phn MURRAY

An Australian Government Initiative

Care Finder Program

Supplementary Needs Assessment Activities

September 2022

Leadership | Collaboration | Respect | Accountability | Innovation

Table of Contents

Abbreviations

ACH	Assistance with Care and Housing
ACCHO	Aboriginal Community Controlled Health Organisation
ACPR	Aged care provider regions
CAC	Community Advisory Councils
CALD	Culturally and linguistically diverse
CHSP	Commonwealth Home Support Program
CoP	Community of Practice
COTA	Council Of The Ageing
CRM	Client Relationship Management
CVS	Community Visitors Scheme
DBMAS	Dementia Behaviour Management Advisory Service
FTE	Full Time Equivalent
LGA	Local Government Area
LGBQTIA+	Lesbian, gay, bisexual, transgender, queer, intersex and asexual
MPS	Multi-Purpose Services Program
NATSIFAC	National Aboriginal and Torres Strait Islander Flexible Aged Care Program
NACAP	National Aged Care Advocacy Program
NDIS	National Disability Insurance Scheme
OPAN	Older Persons Advocacy Network
PHN	Primary Health Network
TCP	Transition Care Programme
VTPHNA	Victorian Tasmanian PHN Alliance

Section 1: Narrative

1. INTRODUCTION

1.1 Purpose

Murray Primary Health Network (PHN) will establish and maintain a network of care finders, to provide specialist and intensive assistance to help people within the care finder target population, to understand and access aged care and connect with other relevant supports in the community.

The Department of Health and Aged Care (DoHAC) has identified that PHNs are required to commission Assistance with Care and Housing providers (ACH), as specialist housing support services for older people at risk within the Murray PHN region, in addition to other providers through a tender process. There will also be a separate procurement process for First Nations Peoples through Aboriginal Community Controlled Health Organisations (ACCHOs) to establish Trusted Indigenous facilitators.

This once-off Supplementary Needs Assessment has been prepared to identify the additional activities undertaken by Murray PHN to identify local needs in relation to care finder support, including identifying the market of potential care finder organisations engaged in our region, to provide the data and evidence base for the initial commissioning approach to care finder services, and to inform the development of our amended Work Plan.

This Health Needs Assessment was approved by the Department of Health and Aged Care in September 2022.

1.2 Background

The Hume and Loddon Mallee aged care planning regions cover 23 Local Government Areas (LGA) which is consistent with Murray PHN geographical reach, however it also includes one additional LGA that is not considered part of the Murray PHN catchment, the Central Goldfields LGA.

Four methods underpinned a robust methodological approach to informing this Supplementary Needs Assessment. These included:

- Reflecting on our existing Health Needs Assessment (2021) and reviewing the contemporary evidence and recent consultation feedback from our communities, including the consultation with our Community and Clinical Advisory Councils and First Nations community related to needs related to healthy ageing and via a community voice consultation and engagement process and via shared information across the Victorian Tasmanian PHN Alliance (VTPHNA).
- A survey of current care finder-related service providers based on semi-structured questions aiming to explore current service capacity, reach, strengths and opportunities.
- Key stakeholder interviews to draw on understanding of aged care service need and delivery issues at a local level.
- Stratified analysis of latest Australian Census data and other health service data, by age group, location, conditions, health service use and some analysis of future ageing population projections, in different places in our catchment. This work is defined by the target groups of the Care Finder Program.

1.3 Reflecting on our existing Health Needs Assessment, the contemporary evidence and further community consultation

Existing needs assessment

As part of the Supplementary Health Needs Assessment, we reflected on our existing Health Needs Assessment (2021) and review of the contemporary evidence and recent consultation feedback from our communities, including consultation with Community and Clinical Advisory Councils and First Nations community and about needs related to healthy ageing.

Contemporary evidence

Reviewing the contemporary evidence involved exploring the evidence from the literature provided by the Department of Health and Aged Care and the literature underpinning our Healthy Ageing Investment Strategy at Murray PHN (2022). This included identifying that we have 134 aged care facilities across 22 local government areas, seven ACCHOs, 44 public hospitals, nearly 2000 community nurses and similar allied health professionals.

Recent consultation feedback from our communities and across the Victorian Tasmanian PHN Alliance (VTPHNA)

Between 2021-2022, consultation was done with our Community and Clinical Advisory Councils and First Nations community related to needs related to healthy ageing. In 2022, this was supplemented with a community voice consultation and by using the information that was shared across the Victorian Tasmanian PHN Alliance (VTPHNA).

Community Voice and stakeholder engagement

Further consultations were done through our community voice as part of the care finder supplementary needs assessment. Stakeholders involved in this were engaged in face-to-face forums that were held as part Murray PHN's General Practice Investment Strategy consultations undertaken across each of our regional centres in Albury, Bendigo, Shepparton and Mildura in June-August 2022. These sessions were attended by general practice staff and facilitated by Murray PHN with the key focus of building more knowledge and understanding of the landscape across each region, and how general practice interacts with aged care services.

Information shared across the VTPHNA

Collaboration with the Victorian and Tasmania PHN alliance (VTPHNA) related to the care finder program, involved meeting regularly to share resources and build an understanding of the opportunities for consistent and effective delivery of information across all Victorian PHN regions to improve service availability for the target group. Murray PHN met with ACH providers in regular zoom meetings to build the relationship, encourage a space to ask questions and work through the requirements of this new program opportunity that will ensure a seamless transition to the care finder program. The feedback gathered from this engagement helped to shape the structure of our survey and key informant interviews.

The results are presented in section 2.

1.4 A survey of current service providers based on semi-structured questions

A semi-structured survey for care finder-related services was developed after reviewing the specific purpose of the care finder program and what information was going to be needed to aid targeting of the program in our region, including understanding service and community strengths and gaps.

A client relationship management (CRM) database of all the ACH providers, Access and Support providers (ASP) in our area, along with capturing other government funded programs including the Commonwealth Home Support Program (CHSP). Based on this database, a survey was mailed out in 2022 and was completed through an electronic link. The survey involved mixed methods and the data captured through these consultations validated where the quantitative data has identified the LGAs in greatest need of care finders' organisations.

The survey focused on the following fields:

- Type of funding received
- FTE/workforce for the program including recruiting and retaining staff
- Priority group
- Eligibility criteria
- Geographic reach
- Referral process (including where referrals come from, how they are received and repeat clients)
- Service access
- Main reasons for requiring service
- Number of clients actively assisted over a month
- Number of clients actively assisted over a year
- Percentage of high intensity clients
- Average number of hours spent assisting ACH clients
- Percentage of time spent face-to-face - outreach
- Percentage of time spent – face-to-face
- Percentage of time spent – over the phone
- Percentage of time spent – telehealth
- Average time spent with clients in follow up online work
- Waitlist times and management for services
- Systems for recording client notes
- Discharge process
- Staff training
- Accreditation process

The results are outlined in section 2.

1.5 Key stakeholder interviews to draw on local level service and client need

To supplement the survey and understand the nuanced local service platform relative to needs, stakeholder interviews were undertaken with the same providers who were surveyed in 2022. This provided a rich overlay of information to complement the survey data. As part of this, local councils were also interviewed about current aged care services with a focus on services that aligned closely to care finder like services.

The results are outlined in section 2.

1.6 Stratified analysis of latest Australian Census data and other health service data

Stratified analyses of the latest Census and health service data including by aged care provider regions (ACPRs) was undertaken through Murray PHN's development of a protocol and collaborative engagement with Monash University School of Rural Health in July 2022. A summary and documentation were provided on Census data, population projection data, epidemiological data and demographic data with each dataset including several tables on local population characteristics of interest to the care finder program.

The results are outlined in section 2.

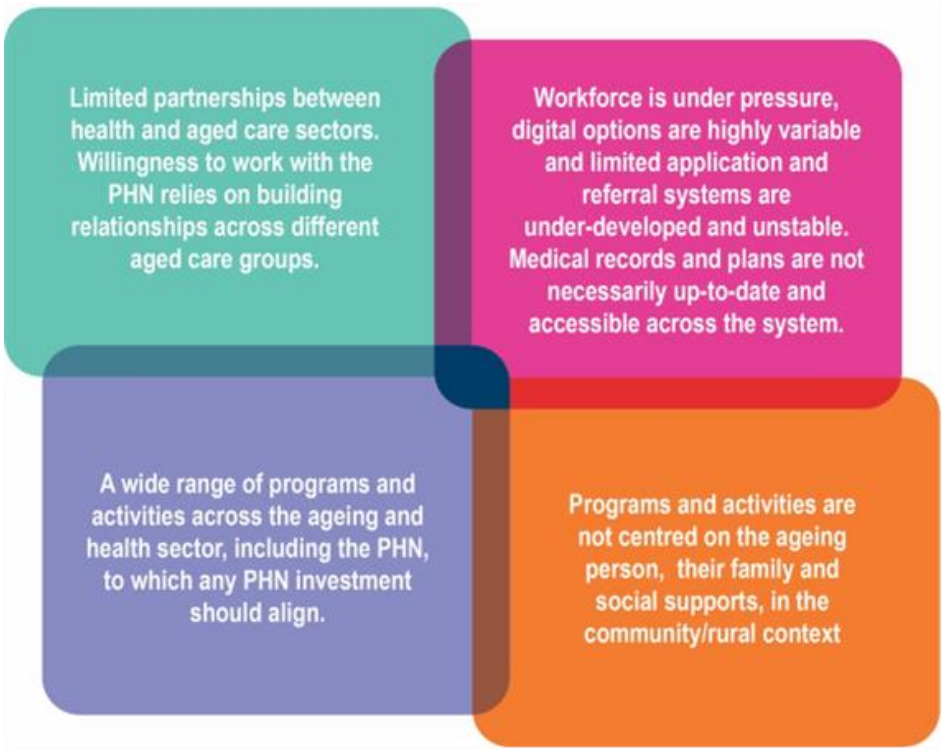
2. RESULTS

2.1 Reflecting on our existing Health Needs Assessment, the contemporary evidence and further community consultation

Our existing Needs Assessment (November 2021) identifies key issues that are experienced across our rural communities due to the more rapidly ageing population and limited-service delivery (thin markets) where the population has high complex health and social needs and may be a long way from family and formal supports. Issues include ageing population and limited health and social services, constant workforce pressure, distance/transport, service costs, community literacy, cultural responsiveness, each affecting access. There are growing needs of the ageing communities across the Murray PHN region, along with the increasing pressure on access to health resources.

Our Community and Clinical Advisory Councils and First Nations community related the following needs:

Figure 1 Needs as identified by Community Councils and ACCHOs



In 2021-22, the First Nations communities (as reported through consultation with the ACCHOs), noted they are seeking culturally responsive services to address prevention of chronic disease for First Nations Peoples aged over 55 years old. And a need for models that support healthy ageing which are grounded on First Nations understanding of health and wellbeing.

Most health and social services aggregate in the regional hubs. Community Advisory Councils (CAC) also indicated the need to build partnerships and integrate services, to target positive experiences focused on the ageing person, and their families or friends/social supports in the community. Additionally, the need to coordinate complimentary programs around the problem and or need, and to build the capacity of the system to deliver and improve partnerships between the health sectors. Specific issues related to the care finder program included the need for:

- Effective discharge planning from acute care
- Technology access and integration between services and system levels
- Consistency in use of My Health Record and other documentation across the system
- Community aged care and health services capacity including workforce capacity
- More longitudinal and cross system level funding to enable increased service continuity and planning

We reviewed a range of relevant policy and program literature, informing that our region needs to absorb rapid policy reform, which needs to be tailored to rural health and social services support systems.

Figure 2 Healthy Ageing Investment Strategy

Based on this documentation, those considered at greatest risk based were considered to be:

- Rural populations – defined as people living in a Monash Modified Model (MMM) 4 or above location, as per updated MMM definitions
- Aboriginal and Torres Strait Islander people - Aboriginal and Torres Strait Islander people continue to experience widespread socioeconomic disadvantage and have worse health than the rest of the population
- People experiencing socioeconomic disadvantage - People who live in areas with poorer socioeconomic conditions tend to have worse health than people from other areas
- People experiencing, or at-risk of, homelessness - People experiencing homelessness have multiple complex health conditions yet are typically disengaged from primary health care services and place a significant burden on the acute health system.

Various Productivity Commission reports unanimously lament that there is a lack of integration across the broader healthcare system that increases the difficulty in accessing a health service, particularly the interface between the National Disability Insurance Scheme (NDIS), primary health services, acute care, community housing, and justice. (NEEDS ASSESSMENT, 2021 Page 27 of 107).

High level concerns have been expressed through peak bodies that there are significant numbers of older people waiting for home care packages who need urgent support to ensure they can stay living safely at home and receive the care they need (AHHA, 2020). The first quarter report (2019-20) on Home Care Packages released by the Department of Health and Ageing indicates that there are in vicinity of 100,000 older Australians who are either on the wait list for a package or have been offered a package at a lower level than they qualified for. Older Australians face unacceptably long waiting times resulting in limited choices with the wait list upwards of 12 months, depending on the urgency and level of need required. Of the 100,000 people that are currently waiting for a home-care package the expected wait time for approved Home Care Package is from three to more than 12 months, the latter being for individuals with higher needs (My Aged Care 2020).

The community voice consultations identified an emerging theme of needing to embed advocacy and outreach extension services, such as a network of care finders to support client access and navigation of My Aged Care and continuity of supports particularly in small rural communities, where finding services when needed is overwhelmingly challenging because of the thin market, lower service literacy and stoicism of the population. There was considered to be a lack of care coordination and the absence of general practice involvement in the multiple care episodes in the person's care trajectory, particularly for people who have complex needs and are underserviced. The community voice identified the following considerations for the care finder program:

- The service reach of the care finder needs to support people in rural and remote areas.
- The care finder needs to have knowledge around local services, the NDIS, My Health Record and other government programs to support integration and communication.
- To find the target cohort clinical staff in general practice need to understand how to identify those who are most at-risk and in need of aged care services, and when to engage with care finders.
- Assertive outreach could be achieved through Senior Citizens Day, local men's shed, Probus, Rotary, local churches etc where information about care finders could be shared.

- Care finders could integrate with general practice through regular meetings, being included in the case management of a client, using existing pathways to support complex care.
- A cluster approach to the care finder program could make it easier to share resources, extend service reach and better understand the needs of the local community.

Consultation with the VTPHNA identified that the care finder program in Victoria would gain efficiencies if the VTPHNA CEOs led the communication and engagement across PHNs, and all decisions that impact on ACH providers and the commissioning approach should be approved through this group. The VTPHNA also supported a collective approach to engagement with existing ACH providers through state-wide briefing sessions. This is aimed at achieving better outcomes for communities, specifically where ACH organisations operate across multiple PHN regions.

2.2 A survey of current service providers based on semi-structured questions

When building the list of stakeholders to survey, the environmental scan of the Murray PHN catchment and stakeholder engagement identified an array of organisations delivering ACH and similar services that aligned with elements of the care finders' program. The other organisations included local councils identified a network of ASP organisations and workers who are funded under the Commonwealth Home Support programs (CHSP) to provide intensive support for vulnerable people aged 65 years and over.

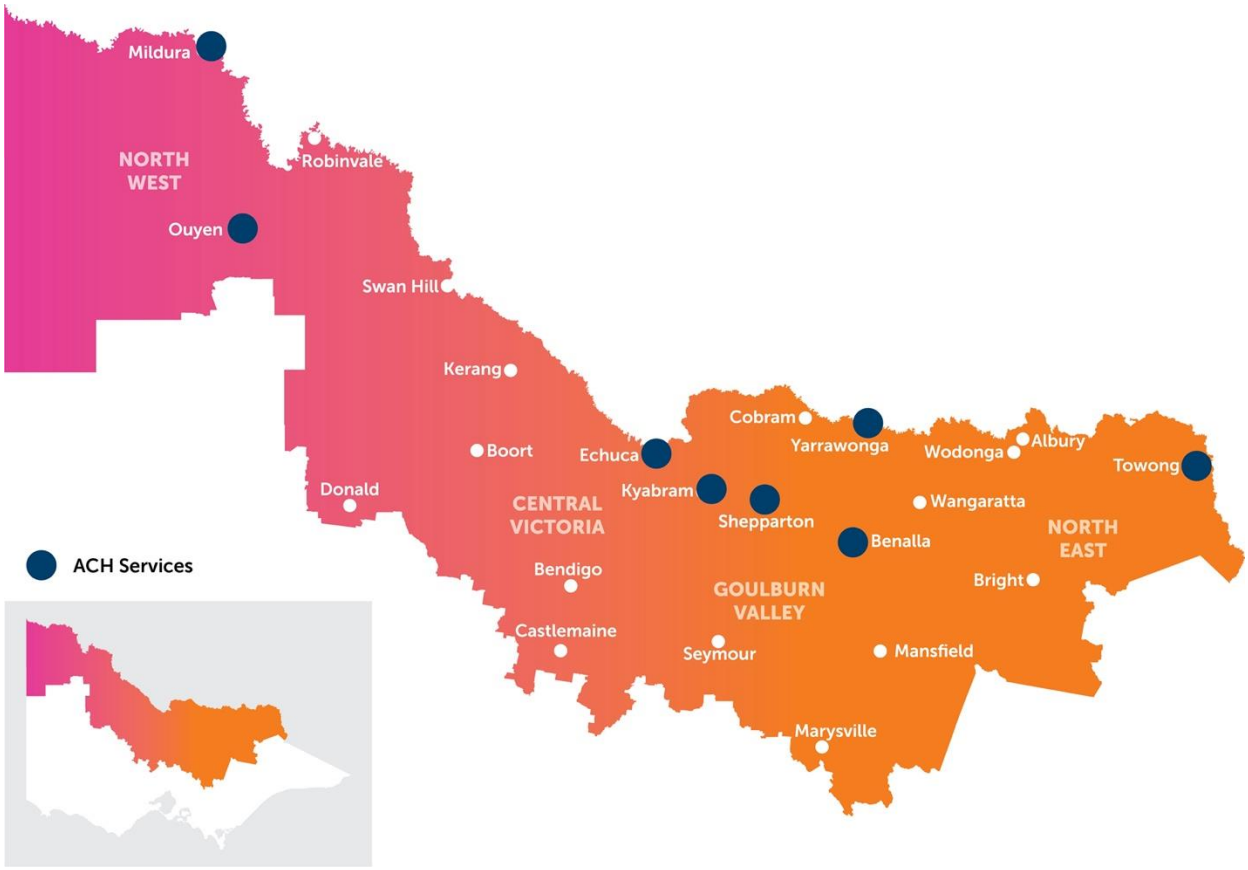
The reach of various services is described below.

ACH Services and geographical reach

The survey identified that the service model of the ACH providers included five actively engaged organisations who provide assertive outreach and face-to-face consultations across the Murray PHN catchment for vulnerable older people requiring housing support. One of these providers covers several PHN regions (existing ACH navigation services) and a large geographic across the Loddon and Hume aged care region.

The ACH providers have a geographical reach covering most of the Hume and Loddon regions, and included the local government areas of Central Goldfields, Campaspe, Greater Bendigo, Benalla, Greater Shepparton, Strathbogie, Macedon Ranges, Mount Alexandra, Moira, and Towong (Figure below). The ACH providers indicated that the current geographical reach will be maintained if Murray PHN commissions them as care finders.

Figure 3 ACH geographical locations and reach



ASP services and geographical reach

The survey identified that current ASP provided services are limited to individuals who are 65 years or older to:

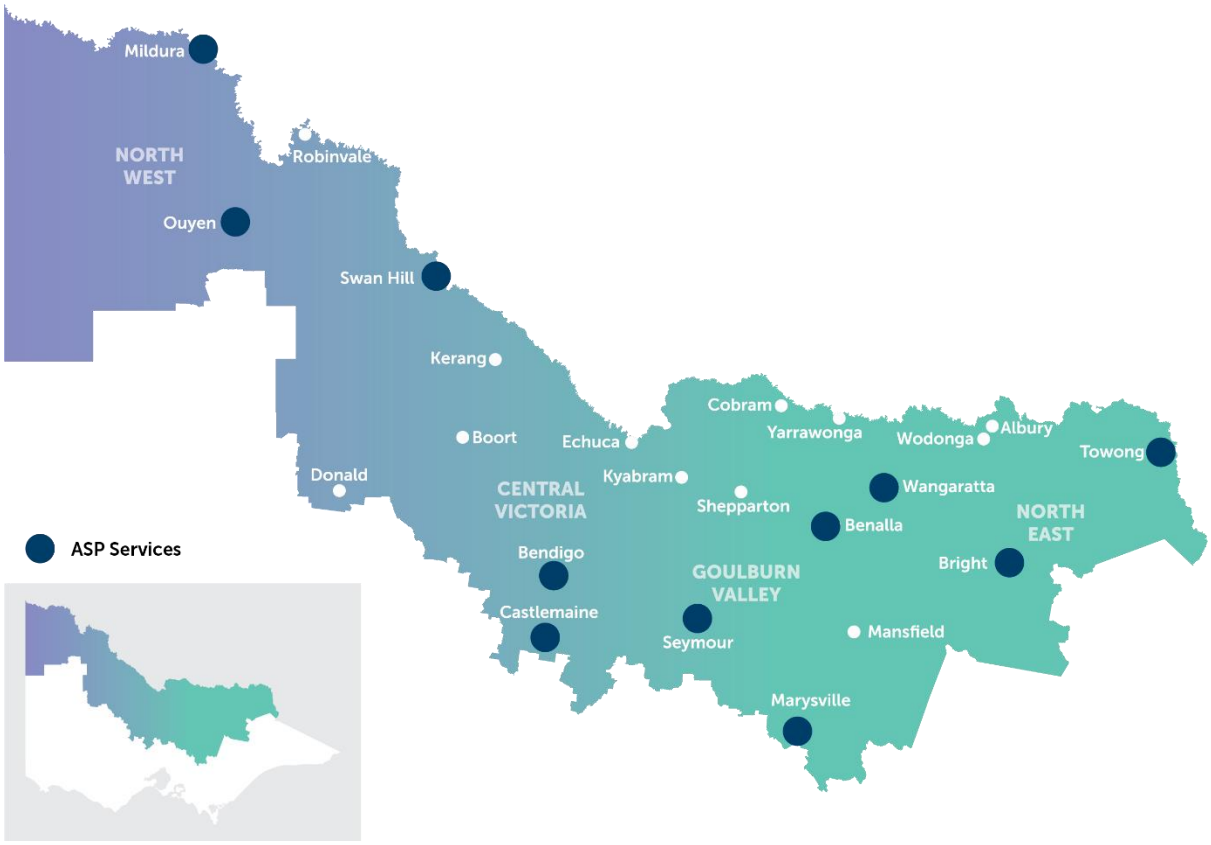
- Connect with aged care services
- Assist with evidence for the NDIS
- Assist to navigate access services due to literacy issues
- Support individuals to articulate needs due to lack of confidence
- Identify needs and improve individuals' knowledge base to access
- Minimal or not family support to assist in accessing service.

The geographical reach of the current ASP services extends across multiple LGAs and towns including Macedon Ranges, Mount Alexandra, Mitchell, Murrindindi, Strathbogie, Benalla, Greater Shepparton, Alpine, Bendigo, Mildura, Swan Hill, Kerang, Ouyen, Wangaratta, Towong. The LGA with apparent service gaps is Shepparton, however there is a greater demand for services across the Benalla, Wangaratta, Alpine, Mansfield, Wodonga and Towong areas with only one ASP worker covering the six LGAs. Murray PHN currently commissions a health system navigator service in Mansfield. This service is providing some of the intention of the care finder program and has readiness to transition if required.

The survey responses highlighted that workforce is often a key barrier to health service delivery and access in rural areas. The existing ACH and ASP workforce across the Murray PHN catchment was assessed as having sufficient reach for servicing older people who need intensive support to access aged care services, and housing support.

One large provider reported a workforce capability and capacity and good coverage across 12 LGAs in the Hume region. However, consultation with the network of ASP workers discovered that the program won't be receiving funding from the Commonwealth from 1 July 2023 and from that point, participants will have few options to continue.

Figure 4 ASP geographical locations and reach



PHN boundaries

The survey identified that Murrumbidgee PHN and Western Victoria PHN cross borders with the Murray region and clients can choose to go either way to access services. Meetings between each PHN has revealed that as part of the supplementary needs assessment, a similar approach to identifying the service gaps was undertaken, including triangulating data from the population health data and community consultation.

Considering the nature of the care finder network there is expected to be coverage of services along these borders and each of the PHNs would plan to commission care finder organisation to deliver services within their respective LGAs, but to remain in close collaboration to ensure service coverage.

Characteristics of population serviced by the ACH and ASP services

The survey identified that people across the Murray PHN region who are eligible for and have been receiving aged care services and that required intensive support to interact with My Aged Care and/or other relevant supports in the community are defined as requiring assistance due to:

- Declining physical health/ageing
- Cognitive deficit
- Having no support person to assist in coordinating care
- Feel unsafe and need an independent person to trust
- No supports in place to live alone
- Struggle independently to access services and care
- Low literacy and understanding of the services that are available
- Social determinants and lacks understanding of needs
- Financially disadvantaged
- Inability to engage via technology
- Risk of homelessness
- Nursing services post an acute episode and require regular monitoring
- Wary of services due to past discrimination
- Requires a culturally safe environment
- No access to public transport or a means of attending services.

The sub-groups most in need of supports were identified as:

- First Nations Peoples
- Culturally and linguistically diverse (CALD communities)
- LGBQTIA+
- People experiencing homelessness.

Analysis of existing aged care navigation supports in the PHN's region

The survey identified that there are four providers that form part of the Council Of The Ageing (COTA) trials for Aged Care Navigation across the Loddon and Hume regions and they included:

- COTA Victoria
- Elders Rights Advocacy Service
- Northeast Health Wangaratta
- Housing for the Aged Action group.

Each of these services provides one-on-one support to older people who need information, advice or assistance to understand and access the aged care system and services.

Navigators are aimed to reach out to people vulnerable individuals including seniors over the age of 65 who live in a rural or remote area, experience digital barriers, who may be vulnerable, experiencing mental health issues or are unlikely to seek aged care support without assistance from others.

The Navigators assist clients to:

- Understand aged care options
- Register with My Aged Care
- Choose providers
- Answer questions about Home Care Packages
- Understand out of pocket costs and financial hardship applications
- Assist with completing Home Care Package Fee Assessment forms
- Problem solving
- Meet with clients by phone, in person (i.e., at client's home or another location).
- Assertive outreach in local community spaces (e.g., Northeast Health Well Ageing Hub at Wangaratta library).

In addition to the COTA aged care navigator trial, Murray PHN has commissioned Health System Navigators to assist people living with complex and chronic conditions in the City of Greater Bendigo, Shepparton, Mansfield and East Wimmera regions. These programs have been operating for over twelve months with good outcomes due to integration across the primary care setting and the use of clear referral protocols. The program in East Wimmera will cease earlier than intended due to workforce shortages within the health service and internal processes that could not strengthen the service model (i.e., increasing wait times and limited allied health services in the local area).

2.3 Key stakeholder interviews to draw on local level service and client need

The interviews provided rich data about local service nuances. There are several social determinants that are predicted to shape the outcomes for older people and contribute to their vulnerable status. Specific concerns raised by providers include:

1. Rental increases due to COVID-related migration to regional areas along with the current housing market. This is an increasing issue evidenced by the following:

- Across regional Victoria, only **70 private rental properties** are affordable for a household living on income support payments, *Anglicare Rental Affordability Snapshot, 2022.*
- With unemployment also at a low, people on low-income payments are competing against people working on higher incomes and landlords always choose the later.
- Older people in regional areas that have been living in caravan parks are also presenting at services as they cannot manage stairs etc. Lack of heating and cooking facilities. However, this is the only option they have or can afford.
- A lack of social housing only 4% of housing in Australia is social housing compared to say the UK which is 17%. https://www.oecd.org/housing/data/affordable-housing-database/housing-policies.htm
- Greater Shepparton has the highest rate of homelessness in regional Victoria, with 5.6 homeless persons per 1,000, and over 1,500 households on the waiting list for social housing. For example: currently in Shepparton there is only 1 x 1 bedroom unit affordable for clients on low-income payments. This housing is very substandard.
- Providers are seeing an impact/financial pressure on older people in regional areas due to an increase in cost of living.

2. Increasing isolation and decreased social connections through lockdowns, and associated impacts on mental health:

- Providers have identified a significant impact on client's social connectiveness, confidence and mental health during COVID. This is continuing across all housing sites and in residential aged care facilities. Older people have lost their confidence and are still fearful of contracting COVID.
- Older people in regional areas are further impacted due to availability of services, transport, infrastructure, housing and living arrangements and community resources, (AIHW 2019b; Davis and Bartlett 2008).
- Rural and remote areas tend to overlap with areas identified as the most disadvantaged in Australia (ABS 2018a). Australians living in rural and remote areas, on average, have shorter lives, higher death rates, higher levels of disease and injury, and poorer health outcomes compared with people living in metropolitan areas (AIHW 2019b, 2020b). This can be linked to multiple factors including lifestyle risk factors, socioeconomic disadvantages and poorer access to health services (NRHA 2011).
- The health disadvantages of communities in rural and remote Australia can also be impacted by the availability of health care services. Accessibility issues, such as access to dental, general practitioner and community services, and higher prevalence of health risk factors, such as higher rates of smoking, disability and physical inactivity, can all contribute to poorer health outcomes (NRHA 2011).
- Australia's ageing population coincides with the rise in numbers of over-55's accessing homelessness services nationally. Australian Institute of Health and Welfare (AIHW) 2012-13 (2013), Specialist Homelessness Services.

Synthesising information to identify the care finder market

The consultation, survey and interviews process, combined with geographic mapping of services, suggests that there is substantial existing service capability and experience in aged care navigation within the Murray PHN region. Following further discussion with existing providers most of the capacity is provided by the ASP services. Their services have become increasingly focussed on providing intensive and specialised support in line with the care finder target group, due to demand on services. i.e., as demand has increased, their reservice provision has had to address the clients with the highest needs. Both the ACH and ASP providers are well connected with aged care services, health providers, emergency services, community services, financial support services and housing assistance services and have established strong and enduring referral pathways over their years of service development. Much of their existing workforce is engaged with the community and is receiving relevant referrals due to their local connectedness. Geographical mapping of the ASP services show spread across the catchment, with absolute service gaps in just four of the 22 LGAs.

With just small adjustments to service model, completion of Care Finder training and implementation of new reporting requirements, Murray PHN considers that the ASP services have significant readiness to become care finder providers. Capacity of these services would be further enhanced by taking the opportunity to attract and develop their workforces, enabling greater geographic reach and intensity of service provision for the client needs identified.

2.4 Stratified analysis of Census and health services data

The quantitative Census and health service data showed that 154,703 persons in the Murray PHN region is aged over 65 years, which represents 22.3% of the region's population, compared to the Victorian average of 16.8% and Australian average of 17.2%. The largest proportion of aged people in the catchment are in other smaller rural towns like Gannawarra (30.2%) and Benalla (29.6%) (Table 3). The LGAs of Greater Shepparton, Macedon Ranges, Mildura, Albury and Bendigo have the largest populations (counts) aged 65 years and over. These localities are also closest to regional service hubs. Table 2 provides an overview of the population across the Murray PHN region.

Table 2 2021 LGA Census data

LGA	Total population	Population 65+ years old	% of population 65+ years old	Indigenous population 50+ years old
Alpine	13,233	3,463	26.2	28
Benalla	14,524	4,294	29.6	54
Wodonga	43,427	7,686	17.8	216
Shepparton	68,409	13,138	19.2	489
Indigo	17,368	4,101	23.6	69
Mansfield	10,177	2,643	26.0	32
Mitchell	49,457	7,396	15.0	152
Moira	30,520	8,377	27.4	179
Murrindindi	15,200	3,960	26.1	58
Strathbogie	11,458	3,593	31.4	59
Towong	6,225	1,772	28.5	41
Wangaratta	29,809	7,185	24.1	116
Buloke	6,177	1,793	29.0	41
Campaspe	38,732	9,610	24.8	267
Central Goldfields	13,486	4,177	31.0	72
Bendigo	121,470	24,142	19.9	476
Gannawarra	10,682	3,226	30.2	61
Loddon	7,759	2,245	28.9	36
Macedon Ranges	51,646	9,834	19.1	107
Mildura	56,972	11,166	19.6	394
Mount Alexandra	20,255	5,765	28.5	65
Swan Hill	21,400	4,171	19.5	196
Albury	56,094	10,966	19.5	330

The Hume and Loddon Mallee regions cover 23 Local Government Areas (LGAs). These regions are consistent with Murray Primary Health Network (Murray PHN) geography and the Aged Care Provider region except that Central Goldfields is included and Albury, New South Wales (NSW) is excluded. Provided Census data and analysis consist of 2011, 2016 and 2021 data (where available) for the Hume and Loddon Mallee LGAs (in another table below), Albury LGA, and three comparators consisting of regional Victoria, Victoria, and Australia.

The spread of aged care services across the Hume and Loddon Mallee Aged Care Provider Regions (ACPRs) (Table 3) when considered collectively, show similar numbers of Residential Aged Care Facilities (RACF) providers (119; 47%) and home care providers (116; 46%). While the percentage of RACF providers (63%) exceeded the percentage of home care providers (30%) in the Loddon Mallee ACPR, the percentage of home care providers (58%) exceeded the percentage RACF providers (36%) in the Hume ACPRs.

Table 3 Hume and Loddon Mallee Aged Care Regions

Hume	Loddon Mallee	New South Wales
Alpine Shire	Buloke Shire	Albury
Benalla Rural City	Campaspe Shire	
City of Wodonga	Central Goldfields Shire	
Greater Shepparton City	City of Greater Bendigo	
Indigo Shire	Gannawarra Shire	
Mansfield Shire	Loddon Shire	
Mitchell Shire	Macedon Ranges Shire	
Moira Shire	Mildura Rural City	
Murrindindi Shire	Mount Alexander Shire	
Strathbogie Shire	Swan Hill Rural City	
Towong Shire		
Wangaratta Rural City		

Population projection

Table 4 shows population numbers for each Victorian LGA under consideration (*Albury data was not available) and the Hume and Loddon Mallee regions in 2021 and projected to 2036. All populations are expected to experience considerable growth in ageing and increase in the number of the population aged 65+ years, over the 15 years from 2021, but this is most marked in Mansfield (85.6%) and Wangaratta (79.2%).

*Table 4 Projected population 2021 – 2036 *Census data 2021*

LGA	Total population 2021 (65+ years of age)	Projected population 2036 (65+ years of age)	% increase in growth of 65+ years of age
Mansfield	2,643	3,389	85.6
Wangaratta	7,185	9,295	79.6
Macedon Ranges	9,834	14,473	53.9
Moira	8,377	9,811	49.3
Gannawarra	3,226	3,187	46.3
Shepparton	13,138	17,847	41.2
Indigo	4,101	4,989	41
Mildura	11,166	15,504	39
Wodonga	7,686	12,983	35.9
Mount Alexandra	5,765	6,948	33.7
Towong	1,772	2,235	33.4

LGA	Total population 2021 (65+ years of age)	Projected population 2036 (65+ years of age)	% increase in growth of 65+ years of age
Swan Hill	4,171	5,533	33.4
Benalla	4,294	5,150	30.4
Strathbogie	3,593	4,160	29.6
Murrindindi	3,960	5,807	28.7
Campaspe	9,610	11,456	25.9
Mitchell	7,396	13,278	24.7
Central Goldfields	4,177	4,885	22.6
Alpine	3,463	3,771	20.3
Loddon	2,245	2,328	14.9
Bendigo	24,142	32,800	8.1
Buloke	1,793	1,927	6.7
Albury*	N/A	N/A	N/A

Figure 5 identifies:

- The LGAs with the highest proportion (as a % of all people) of their population projected to be aged 65+ years by 2036 (29–31%) are Benalla, Strathbogie, Buloke, Central Goldfields and Gannawarra respectively.
- All LGAs in Murray PHN's catchment (except Mitchell) are projected to experience structural ageing and increase in the proportion of the population aged 65+ years. The figure also shows that these LGAs are considerably older (again, except for Mitchell) than is Victoria as a whole.
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Figure 5: Percentage population aged 65+ in 2021 and projected to 2036

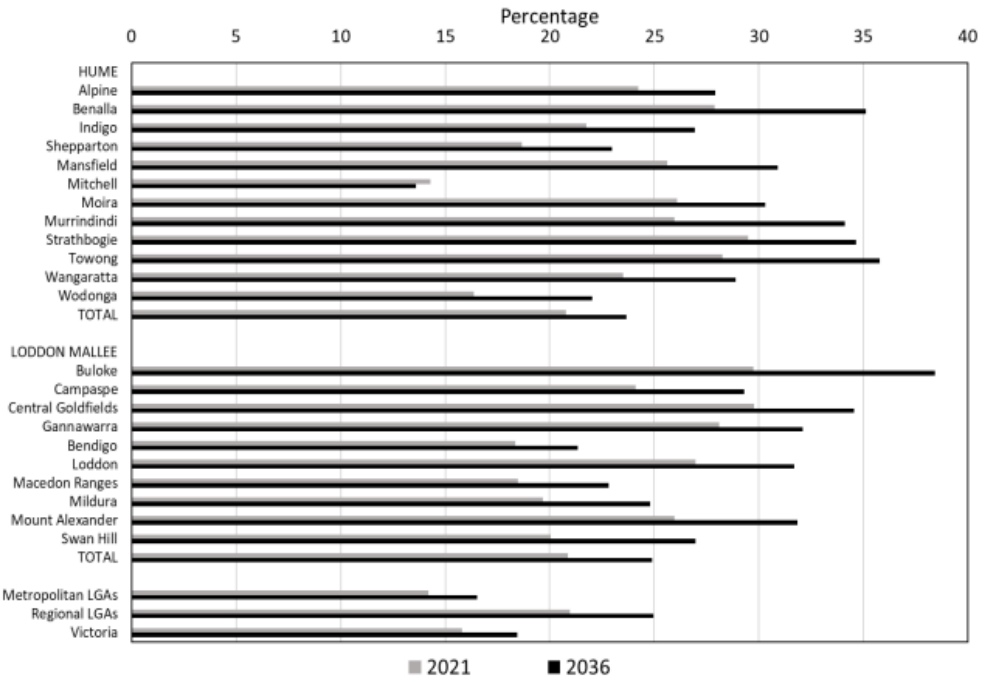
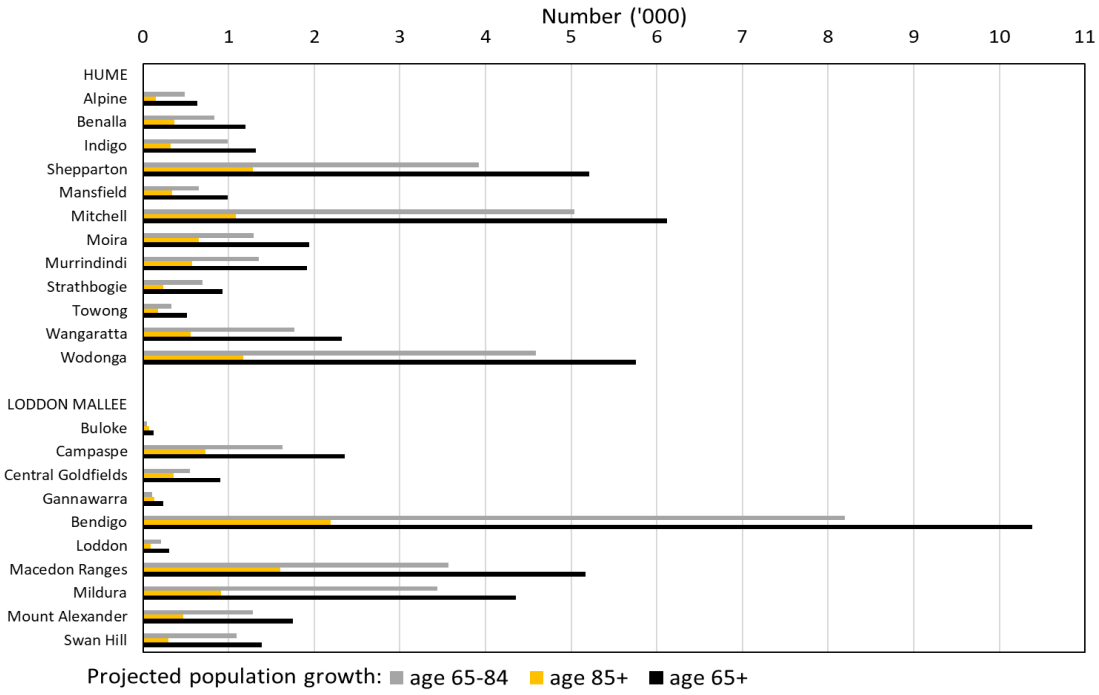


Figure 6 suggests:

- The projected growth in the **number** of people aged 65–84 years, 85+ years, and 65+ years, by Murray PHN LGA, over the period 2021–2036 is rising.
- The projections of population ageing show some regions are more rapidly ageing up to 2036, especially Benalla, Mansfield, Indigo, Towong, Swan Hill and Campaspe.

Figure 6 Projected population growth aged 65+



Socio-economic disadvantage

Socio-economic disadvantage (as recorded by the SEIFA) at the LGA level across the Murray PHN region (Table 5) is highest in Mildura, Swan Hill, Gannawarra, Loddon, Greater Shepparton, Benalla and Moira and are the most disadvantaged relative to other LGAs in the Murray PHN region.

*Table 5. Socio-Economic Indexes for Areas (SEIFAs) for Murray Primary Health Network Local Government Areas and Central Goldfields Local Government Area, *Census data 2016*

Local Government Area	Index of Relative Socio-economic Disadvantage		Index of Relative Socio-economic Advantage and Disadvantage		Index of Economic Resources		Index of Education and Occupation	
	Score	Decile	Score	Decile	Score	Decile	Score	Decile
Macedon Ranges	1060	10	1047	9	1071	10	1044	9
Indigo	1016	8	995	8	1020	8	1003	8
Mansfield	1015	8	986	7	1009	8	994	8
Towong	992	7	974	7	999	7	987	8
Mount Alexander	995	7	979	7	986	6	1021	9
Murrindindi	996	7	973	6	1011	8	980	7
Mitchell	997	7	972	6	1018	8	948	5
Alpine	994	7	970	6	987	6	988	8
Wangaratta	983	6	962	6	986	6	976	7
Strathbogie	974	5	957	5	981	5	982	7
Greater Bendigo	981	6	961	6	975	5	970	6
Wodonga	977	6	957	5	974	5	958	6
Buloke	967	5	949	5	960	3	974	7
Albury	971	5	956	5	960	3	961	6
Campaspe	967	5	943	4	985	6	938	4
Moira	951	4	930	3	975	5	928	3
Benalla	951	4	936	4	961	3	963	6
Loddon	942	3	932	3	970	4	964	6
Greater Shepparton	948	4	937	4	960	3	943	4
Gannawarra	957	4	934	4	972	4	936	4
Swan Hill	947	4	934	4	956	3	939	4
Mildura	935	3	921	3	945	2	928	3
Central Goldfields	889	2	870	1	919	2	889	1

Housing arrangements

Table 6 shows the number and rate of people aged 65+ years experiencing homelessness (as a proportion of all homeless persons). The areas that have the highest rates of homelessness over the age of 65 are Strathbogie, Macedon Ranges, Wangaratta, Benalla, Alpine and in all Northwest LGAs.

*Table 6 *2016 Census of Population and housing – estimating homelessness*

LGA	All homeless persons	Homeless persons aged 65 years and over	% homeless persons aged 65 years and over, as a proportion of total homeless persons
Strathbogie	27	2	7.40%
Macedon Ranges	59	4	6.80%
Wangaratta	75	5	6.70%
Benalla	46	3	6.50%
Alpine	31	2	6.40%
Mildura	175	11	6.30%
Swan Hill	95	6	6.30%
Gannawarra	16	1	6.20%
Mount Alexandra	64	4	6.20%
Greater Bendigo	295	18	6.10%
Wodonga	168	10	5.90%
Greater Shepparton	355	21	5.90%
Moira	68	4	5.80%
Campaspe	121	7	5.80%
Central Goldfields	35	2	5.70%
Mitchell	106	6	5.60%
Albury	124	7	5.60%
Murrindindi	36	2	5.50%
Mansfield	19	1	5.30%
Loddon	41	2	4.90%
Indigo	22	1	4.50%
Towong	6	0	0%
Buloke	7	0	0%

Other data in Table 7 shows the number and proportion of people living alone in private dwellings and in rentals is highest in Buloke, and generally around one in three people aged 65+ years.

*Table 7 The number of older people living alone in private dwellings, by selected LGA *2016 Census data.*

LGA	Total population 2021, 65+ years	% Total persons in private dwellings, 65+ years
Albury	10,966	31
Buloke	1,793	30.9
Central Goldfields	4,177	30.8
Mount Alexandra	5,765	30.3
Wangaratta	7,185	29.2
Loddon	2,245	29.2
Strathbogie	3,593	28.8
Benalla	4,294	28.5
Bendigo	24,142	28
Gannawarra	3,226	28
Swan Hill	4,171	27.9
Wodonga	7,686	27.8
Mansfield	2,643	27.8
Mildura	11,166	27.6
Alpine	3,463	27
Shepparton	13,138	26.7
Moira	8,377	26.4
Murrindindi	3,960	26.2
Campaspe	9,610	26
Towong	1,772	25.5
Indigo	4,101	24.1
Mitchell	7,396	22.3
Macedon Ranges	9,834	21.2

Table 8 shows the number and proportion of people in private rentals aged 65+ is highest in Wodonga and Albury.

*Table 8 The number of older people living alone in private rental, by selected LGA *2016 Census data.*

LGA	Total population 2021, 65+ years	% persons in rentals, 65+ years
Wodonga	7,686	16.3
Albury	10,966	15.2
Mildura	11,166	14
Swan Hill	4,171	13
Shepparton	13,138	12.3
Central Goldfields	4,177	11.2
Bendigo	24,142	10.9

LGA	Total population 2021, 65+ years	% persons in rentals, 65+ years
Benalla	4,294	10.4
Campaspe	9,610	10.4
Mitchell	7,396	10
Moira	8,377	9.8
Wangaratta	7,185	9.8
Alpine	3,463	9.7
Gannawarra	3,226	9.1
Strathbogie	3,593	8.2
Indigo	4,101	8.1
Macedon Ranges	9,834	7.4
Mount Alexandra	5,765	7.1
Murrindindi	3,960	6.9
Towong	1,772	6.9
Mansfield	2,643	6.7
Buloke	1,793	6.6
Loddon	2,245	6.4

Health and disability status

The data in this section is from the 2021 ABS census and PHIDU data and has been used to assist in identifying the health and disability status across the Murray PHN region. The percentage of the population aged 65 years and over living with two or more chronic diseases is above the Victorian average of 27.6% for 16 out of the 23 LGAs in the Murray region (Table 3.1). There are also 13 LGAs that exceed the Victorian average for potentially avoidable hospitalisations with the highest rates in Campaspe, Swan Hill, Mitchell and Greater Shepparton.

*Table 9 Percentage of population over 65 years of age with two or more chronic diseases *ABS 2021 Census data*

LGA	% of population with two or more chronic diseases (65+)
Wodonga	32.4
Central Goldfields	31.5
Shepparton	31.4
Bendigo	31.4
Mitchell	31
Moira	30.6
Albury	30.3
Benalla	29.8
Gannawarra	29.3
Buloke	29.2
Mildura	28.9
Wangaratta	28.8

LGA	% of population with two or more chronic diseases (65+)
Campaspe	28.6
Loddon	28.4
Murrindindi	28.1
Swan Hill	27.8
Strathbogie	27.1
Indigo	26.4
Macedon Ranges	26.4
Mansfield	25.2
Alpine	24.8
Mount Alexandra	24.5
Towong	23.4

Potentially avoidable hospitalisations were highest in Mitchell, Campaspe and Swan Hill.

*Figure 7 Potentially avoidable hospitalisations among people 65 year of age and over *2018-19 PHIDU data*

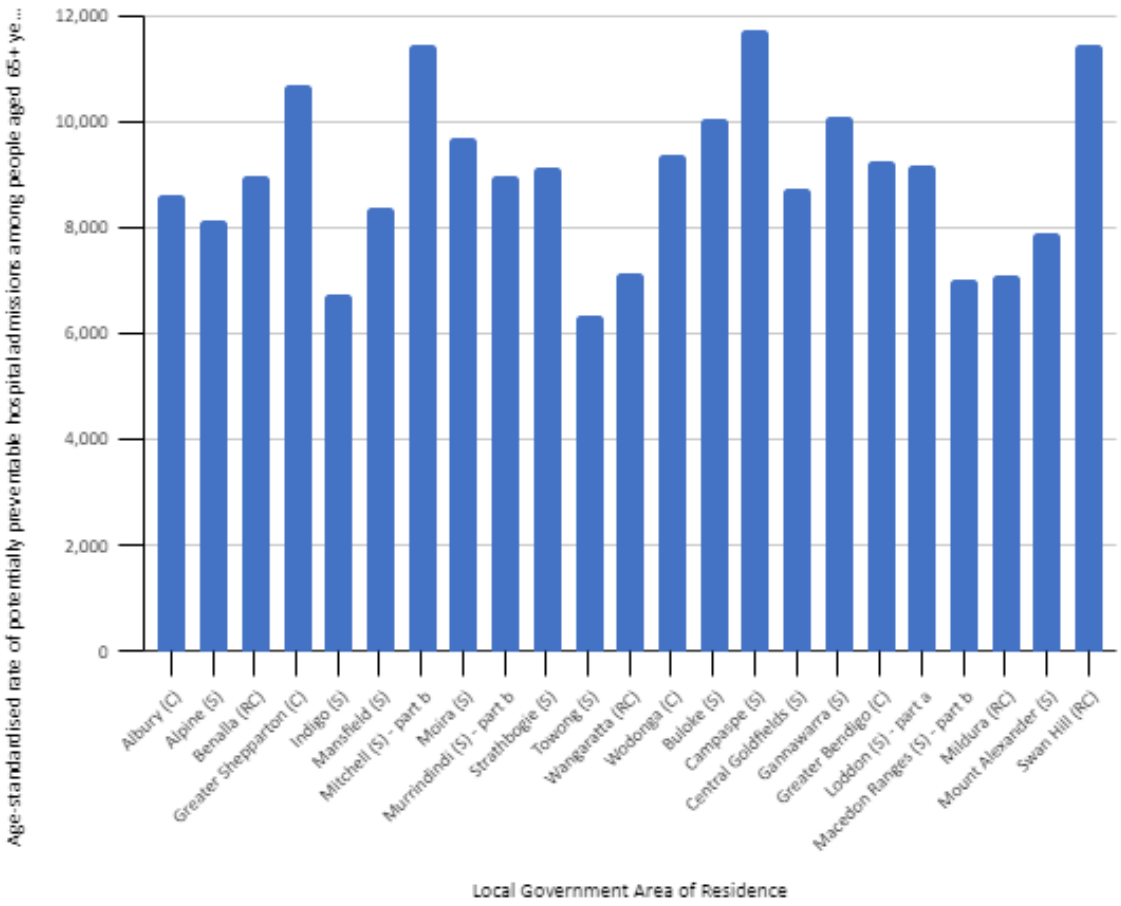


*Table 10 People living with a profound or severe disability *ABS Census 2016 data*

LGA	% persons aged 65 year and over with a profound or severe disability	% of persons aged 65 years and over with a profound or severe disability and living in the community
Mildura	21.2	15.8
Wodonga	18.7	14.4
Buloke	18.7	14.4
Shepparton	18.1	13.4
Swan Hill	18.1	12.7
Loddon	18	15.8
Albury	18	12.1
Central Goldfields	17.2	12.3
Bendigo	17.1	12.7
Campaspe	17	12.2
Mitchell	16.7	14
Moira	16.7	11.8
Strathbogie	16.3	10.8
Gannawarra	15.7	11
Indigo	15.6	12.4
Wangaratta	14.6	11.6
Benalla	14.4	10.1
Murrindindi	14.2	11.2
Towong	14.1	9.7
Alpine	14	10.7
Macedon Ranges	13.3	9.9
Mansfield	12.4	9.2
Mount Alexandra	12.2	11.4

Table 11 shows the proportion of older people who need assistance with core activities varies from 10% (Mount Alexander) to 21% (Mildura). The prevalence of long-term conditions also varies by LGA. Wodonga and Shepparton have consistently high proportions of older people with long-term health conditions. Across the LGAs, around one-quarter of the older population live in lone-person households, and just over half live in couple households (with or without other residents).

Table 11 People needing assistance in their day to day lives in one or more core activities of self-care, mobility and communication. Census 2021.

LGA	Has need for assistance with core activities, population aged 65+	Provide unpaid assistance to a person with a disability, health condition or old age 65+
Bendigo	4,188	3,450
Shepparton	2,473	1,715
Mildura	2,308	1,371
Albury	1,975	1,436
Campaspe	1,580	1,231
Moira	1,424	987
Wodonga	1,377	1,114
Macedon Ranges	1,370	1,305
Mitchell	1,304	953
Wangaratta	1,221	970
Central Goldfields	751	508
Swan Hill	730	500
Benalla	653	565
Indigo	619	559
Mount Alexandra	590	702
Strathbogie	525	444
Murrindindi	501	508
Gannawarra	479	429
Alpine	450	397
Loddon	328	296
Mansfield	312	335
Buloke	312	234
Towong	235	240

Multiple disadvantages and barriers

The following tables indicate the number and rate of older people living in 'jeopardy', which is combinations of living along, with disability, low income and renting. The larger regional centres and towns of Mildura, Swan Hill, Albury, Wodonga and Wangaratta have the highest number of people aged over 65 who are living alone, with disability and low income. These LGAs are also represented across all the multiple disadvantage measures.

Table 12 Triple jeopardy (a) - living alone; with disability; low income, 65+ years

LGA	Total number	%
Mildura	328	3.5
Swan Hill	117	3.3
Albury	254	3.3
Wodonga	159	3.1
Wangaratta	168	3.1
Alpine	76	2.8
Shepparton	274	2.8
Bendigo	496	2.8
Buloke	37	2.5
Central Goldfields	84	2.5
Loddon	47	2.5
Campaspe	171	2.3
Benalla	70	2.2
Moira	139	2.2
Mount Alexandra	92	2.2
Indigo	61	2.1
Murrindindi	59	2.1
Gannawarra	55	2.1
Strathbogie	51	2
Mansfield	30	1.7
Mitchell	91	1.7
Macedon Ranges	119	1.7
Towong	21	1.6

Table 13 Triple jeopardy (b) - renters; with disability; low income, 65+ years

LGA	Total number	%
Wodonga	115	2.2
Mildura	199	2.1
Swan Hill	62	1.7
Albury	136	1.7
Shepparton	146	1.5
Bendigo	246	1.4
Wangaratta	70	1.3
Moira	75	1.2
Campaspe	86	1.2
Gannawarra	30	1.2
Benalla	35	1.1
Mitchell	54	1
Strathbogie	23	0.9
Alpine	23	0.8
Towong	10	0.8
Buloke	12	0.8
Central Goldfields	25	0.7
Mount Alexandra	28	0.7
Indigo	18	0.6
Loddon	12	0.6
Macedon Ranges	37	0.5
Mansfield	8	0.4
Murrindindi	10	0.3

Table 14 Quadruple jeopardy - renters; living alone; with disability; low income, 65+ years

LGA	Total number	%
Swan Hill	43	1.2
Mildura	90	1
Wodonga	45	0.9
Albury	65	0.8
Bendigo	108	0.6
Shepparton	61	0.6
Wangaratta	33	0.6
Benalla	17	0.5
Campaspe	37	0.5
Gannawarra	13	0.5
Loddon	9	0.5

LGA	Total number	%
Alpine	10	0.4
Central Goldfields	14	0.4
Indigo	11	0.4
Mitchell	19	0.4
Moira	27	0.4
Strathbogie	11	0.4
Towong	5	0.4
Macedon Ranges	24	0.3
Mount Alexandra	12	0.3
Buloke	3	0.2
Murrindindi	7	0.2
Mansfield	0	0

Analysis of the broader service landscape in the PHN's region

The health and community services landscape within the Murray PHN region has the following key elements regarding access:

- Extensive and widespread workforce recruitment and retention issues
- Large distances to services for rural aged persons
- Lack of public transport
- Lack of taxi services
- Increasing aged community demographic
- Lower household incomes reducing ability to pay for services
- Lack of general practitioners across whole catchment
- Lack of bulk-billing services
- Increased service fees
- Lack of public housing
- Increasing single person households
- Reduced essential services within smaller rural locations (e.g., Closure of banks, shops, community services)
- No service or provider choice
- Dependence upon visiting and locum services
- Poor internet access and reliability.

3. PROCESSES FOR SYNTHESIS, TRIANGULATION AND PRIORITISATION

The data from the Supplementary Health Needs Assessment was triangulated by multi-disciplinary team meetings between operations and strategy and performance unit. The triangulation matrix method is taken from the PHN Program Needs Assessment Policy Guide. It synthesises the relevant results of this supplementary Needs Assessment combined with elements of Murray PHN's 2021 Needs Assessment.

The gathering of data and evidence confirms that previous findings of Murray PHN Health Needs assessments remain prevalent and indicate the priority areas for work of the Care Finder program within Murray PHN.

One of the most significant issues for Murray PHN is engaging enough assertive outreach, trained workforce and systems development for the care finder system across a diverse ageing population catchment where many population groups have high needs and these need to be addressed across a widely distributed geography.

In the face of this level of diverse need, it is imperative that the use of already engaged services is critical due to their existing trust and positive outreach and referral systems, which is essential for service delivery for vulnerable ageing population groups in rural communities.

Changing service providers could significantly unpick this trust and set back service access several years. The existing services have excellent reach and are assessed as requiring buffering to support longer-term contracts and opportunities to attract and develop their workforce to expand services in identified areas.

Table 16 Triangulation Summary

Issue	Community/ consumer feedback	Service Provider feedback	Health Needs analysis	Service needs analysis	Triangulation result
Health issue (Aged cohort)					
Multiple chronic morbidities	●	●	●	●	Very high need
Frailty		●	●	●	High need
Mental health	●	●	●	●	Very high need
Service issue					
Access to CHSP services	●	●	●	●	Very high need
Access to medical services (GP/ allied health)	●	●	●	●	Very high need
Access to afterhours urgent medical services	●	●	●	●	Very high need
Access to affordable & secure housing	●	●		●	High need
Poor continuity of care across sectors	●	●		●	High need
Difficulties finding services/ navigating/ completing documentation	●	●		●	Significant issue
Uncertainty of service future (unstable funding)		●		●	Notable issue

● *noted within needs assessment process*

4. ISSUES ENCOUNTERED AND REFLECTIONS AND LESSONS LEARNED

Data issues

- Data availability relating specifically to the care finder target cohort (in some categories of vulnerability) was challenging
- Up-to-date service access data challenging to find
- Up-to-date AIHW data relating to aged persons with 'triple jeopardy'.

Additional issues and lessons learned

- The very nature of the target group places limitations upon data availability and usefulness – i.e., often not within the data sets.
- Expected number of target cohort is likely to be significantly higher than initial DoHAC projections.
- There are many existing services providing similar support to the intention of the Care Finders program within the Murray PHN region, however the future of the current funding for these services is unstable or unknown and places additional strain on workforce retention and recruitment issues.
- The services providing similar intention to the Care Finder program are generally within local government organisations, regional advocacy services or community health services.
- Significant issue regarding actual access to aged, community and health services – regardless of navigation support, services are overall difficult to access due to workforce and funding issues. i.e., This can mean that the target group still wait long times to receive services **once** they have been assessed as eligible for services.
- Distance between LGAs is vast and may limit the amount of face-to-face consultation for providers who work across multiple LGAs.
- 'Goat tracks' – that the patient/ consumer patterns of service access across geographies do not necessarily align with the closest service.
- Cross PHN and state border service access – Murray PHN catchment follows the Murray River from Towong LGA in the east to the South Australian border in the west. Along the river there are border communities that access services on both or either side of the river (i.e., Vic or NSW). The Care Finder program must meet the client needs regardless of residential postcode.
- While the Trusted Indigenous Facilitator funding will be provided to ACCHOs, it is important to note that not all workers currently in similar roles within ACCHOs are identified Indigenous positions, although they are trusted and accepted workers within their First Nations communities.
- Given the extensive assertive outreach required of the Care Finder work, ready access to a work vehicle is critical for program success.
- Lack of general practitioners across the catchment can delay access to residential aged care facilities and aged care services.
- Current ACH services refer to ASP services for intensive assistance of their clients to access non-housing services.
- Considering that the care finder network will work across multiple LGAs, access to place-based offices will provide a sense of community and build on existing relationships.

Reflections and Future opportunities

There are opportunities to enhance integration between the health, aged care and other systems at the local level within the context of the care finder program. Sector feedback, PHN experience and local system knowledge suggests that best opportunities and activities for cross system integration may exist via the following:

- Maximise capacity and use of existing access and support services – with targeted capacity specifically to care finder target group
- Promotion of housing assistance programs across health networks
- Development and promotion of active referral pathways as part of acute hospital discharge into Care Finder services for target cohort
- Support and build general practitioner awareness and capacity to engage with Care Finders program
- Transition of similar Murray PHN health system navigator program(s) to Care Finder services (Mansfield/ Benalla LGAs)
- Integration of new RFDS Community Transport program with Care Finder target group (cross referral)
- Use of other Murray PHN contracted services as potential cross-referrers into Care Finder program and or/ providers of services (e.g., mental health services).
- Use of other Murray PHN service providers as potential infrastructure, transport or governance support for Care Finder locations/ workers.
- Access and use of Murray HealthPathways as resource for referrals
- Potential collaborations with local government bodies regarding addressing social determinants of health.

Section 2: Outcomes

The locations where ACH providers and ASP workers are based, the population health data and community consultations indicate that service gaps exist primarily in the Greater Shepparton region. Additional need identified across the following areas due to the distance required to travel and provide face-to-face support:

- Moira shire
- Wodonga shire
- Towong shire.

Apart from the ACH providers, other appropriate workforce has been identified, however, there is substantial risk posed to the Aged Care Navigation space within the Murray PHN region if the existing ASP services cease to be funded. Care Finder funds are insufficient to match the existing navigation services network and there is likelihood of a net reduction in aged care access supports. If ASP programs continue to be funded, the Care Finder services will complement the navigation space optimally through being able to focus on clients requiring intensive support and thereby freeing up service capacity of the ASP providers to meet broader access and support needs. This would achieve an improvement in service access across the Murray PHN region for the aged community. Market information also indicated that ACH providers largely refer to the existing navigation services for intensive support and assistance of their clients when support beyond housing is required.

The following table provides a summary of the outcomes of the Supplementary Needs Assessment, listing the identified needs for care finder support across the Murray PHN region. These outcomes were determined by acknowledging the existing providers across the ACH and ASP network who work with vulnerable older people to provide assertive outreach and intensive support. As with the requirements to become a care finder organisation they are not providing care coordination, but rather identifying the needs of the person and using their extensive knowledge of the local aged care supports that are available.

Table17 Summary - Identified Need, Issue and Evidence

Identified need	Key issue	Evidence
Provide a summary of the identified need in relation to care finder support	Provide a summary of the key issue(s) relevant to the identified need	Include a summary of the evidence found to support the identified need
The network of access and support services across the Murray PHN region have no expected funding beyond 1 July 2023. These services are working primarily with the intended Care Finder target group.	A risk of losing local knowledge workforce expertise of aged care system and services with existing integration and linkages between health, community, aged care, financial support and housing assistance services. These providers have built their networks, referral pathways and sector knowledge over multiple years to provide intensive system navigation support for older people.	Market and consultation data gathered via survey process, phone interviews and meetings with ASP services who operate across multiple LGAs and towns in the Murray PHN region, including Macedon Ranges, Mount Alexandra, Mitchell, Murrindindi, Strathbogie, Benalla, Greater Shepparton, Alpine, Bendigo, Mildura, Swan Hill, Kerang, Ouyen, Wangaratta, Towong.

Identified need	Key issue	Evidence
There are several areas within the catchment that may require additional Care Finder services.	Mildura, Swan Hill, Gannawarra, Loddon, Greater Shepparton, Benalla and Moira are the highest ranked LGAs across the Murray PHN region for socio-economic disadvantage. Each of these LGAs are predicting a rapid increase in the growth of the 65+ demographic over the 15 years to 2036, and each have above the Victorian average for older people living with two or more chronic illnesses.	Figures from demographic and SEIFA data as well as reported service gaps from the ASP Loddon and Hume networks.
The ACH providers identified by DoHAC who will be offered a contract as a Care Finder do not extend service reach across all the Murray PHN region.	Central Goldfields, Campaspe, Greater Bendigo, Benalla, Greater Shepparton, Strathbogie, Macedon Ranges, Mount Alexandra, Moira, and Towong are the LGAs where ACH providers have a service footprint, however the list of the LGAs do not encompass the whole of the LGA e.g., the office location of one provider in Greater Bendigo only travels within an hour of the office. In addition to this one of the providers does not deliver any face-to-face consultation and only acts as a phone referral into other housing and aged care services.	Market and consultation data gathered through the survey process and followed up as an interview to delve deeper into the service delivery model and referral pathways.
ASP network is experiencing workforce shortages due to the unknown future of the program.	The ASP workforce is decreasing because of instability of funding. This presents a risk of losing the experience and knowledge of these people, who have been supporting the vulnerable older members in the community. The issue is not only that there is no one at the local level delivering service but the funding is being re-directed to organisations that appear to have a larger service footprint when it is landing in the head offices in metropolitan areas and then being lost in the system.	Interviews with the ASP Communities of Practice Lead in the Loddon and Hume aged care regions provided examples of people who have already started to move away from their role and these positions are not being backfilled within the same organisation.

Identified need	Key issue	Evidence
Improve partnerships between the health, community and aged care sectors	Lack of communication and technology integration between the health, community and aged care sectors exists at the service and system level across the Murray PHN region. The referral pathways that have been embedded with the existing aged care services through the ACH and ASP providers focusses on a person-centred approach, and this could be lost if the network of ASP providers is removed from the service delivery model. There is potential for the ACH providers to extend their service reach, however if they choose not to this will leave service gaps across some of the most socio-economic disadvantaged LGAs.	Existing programs embedded across the Murray PHN region, particularly through the Health System Navigators in Buloke, Bendigo, Shepparton and Mansfield have informed us of the challenges with integration across services. One of the main limitations is the ability for systems to integrate and share referral pathways. Further insights from interviews conducted with local shire councils, health services and the ACH and ASP network highlighted that with movement of funding for aged care services there has been disruption across LGAs and it is unknown where the redirected funding has been transferred to.
Building the capacity and capability across the Murray PHN region to establish and maintain a network of care finders in rural and remote communities.	The Murray PHN region encompasses many rural and remote areas where access to services is limited. Outside of the regional hubs most of the people living in small towns understand the landscape of health and community services that are available within their community. However, it also takes a well-connected and supported community to understand the complex needs of some of the more vulnerable older people living within their town, and how they can best support them. There is a risk associated with opening a tender to market that gives an opportunity to the tertiary health providers to apply and extend their service reach into communities where they do not have the local knowledge or relationships with local people. Building the capacity and capability to work within a community can take years, not only in terms of setting up the service and recruiting but building trust in people, particularly when the target cohort doesn't actively engage with services.	ACH and ASP workers have provided years of intensive and specialised support to vulnerable, underserviced people.

Section 3: Care Finder implementation priorities

1. All of catchment

Almost one in five people in the Murray PHN region are aged over 65 years old, a higher proportion than the rest of Victoria. Multiple communities have large proportions of older people living with socio-economic disadvantage and additionally, one quarter of older people live in lone person households. These factors combined with multiple chronic health conditions place aged people at an increased disadvantage and in greater need for service access and assistance.

2. Triple jeopardy cohorts

Murray PHN will commission Care Finder organisations geographically across the catchment, with additional focus on locations with the highest percentage of multiple disadvantage/barriers based on SEIFA and census data. This data, along with local knowledge and context of existing services has highlighted the following areas as likely to most require **additional** services to assist older people requiring intensive and assertive support to access My Aged Care and other supports in the community. These LGAs have notable current gaps in provision of intensive navigation services:

- Shepparton
- Wodonga
- Campaspe
- Loddon.

3. Changing service environment

In addition to the above specified LGAs, all 18 remaining LGAs will require geographical access to Care Finders services if the current equivalent or similar programs are to cease.

4. Extended reach of ACH providers

There are pockets of the Murray PHN region without current ACH providers in place. Housing services are provided by multiple other community providers, however there may be opportunity for ACH funded providers to extend reach, within the Care Finder program.

5. Placement of Care Finder services within supportive work environments

To maximise workforce recruitment and retention, as well as enable smooth operation and management of the Care Finder program, there is merit in positioning the Care Finder workforce within local existing, publicly accessible community-based services.

6. Local area-based Care Finder services

Rural communities benefit from locally known and delivered services (where available). Consultation has demonstrated substantial strength in local referral pathways across sectors and systems, with locally known providers an enabler for supporting the target population in smaller communities.

7. Enhancing connections between Care Finders

Sector consultation has highlighted the need and benefits in a ‘Community of Practice’ (CoP) across like providers. Murray PHN will coordinate a CoP across Care Finder providers to enhance clear communication, professional development, workforce satisfaction and implementation of quality improvement opportunities.