Nepean Blue Mountains - Aged Care
2024/25 - 2027/28
Activity Summary View

AC-OSP - 8 - 2025-2026 Aged Care On-site Pharmacist Measure – Residential Aged Care Home Support Grant Program

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-OSP

Activity Number *

8

Activity Title *

2025-2026 Aged Care On-site Pharmacist Measure – Residential Aged Care Home Support Grant Program

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

To assist residential aged care homes (RACHs) to engage aged care on-site pharmacists to work in a clinical role to improve medication management for residents under the Aged Care On-site Pharmacist (ACOP) Measure. The ACOP Measure provides funding to community pharmacies and RACHs to employ on-site pharmacists to work in RACHs.
The ACOP Measure is a direct response to recommendation 38 of the Final Report of the Royal Commission into Aged Care Quality and Safety, which stated that aged care providers should actively seek to engage allied health practitioners, including pharmacists, by no later than 1 July 2024.

This activity aims to:
• increase uptake of aged care on-site pharmacists by RACHs around Australia, and
• improve access to aged care on-site pharmacists in RACHs.

The intended outcomes of the grant opportunity are:
• Improved uptake of the Aged Care On-Site Pharmacist Measure in RACHs, and
• Improved coordination and provision of information about the Aged Care On-site Pharmacist Measure to RACHs.

Description of Activity *

Description of Activity*
Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered. NBMPHN will deliver this activity as part of the aged care focused activities working and liaising with Residential Aged Care Homes in the Nepean Blue Mountains region to determine the current need in relation to engagement of pharmacists in their homes.
As part of the activity NBMPHN will:
- Identify eligible pharmacists who are available to work on-site in RACHs as part of the ACOP Measure.
- Ensure that pharmacists seeking to participate in the ACOP Measure meet the eligibility requirements.
- Coordinate provision of information to RACHs in our PHN region about the ACOP Measure.
- Manage requests for support from RACHs seeking to engage eligible pharmacists to work on-site.
- Provide participating RACHs with information about eligible pharmacists seeking to be employed by RACHs under the ACOP Measure.
- Support participating RACHs to engage eligible pharmacists to work on-site.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Address the need to improve access to primary healthcare services.	128

Activity Demographics

Target Population Cohort

residents of residential aged care homes delivered through supporting credentialed pharmacists and residential aged care homes to ensure there is a pharmacist onsite to support medication reviews and management for residents and linking with their primary healthcare provider/s.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Engagement with residential aged care homes (RACH) and pharmacists, Australian Pharmacy Council (APC)-accredited training programs including Pharmaceutical Society of Australia and general practitioners providing clinical care in RACHs

Collaboration

Pharmacists represented on the Allied Health Advisory Committee; Primary Care Advisory Committee and Healthy Ageing Advisory Committee

Activity Milestone Details/Duration

Activity Start Date

15/06/2025

Activity End Date

29/06/2027

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

AC-AHARACF - 2 - 2025-26 Enhanced After Hours Support for RACFs

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-AHARACF

Activity Number *

2

Activity Title *

2025-26 Enhanced After Hours Support for RACFs

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to enhance after hours support for RACHs to reduce transfer to hospital in the after-hours period. This will be achieved through supporting the RACHs to have after-hours plans and procedures in place appropriate for their home.

Description of Activity *

To achieve the aim we will continue to work closely with participating RACHs:
• to ensure all RACHs have an up-to-date after-hours action plans in place. The PHN will continue ongoing engagement with the RACHs to identify any gaps and provide additional information they may require to best manage their residents in the after-hours period.
• The after-hours action plan engagement process assists identification of any opportunities for aged care staff to undertake additional training associated with hospital frequency to maintain competency to care for patients in the after-hours period:
o Intravenous Cannulation
o Urinary Catheterisation
o Immunisation
o PEG tube feeding
• NBMPHN will continue to provide training and education support for the benefits of telehealth, using Healthdirect, advance care planning, Health Pathways, My Health Record, after-hours care and secure messaging;
Continue to work in consultation with the Care Manager, clinical staff, residents GPs an appropriate after hours care plan,

including access to up to date digital medical records to keep the plan up to date.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Reduce potentially avoidable general practitioner (PAGP) type presentations to ED.	132
Reduce potentially avoidable general practitioner (PAGP) type presentations to ED.	153
Skills and Training Capacity	185
Improve Access to after-hours primary care.	151
Increase access to Primary Care services within RACHs including via telehealth	147
Address the need to improve access to primary healthcare services.	128

Activity Demographics

Target Population Cohort

Residential Aged Care Homes, primary health care providers and residents and families of residential aged care homes.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Engagement with residential aged care homes (RACH) and general practitioners providing clinical care in RACHs.

Collaboration

The NBMPHN Healthy Ageing Advisory Committee supports the ongoing healthy ageing initiatives with representation from the following: PHN Healthy Ageing team, Aged Care Specialist NBMLHD, Virtual Aged Care Services (VACS) Team Nurse Practitioner, Primary Care, Community, Pharmacy, NSW Ambulance, Multicultural and Aboriginal health.
The Aged Care Provider meetings with representation from RACHs, VACS, NBMLHD representatives.

Activity Milestone Details/Duration

Activity Start Date

29/11/2021

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

AC-CF - 5 - 2025-26 Care Finder

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

5

Activity Title *

2025-26 Care Finder

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to establish and maintain a care finder network in the NBM region through supporting the transition of ACH providers and commissioning of additional care finders to undertake the following:
o provide specialist and intensive assistance to help people in the care finder target population to understand and access aged care and connect with other relevant supports in the community
o address the specific local needs of their region in relation to care finder support
o support to build their knowledge and skills
o integrate care finders into part of the local aged care system
o collects data and information to support an evaluation of the care finder program
• support and promote continuous improvement of the care finder program
• support improved integration between the health, aged care and other systems at the local level within the context of the care finder program.

Description of Activity *

A needs assessment has been undertaken to inform the mix and focus for care finders in the NBM region. The needs assessment demonstrated the importance for care finders to be physically located within each of the four LGAs in the NBM region. Care

finders are commissioned in each LGA, two of the providers were ACH providers and expanded their service as care finders and another provider is delivering only as a care finder service without the transition. There are 7 Care Finders in the region with the program commissioned to three organisations. The commissioned organisations undertake their own intake of care finder clients. All providers participate in bi-monthly community of practice meetings facilitated by the NBMPHN and undertake all mandatory and required training with additional identified training will be delivered through workshops as part of the community of practice process.
The NBMPHN works closely with the care finder organisations to integrate the care finder program into the aged care system which includes regular meetings with ACAT, LHD, aged care providers and other welfare and community providers in the region. This is achieved through leveraging existing relationships and engagement with relevant networks and inter-agencies raising awareness of the care finder program and role. Care finder referral pathways will be developed and published within HealthPathways, accessible through our My Health Connector website (https://myhealthconnector.com.au), consistent messaging and promotion across the region and engagement of key stakeholders in local government, health including primary health care providers, non-government organisations and other stakeholders engaged with the target population groups.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Develop and review local referral pathways and guidelines	150
Strategies to increase sector coordination and linkages to enhance understanding of referral pathways and available supports.	174
Facilitate navigation of people to match needs and care requirements to appropriate service provision.	174
Facilitate service Integration	189
Address social isolation and stigma	176
Strong relationships and Collaboration to leverage local knowledge and ensure coordination.	202
Commission services to improve coordination of care.	139
Address the need to improve access to primary healthcare services.	128
Recognise ‘at-risk’ populations and communities in service planning	183

Activity Demographics

Target Population Cohort

The care finder target population is people who are eligible for aged care services in NBM region and have one or more reasons for requiring intensive support to:
• interact with My Aged Care (either through the website, contact centre or face-to-face
in Services Australia service centres) and access aged care services and/or

• access other relevant supports in the community.
Reasons for requiring intensive support may include:
• isolation or no support person (e.g. carer, family or representative) who they are comfortable to act on their behalf and/or who is willing and able to support them to access aged care services via My Aged Care
• communication barriers, including limited literacy skills
• difficulty processing information to make decisions
• resistance to engage with aged care for any reason and their safety is at immediate risk or they may end up in a crisis situation within (approximately) the next year
• past experiences that mean they are hesitant to engage with aged care, institutions or government.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

As part of the needs assessment stakeholders were engaged and consulted to identify the key target population groups in the NBM region, these stakeholders included: Local Government, Womens Health Centre, NSW Police, Aged and Community Care providers, ACH providers, housing providers, disability providers, Local Health District, Community Health Centres, community service organisations and primary health care providers.

Collaboration

Local Health District and Hawkesbury Hospital- building awareness of the care finder program, referral and promotion of the program in the region.
Local Government- facilitation of the interagency meetings and engagement to ensure that care finder is integrated in the aged care system.
Primary health care providers including pharmacy, general practice, allied health and aged care providers - referral, implementation and embedding into the health system through access to healthpathways.

Activity Milestone Details/Duration

Activity Start Date

29/06/2022

Activity End Date

29/06/2029

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2029

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

AC-CF - 6 - 2025-26 Care Finder ACH Transition

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

6

Activity Title *

2025-26 Care Finder ACH Transition

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to transition existing ACH providers program (with the exception of hoarding and squalor services) to the Care Finder program and establish and maintain a care finder network in the NBM region that:
o provides specialist and intensive assistance to help people in the care finder target population to understand and access aged care and connect with other relevant supports in the community
o addresses the specific local needs of their region in relation to care finder support
o is supported to build their knowledge and skills
o is an integrated part of the local aged care system
o collects data and information to support an evaluation of the care finder program
• support and promote continuous improvement of the care finder program
• support improved integration between the health, aged care and other systems at the local level within the context of the care finder program.

Description of Activity *

A needs assessment has been undertaken to inform the mix and focus for care finders in the NBM region. The needs assessment has demonstrated the importance for care finders to be physically located within each of the four LGAs in the NBM region. Two of

the four ACH providers are commissioned and cover areas within the region. The providers have completed the transition and further expanded their services to deliver care finder as well as transition from ACH services. The transitioned organisations have their own intake processes. Providers participate in bi-monthly community of practice meetings facilitated by the NBMPHN and undertake all mandatory and required training and additional identified training will be delivered through workshops as part of the community of practice process.
The NBMPHN continue to work closely with the care finder organisations to integrate the care finder program into the aged care system. This will be achieved through leveraging existing relationships and engagement with relevant networks and inter-agencies raising awareness of the care finder program and role. Care finder referral pathways will be developed and published within HealthPathways, accessible through our My Health Connector website (https://myhealthconnector.com.au), consistent messaging and promotion across the region and engagement of key stakeholders in local government, health including primary health care providers, non-government organisations and other stakeholders engaged with the target population groups.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Workforce Capacity Including Skills and Training - identified need for basic mental health training for mainstream services, including Centrelink, Housing, Police, employers, and community organisatio	171
Commission services to improve coordination of care.	139
Address the need to improve access to culturally appropriate health services	128

Activity Demographics

Target Population Cohort

The care finder target population is people who are eligible for aged care services in NBM region and have one or more reasons for requiring intensive support to:
• interact with My Aged Care (either through the website, contact centre or face-to-face in Services Australia service centres) and access aged care services and/or
• access other relevant supports in the community.
Reasons for requiring intensive support may include:
• isolation or no support person (e.g. carer, family or representative) who they are comfortable to act on their behalf and/or who is willing and able to support them to access aged care services via My Aged Care
• communication barriers, including limited literacy skills
• difficulty processing information to make decisions
• resistance to engage with aged care for any reason and their safety is at immediate risk or they may end up in a crisis situation within (approximately) the next year
• past experiences that mean they are hesitant to engage with aged care, institutions or government.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

As part of the needs assessment stakeholders were engaged and consulted to identify the key target population groups in the NBM region, these stakeholders included: Local Government, Womens Health Centre, NSW Police, Aged and Community Care providers, ACH providers, housing providers, disability providers, Local Health District, Community Health Centres, community service organisations and primary health care providers.

Collaboration

Local Health District and Hawkesbury Hospital- building awareness of the care finder program, referral and promotion of the program in the region.
Local Government- facilitation of the interagency meetings and engagement to ensure that care finder is integrated in the aged care system.
Primary health care providers including pharmacy, general practice, allied health and aged care providers - referral, implementation and embedding into the health system through access to healthpathways.

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2025

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: Yes
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

AC-EI - 3 - 2025-26 Early Intervention Initiatives

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-EI

Activity Number *

3

Activity Title *

2025-26 Early Intervention Initiatives

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to commission early intervention initiatives to support healthy ageing and the ongoing management of chronic conditions for older people in the Nepean Blue Mountains Region and increase awareness of the commissioned initiatives for primary health care through channels such as HealthPathways.

Description of Activity *

Description of Activity*
Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered. The targeted interventions commissioned across the region enable access for older people to improve the management of chronic health conditions and will enhance existing healthy ageing programs where relevant. The initiatives include continuing commissioning the following:
• Healthy ageing quality improvement (HAQI) collaborative initiatives implemented in general practice to focus on improved management of chronic conditions for older people including social connection and social prescribing to reduce functional decline;
• 5 intergenerational programs across the region to enhance function, reduce decline of mobility, improve social connection and opportunities to be involved in the community;
• A mobile OT service to support older people to maintain their function and quality of life assisting them to remain at home for longer through improving access to OT assessment and referral for required services in the Lithgow LGA;
• General practices to provide health connector services across the region improving access to services for older people through

navigation and social prescribing
• Wellbeing Connectors in the region to provide additional support for older people (who are not eligible for care finder services) to access services to maintain their function and activities of daily living and improve their social connection to keep them well and at home for longer
• Community Connector Points to provide navigation and service information support for older people in frequented points across the region ie Neighbourhood Centres, Libraries and Community Centres. Establishing new Pharmacy Connector Points and Pharmacy Social Prescribing model.
• Delivery of medicine literacy workshops for consumers delivered by a pharmacist across the region to improve health literacy and knowledge, understanding and confidence about medicines for older people.

The above commissioned services are being evaluated through the following methods:
• Intergenerational Care Programs- will utilise the WHO-5 Wellbeing Index, Leuven Scale and Photovoice to measure QoL pre- and post- intervention.
• Expansion of Connector Points across the region- qualitative and quantitative feedback will be received via commissioned providers.
• Implementation of the Healthy Ageing Interventions Program in general practice- utilising the Model for Improvement with general practices focusing on the 5 M's - medication, mentation, mobility, matters and malnutrition in general practice. Participating practices will be focusing on each of the 5 M's at the learning workshops to increase capacity in general practice and undertake proactive best practice care to reduce functional decline in the older person and keep them healthy and at home for longer.
• Mobile Occupational Therapy (OT) service- the Edmonton Frailty Scale will be used as the key measure of frailty and QoL for the Mobile OT program and outcome reporting.
• Wellbeing Connectors - will be required to report on the outcome of referrals including case studies and improved QoL and wellbeing score through the WHO Wellbeing Index. This program is being formally evaluated through an independent evaluator.
• Health Connectors - will be required to report on the outcome of referrals including case studies and improved QoL and wellbeing score through the WHO Wellbeing Index. This program is being formally evaluated through an independent evaluator.

These activities will also provide education to primary health care providers to improve access for older Australians to appropriate psychosocial, health, social and welfare supports.

Practice nurses and general practitioners (GPs) participating in the Healthy Ageing Interventions Program will undertake training opportunities with associated education resources provided as part of HAQI. Participating practice nurses will undertake Health Connector training,

The connector programs are promoted through HealthPathways, newspapers and social media, Practice News (PHN communications channels) and website.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Reduce potentially avoidable general practitioner (PAGP) type presentations to ED.	132
Reduce potentially avoidable general practitioner (PAGP) type presentations to ED.	153
Address social isolation and stigma	176
Skills and Training Capacity	185
Support general practice with Quality improvement initiatives	136
Commission services to improve coordination of	139

care.	

Activity Demographics

Target Population Cohort

Older people in the NBM region

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

The NBMPHN Healthy Ageing Steering Committee will assist to inform the co-design and commissioning process. The Health Ageing Steering Committee include the follow representatives:
PHN Healthy Ageing team
Head of Geriatric Medicine LHD
Virtual Aged Care Team Nurse Practitioner
GP
Practice Nurse- Health Connector
Consumer
Pharmacy
RACF Care Manager
NSW Ambulance
Multicultural health and Aboriginal health

Collaboration

Consumers; primary health care professionals including GPs and Practice Nurses; NBMLHD Primary Care and Community Health; Allied Health; Local Government; aged and community services; Aboriginal Medical Service; Aboriginal community services; Aboriginal Health; Nepean Multicultural Access, ACON, SydWest and NDIA, NBMLHD Disability Advisor.
These stakeholders will be involved in the co-design process and design the target initiatives that are to be commissioned.
Research to inform these services and consultation included:
NBMPHN undertook a comprehensive literature review relating to models of early intervention in older people, in alignment with the analysis of data to ensure an understanding of the current community profile for older people in the Nepean Blue Mountains region. To ensure that both a quantitative and qualitative approach was undertaken a series of community consultations and expert interviews to understand the specific needs, gaps and circumstances relating to early intervention in older adults across our region.
The consultation process utilised a combination of methods including surveys, face-to-face and virtual sessions, forums and advisory committee engagement. The range of stakeholders engaged in this process included representatives from other PHNs, health professionals working in the aged care sector including geriatricians, GPs, Practice Nurses, Allied Health Professionals, community, and health consumers. The aim of these consultations was to determine the area of focus for the funding and scope potential service models for the Early Intervention (EI) Initiative.
Information was gathered from the following sources to assist the consultation process, which included, but was not limited to the following:
• Nepean Blue Mountains Primary Health Network Needs Assessment 2021 and 2022.
• Service mapping conducted to identify existing services and programs available to older adults in our region to reduce duplication.
• The Early Intervention Consultation and Commissioning Recommendation Report 2021.
• Improving Social Connections for Older Australians - Evaluation Report University of Wollongong.
• Primary Care consultations – GPs, Geriatricians, RACH providers, community health representatives, Regional Assessment Teams and Healthy Ageing Advisory Committee members.
• Academic literature informed the planning of the identified EI Initiatives and consideration of the outcomes expected from the commissioned activities.

Activity Milestone Details/Duration

Activity Start Date

31/12/2021

Activity End Date

29/06/2027

Service Delivery Start Date

June 2023

Service Delivery End Date

30 June 2027

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

This activity will be implemented through a co-design approach with consumers, primary health care providers, aged and community care stakeholders, local government and key peak groups including representation from diverse population groups (Aboriginal and Torres Strait Islander, CALD, LGBTIQ+ and disability). The co-design identified key issues including management chronic disease conditions for older people in the NBM region to reduce avoidable hospital admissions; challenges to access OT services in the region and social isolation.