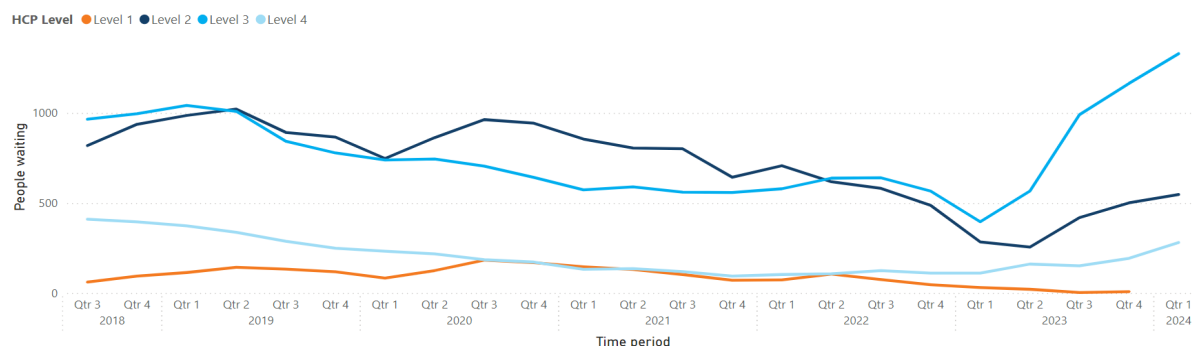
Waitlists for all package levels has increased drastically and consistently within the last year across the CESP HN region. As seen in the Figures below there are more people on the waitlist for Level 3 and 2 packages respectively across the Inner West and South East Sydney. In the first quarter of 2024, there were almost 600 people on the waitlist for a Level 3 package in the Inner West, compared to the approximate 1,600 on the waitlist for a Level 3 package in South East Sydney. This figure is highly representative of the population density of South East Sydney in comparison to the Inner West (18).

Figure 11: Wait list for home care packages by care level, Inner West ACPR, March 2018 – March 2024



Source: AIHW GEN, 2024

Figure 12: Wait list for home care packages by care level, South East Sydney ACPR, March 2018 – March 2024



Source: AIHW GEN, 2024

Residential care

In 2022-23, CESP HN had a total of 10,383 permanent residential care recipients aged over the age of 65. There was a total of 58,508 permanent residential care recipients in NSW demonstrating the population density of the CESP HN area (19).

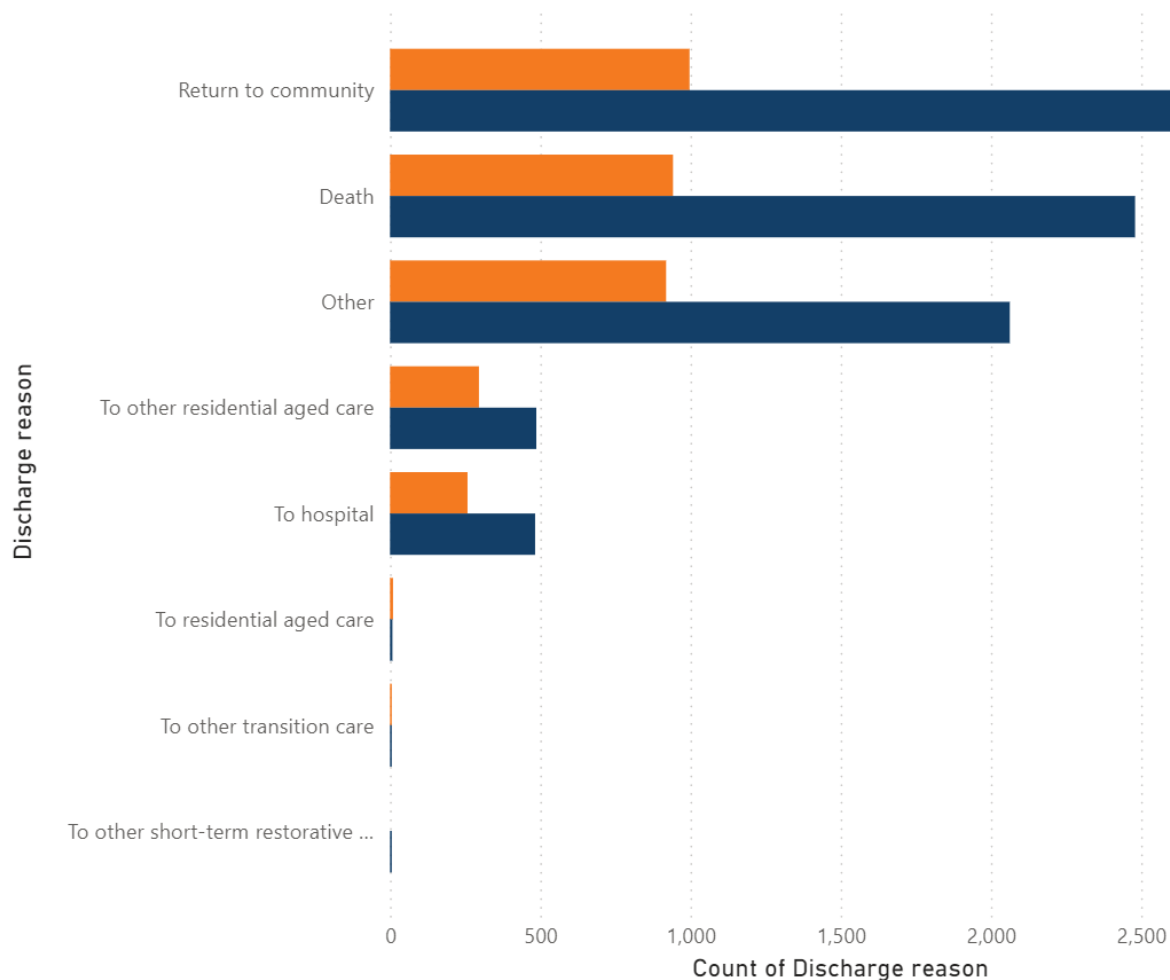
Table 9: Number of permanent residential care recipients above the age of 65, CESP HN region, as at June 2022-23

Region	Residential Care Recipients
CESP HN	10,355
NSW	58,508
Australia	182,643

Source: AIHW GEN, 2023

In 2022-23, there were a total of 621 residential respite recipients across the CESP HN region: 447 in the South East Sydney area, and 174 in the Inner West (19). In 2022-23, there were just over 11,000 exits from residential care in the CESP HN region for people aged 65 years and over. The key reasons for exiting permanent residential care across both SA2 regions were “Return to community” and “Death.”

Figure 13: Discharge reason by Aged Care Planning Region (ACPR), CESP HN region, 2022-23
ACPR ● Inner West ● South East Sydney



Source: AIHW GEN, 2023

Transition care

In 2022-23, 207 people aged 65 years and over were admitted to transition care within the CESP HN region with 1 being an Aboriginal community member, and 40 were CALD community members. The majority of exits from transition care were people entering home/community care, followed by hospital which made up approximately one-fifth of exits (19).

End of Life Care

Advance care planning

Despite the benefits to end-of-life care, less than 30% of Australians have completed an advance care plan (20). 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 (21). 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.

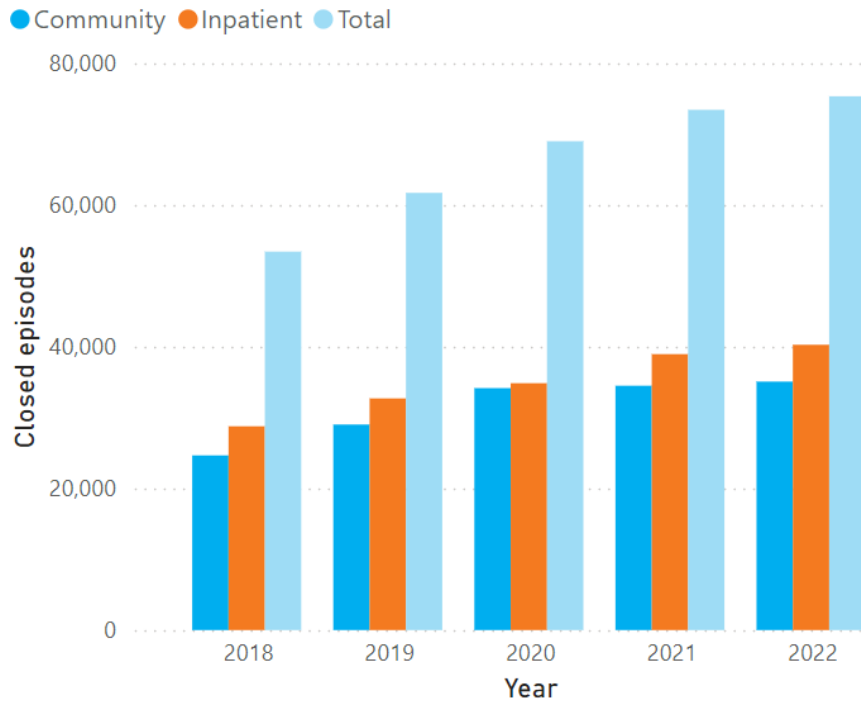
A 2021 CESPAN survey highlighted the barriers faced by RACFs in preparing advance care plans for their residents. The largest barrier is 'language and cultural' at 32%, followed by 'family/ relative reluctance' at 29%, 'capacity - cognitive impairment/ mental illness preventing informed decision' and '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' (22).

Palliative 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 impacted by 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 (23).

Nationally, in 2021, 58,710 patients received palliative care services across 77,531 episodes of care; almost half of which (49.2%) were in community settings. There were 175,166 phases of care with just over half (51.6%) being provided in the community. (24) Nationally, in 2021, 58,710 patients received palliative care services across 77,531 episodes of care; almost half of which (49.2%) were in community settings. There were 175,166 phases of care with just over half (51.6%) being provided in the community (24). The number of closed episodes of palliative care have increased between 2017 and 2021, with a 9.5% annual average change between this period (24).

Figure 14: Number of closed episodes by palliative care setting, Australia, 2018 to 2022



Source: AIHW, 2023

Approximately one in four (24.1%) episodes in inpatient palliative care closed at 1-2 days, conversely 20.4% 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 (36.5% and 45% 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 (35.4%) followed by lower rates of unstable (10.7%) and terminal (8.9%) (24).

Overall, community palliative care had an average episode length almost 4 times that of inpatient palliative care (36.8 days compared to 8.4 days), with a median episode length of 20 days compared to 5 days (25).

Table 10: Palliative care phase count by setting, Australia, 2021

Palliative care phase	Inpatient		Community	
	Number	Percentage (%)	Number	Percentage (%)
Stable	21,298	25.1	32,058	35.4
Unstable	13,255	15.7	9,692	10.7
Deteriorating	30,912	36.5	40,706	45.0
Terminal	19,231	22.7	8,014	8.9
Total	84,696	100.0	90,470	100.0

Source: AIHW, 2023

Over three-quarters (77.7%) of individuals in palliative care were aged 65 years and over, this is true for both inpatient palliative care (77.5%) and community palliative care (77.7%). Individuals from least disadvantaged IRSAD quintiles had the highest proportion of palliative care episodes (28.7%), this was reflected across both inpatient palliative care (26.4%) and community palliative care (31.1%) (25).

Almost three-quarters of palliative care episodes in 2021 were for individuals with a cancer diagnosis. Of these, lung, colorectal and other gastro-intestinal cancer were the three most common cancer diagnoses for palliative care patients (26).

The Australian Palliative Care Outcomes Collaboration (PCOC) is a national palliative care outcomes and benchmarking program. The PCOC benchmark results for the period of July - December 2022 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 3 of the 12 measures (27).

Nationally there was 302 employed palliative medicine specialists in 2020, giving a rate of 1.1 FTE per 100,000 population. Of these specialists, 225 worked in a hospital setting. Palliative medicine specialists worked an average of 36.9 hours per week, 28.9 of which were in a clinical capacity. New South Wales had 107 palliative medicine specialists, with a rate of 1.3 FTE per 100,000 population.

In 2020, there was 3,798 employed palliative care nurses nationally, giving a rate of 12.8 FTE per 100,000 population; 87.4% were registered nurses. Palliative care nurses worked an average of 32.8 hours per week, with 30.9 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=1,054; 27.8%) (25).

CESPHN's current work

Older person care is an ongoing strong focus with CESPHN involved in the following areas of work:

- After hours action plans for RACHs
- Healthy Ageing Hubs
- Care finder Program
- Aged care and dementia pathways
- Development of dementia consumer resources
- Emotional wellbeing of Older Persons (EWOP) program
- Older Persons' Wellbeing Network
- MyMedicare General Practice in Aged Care Incentive (GP ACI)
- Increasing RACH resident vaccination coverage projects
- Electronic National Residential Medication Chart (eNRMC)
- Immunisation QIAs in general practice to increase coverage of recommended vaccinations in older adult
- Support RACHs with virtual consultations and use of health tracking and monitoring tools.

Opportunities

- Community-centred care
 - Age friendly communities assist with the building age-inclusive communities through stronger partnerships with local government
 - Better training tools for GPs and community on navigating aged care services.
 - Community-based models of care to reduce isolation and depression.
 - Educate GPs and the community on the new Single assessment service to access My Aged Care
- Workforce development
 - New models of care to encourage GPs to work in RACHs
 - Programs to hire older adults for specific roles
 - Training for healthcare professionals on elder care
 - Dementia-care programs
 - Improved awareness of dementia and palliative care community support services for GPs to refer their patients
- Digital health
 - Integration of MyAgedCare with My Health record
 - Implementation of MHR into remaining RACHs in our region
 - Expanded use of Telehealth (estimated 30% of all future primary care consults could be managed through telehealth) may be held back by lower IT literacy in older people
- Collaboration and integration
 - Interoperable platform for organisations, LHDs, PHNs, and LHNs
 - Standardised communication protocols
- System navigation
 - Simplified pathways for accessing aged care services
 - Personalised support navigation
 - Streamlined assessment processes

OLDER INDIVIDUALS' HEALTH AND WELLBEING

- Single point of entry
- Innovation and research
 - Funding for aged care research and innovation
 - Evaluation and dissemination of best practices.

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