
Submission template

Discussion paper:

Future reform – an integrated care at home program to support older Australians

Submissions close on 21 August 2017

Instructions:

- Save a copy of this template to your computer.
- It is recommended that you read the relevant pages in the discussion paper prior to responding.
- You do not need to respond to all of the questions posed in the discussion paper.
- The numbering of the questions in the template corresponds to the numbering in the discussion paper.
- Please keep your answers concise and relevant to the topic being addressed.
- Upload your completed submission on the [Consultation Hub](#). Alternatively, if you are experiencing difficulties uploading, you can email your submission to: agedcarereformenquiries@health.gov.au

Thank you for your interest in participating in our consultation.

Tell us about you

What is your full name?

First name Chris

Last name Maclean

What is your organisation's name (if applicable)?

Local Government NSW (LGNSW)

What stakeholder category/categories do you most identify with?

<input type="checkbox"/> Commonwealth Home Support Program ¹ service provider	<input type="checkbox"/> Peak body – consumer
<input type="checkbox"/> Home Care Package service provider	<input type="checkbox"/> Peak body – carers
<input type="checkbox"/> Flexible care provider	<input checked="" type="checkbox"/> Peak body – provider
<input type="checkbox"/> Residential aged care service provider	<input type="checkbox"/> Seniors membership association
<input type="checkbox"/> Aged care worker	<input type="checkbox"/> Professional organisation
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Disability support organisation
<input type="checkbox"/> Regional Assessment Service	<input type="checkbox"/> Financial services organisation
<input type="checkbox"/> Aged Care Assessment Team/Service	<input type="checkbox"/> Union
<input type="checkbox"/> Consumer	<input checked="" type="checkbox"/> Local government
<input type="checkbox"/> Carer or representative	<input type="checkbox"/> State government
<input type="checkbox"/> Advocacy organisation	<input type="checkbox"/> Federal government
	<input type="checkbox"/> Other <input type="text" value="Click here to enter text."/>

Where does your organisation operate (if applicable)? Otherwise, where do you live?

<input checked="" type="checkbox"/> NSW	<input type="checkbox"/> SA
<input type="checkbox"/> ACT	<input type="checkbox"/> WA
<input type="checkbox"/> Vic	<input type="checkbox"/> NT
<input type="checkbox"/> Qld	<input type="checkbox"/> Tas
<input type="checkbox"/> Nationally	

May we have your permission to publish parts of your response that are **not** personally identifiable?

Yes, publish all of my response

No, do not publish any part of my response

¹ Includes Home and Community Care Providers in Western Australia

Section 2. Reform context

2.3 Reforms to date

Comments

We would welcome your views and feedback on the February 2017 (*Increasing Choice*) reforms.

Refer to page 6 of the discussion paper

LGNSW supports the 2017 *Increasing Choice* reforms in general.

Section 3. What type of care at home program do we want in the future?

3.1 Policy objectives

Question

Are there any other key policy objectives that should be considered in a future care at home program?

Refer to page 9 of the discussion paper

LGNSW supports all policy objectives listed in the discussion paper. Other considerations proposed by LGNSW include that:

- To provide the greatest possible choice and control for consumers, specific strategies will need to be implemented to address limited availability of services in rural and remote regions and adequate resources need to be allocated to address service gaps in these areas.
- The program must identify and respond to any gaps in service provision for new and existing consumers.
- The program must acknowledge the significant contribution of local government in local community planning and development in both metropolitan and rural and remote regions.
- Sufficient resources must be identified and allocated to achieve the agreed policy objectives.
- An implementation framework must be co-designed to manage the roll out of the integrated care at home program in a timely manner.

Section 4. Reform options

4.2 An integrated assessment model

Question

What do you believe could be done to improve the current assessment arrangements, including addressing variations or different practices between programs or care types (e.g. residential care, home care and flexible care)?

Refer to page 12 of the discussion paper

LGNSW supports a flexible assessment system with multiple entry points and processes to ensure equitable access to all, including identified vulnerable population groups - Aboriginal and/or Torres Strait Islander communities, CALD communities, people who live in rural or remote areas and people who are financially or socially disadvantaged.

The role all NSW councils play as 'community hubs' needs to be incorporated into any revised assessment models. Councils have extensive knowledge of local community services and provide significant information and referral services as part of their community development programs. For example, access to home care services could be enhanced in rural and remote areas of NSW through council facilitation of required referral processes for consumers, contingent upon appropriate resourcing for councils to undertake this role.

Council services can also contribute to a more skilled assessment workforce through local connections and knowledge of local services and consumer needs and issues.

4.3.1 New higher level home care package | 4.3.2 Changing the current mix of home care packages

Questions

Would you support the introduction of a new higher package level or other changes to the current package levels?

If so, how might these reforms be funded within the existing aged care funding envelope?

Refer to pages 12 – 14 of the discussion paper

[Click here to enter text.](#)

4.4.1 Changing the current mix of individualised and block funding

Question

Which types of services might be best suited to different funding models, and why?

Refer to pages 14 – 15 of the discussion paper

LGNSW supports the development of a mixed funding model for an integrated care at home program, with a combination of individual funding to consumers and program or block funding to providers for appropriate services that could not be provided cost effectively on an individualised basis, such as transport and meals.

We support an industry led or co-design process around the development of this model to ensure the ongoing provision of services that are accessible and affordable to all, including identified vulnerable people in their local community. A trial implementation program for proposed funding models is also strongly recommended by LGNSW.

LGNSW supports the general industry recommendations for services provided under a mixed funding model. For program funding this includes services with significant infrastructure such as centre based services, home modifications, social support and volunteer based services, transport and a range of services needed in rural and remote regions of NSW. Local councils currently provide many of these services and are well placed to provide these under a revised funding model.

Individual funding generally would be well suited to more personalised service delivery programs including personal care, domestic assistance, nursing and allied health services.

There are some services where more detailed financial modelling may be required to determine the best funding model. For example meals services have an individual focus but generate a significant social benefit to the community through their volunteer base and social connection outcomes.

Question

What would be the impact on consumers and providers of moving to more individualised funding?

Refer to pages 14 – 15 of the discussion paper

LGNSW supports an industry led move to more individualised funding under an appropriate mixed funding model which will ensure the needs of all consumers are met. However, to ensure vulnerable communities have equitable access to funding and subsequent services, LGNSW advocates for an industry led design process with key stakeholders, including local government representatives, conducted to develop the most appropriate funding model.

Question

Are there other ways of funding particular services or assisting consumers with lower care or support needs, e.g. a combination of individualised funding and block funding, vouchers etc.?

Refer to pages 14 – 15 of the discussion paper

[Click here to enter text.](#)

4.5.1 Refocussing assessment and referral for services

Questions

Should consumers receive short-term intensive restorative/reablement interventions before the need for ongoing support is assessed?

If so, what considerations need to be taken into account with this approach?

Refer to page 16 of the discussion paper

LGNSW supports a more flexible approach to assessment and service provision which would incorporate processes for short term intensive restorative/reablement services where appropriate. Development of a system with multiple entry points will assist in achieving this as well. NSW councils could be well placed to provide some of these entry level services through existing or affiliated programs and services, if appropriately funded.

Local government plays an important role in creating and supporting age friendly environments which is a core element in the provision of wellness and reablement strategies. For example, home care services are currently provided by or work with local government to help older people remain living independently in their homes for longer. LGNSW supports a model that continues this relationship for enhanced social inclusion outcomes.

Question

How could a wellness and independence focus be better embedded throughout the various stages of the consumer journey (i.e. from initial contact with My Aged Care through to service delivery)?

Refer to page 16 of the discussion paper

LGNSW acknowledges that the industry, including local council services, have undertaken to move to a service approach incorporating a wellness and reablement philosophy. However, more ongoing support is required to further embed this into service programs and activities.

Aged care sector support positions can facilitate this process through professional development and community education initiatives that work with both service providers and consumers. Sector support roles in local councils can be connecting or linking roles between mainstream services and consumers within local communities. These roles are also crucial to supporting age friendly and inclusive approaches to the design of local places and can encourage inclusive approaches by local businesses. LGNSW recommends that these roles continue to be funded, especially in rural and remote areas, across Australia.

4.6.1 Ensuring that services are responsive to consumer needs and maximise independence

Questions

How do we ensure that funding is being used effectively to maximise a person's ability to live in the community and to delay entry to residential care for as long as possible?

For example, should funding be targeted to services or activities where there is a stronger connection with care and/or independent living? Are there examples of current services or activities that you believe should not be funded by government?

Refer to pages 16 - 17 of the discussion paper

LGNSW generally supports an aged care sector that assists consumers to remain living independently in their own home and supports opportunities for older people to connect with their local community, preventing social isolation and loneliness. Funding therefore should target programs that support social inclusion for consumers who are most vulnerable. Under an integrated care at home program, CHSP type service delivery can be targeted to where most needed.

Question

How do we maximise the flexibility of care and support so that the diverse needs of older people, including those with disability, are met?

Refer to pages 16 - 17 of the discussion paper

[Click here to enter text.](#)

4.6.2 Accessing services under different programs

Question

Under the current program arrangements, does allowing some consumers to access both programs promote inequity, particularly if other consumers have to wait for a home care package?

Refer to page 17 of the discussion paper

[Click here to enter text.](#)

Questions

Until an integrated care at home program is introduced, is there a need to more clearly define or limit the circumstances in which a person receiving services through a home care package can access additional support through the CHSP? If so, how might this be achieved?

Refer to page 17 of the discussion paper

[Click here to enter text.](#)

4.8.1 Supporting specific population groups

Question

How can we make the care at home system work better for specific population groups, particularly those whose needs are not best met through current CDC models and administrative arrangements?

Refer to page 19 of the discussion paper

LGNSW supports the principle of the delivery of services to marginalised communities at a local level by organisations with proven experience in working with their own communities. Block or program funding models are the most appropriate for these services and population groups.

LGNSW supports the approach, suggested in the discussion paper, of developing 'linking' style services to provide information and facilitate entry into the aged care system for older people from marginalised communities. Local councils, particularly in regional and rural areas, are well placed to deliver these linking or connecting services, often being the only multi service provider and community 'hub' located in many of the rural and regional areas in NSW.

4.8.2 Supporting informed choice for consumers who may require additional support

Question

What additional supports could be considered to ensure that people with diverse needs can access services and make informed choices and exercise control over their care?

Refer to page 19 of the discussion paper

Sector Support roles can provide one-on-one support to older people from marginalised communities accessing aged care services, including supported referrals to My Aged Care. These roles, such as ageing and disability positions in councils, can help build inclusive communities and support older people to access services appropriate to their needs.

4.10 Other suggestions for reform

Question

Do you have other suggestions for care at home reform, or views on how changes might be progressively introduced or sequenced?

Refer to page 20 of the discussion paper

[Click here to enter text.](#)

5.2 What would be needed to give effect to these structural reforms?

Question

Are there other structural reforms that could be pursued in the longer-term?

Refer to page 21 of the discussion paper

[Click here to enter text.](#)

Section 6. Broader aged care reform

6.1.1 Informal carers

Question

How might we better recognise and support informal carers of older people through future care at home reforms?

Refer to page 22 of the discussion paper

[Click here to enter text.](#)

6.1.2 Technology and innovation

Question

How can we best encourage innovation and technology in supporting older Australians to remain living at home?

Refer to page 22 of the discussion paper

[Click here to enter text.](#)

Question

What are the existing barriers, and how could they be overcome?

Refer to page 22 of the discussion paper

[Click here to enter text.](#)

6.1.3 Rural and Remote areas

Question

How can we address the unique challenges associated with service delivery in rural and remote areas?

Refer to page 22 of the discussion paper

LGNSW supports the principle of 'communities of practice' in working with marginalised communities. These are essentially groups of people who share a common concern for a cohort such as older people in rural and remote areas. The functions of communities of practice include supporting community service workers at the local level to meet the needs of consumers.

Many communities of practice already exist at a regional level in the form of aged care interagencies, CHSP Forums and HCP provider meetings e.g. Sector Support Development networks across the State. Local councils do and can continue to facilitate and contribute to these work communities if appropriately funded.

LGNSW supports the ongoing funding for the Sector Support Development Officer roles in councils with an updated focus on wellness and reablement services to both providers and consumers.

Question

What other service delivery and funding models could we consider for providing care at home services to consumers living in rural and remote areas, including examples of innovative local community models?

Refer to page 22 of the discussion paper

LGNSW supports the provision of program or block funding for those services in rural and remote areas for which individual funding is not economically viable due to market size and staff and transport costs.

6.1.4 Regulation

Question

How can we further reduce regulation to allow for innovation while ensuring that essential safeguards remain in place?

Refer to page 23 of the discussion paper

[Click here to enter text.](#)

6.1.5 Aged care and health systems

Question

What are some examples of current gaps or duplication across the aged care and health systems, and how could these be addressed?

Refer to page 23 of the discussion paper

[Click here to enter text.](#)

Any further comments?

Other comments

Do you have any general comments or feedback?

[Click here to enter text.](#)