

A new Aged Care Act: Exposure Draft Consultation Paper No.2

LGA Submission

March 2024

Table of contents

About the Local Government Association of South Australia	4
Introduction	4
Local government’s role in service provision for older adults.....	4
1 – General feedback	5
Accessibility and clarity of legislation	6
LGA recommendation	6
Existing market gaps in the CHSP	6
LGA recommendation	6
Harmonisation with other federally funded and legislated systems.....	7
LGA recommendation	7
Funding disparity for CHSP	7
LGA recommendation	7
2 - A new Aged Care Act - Exposure Draft.....	7
Chapter 1: Introduction	7
Objectives and Rights	7
LGA recommendation	8
Choice and control	8
LGA recommendation	8
High quality care.....	8
LGA recommendation	8
Recognition of professional advocates.....	8
LGA recommendation	9
Amending registration categories	9
LGA recommendation	9
Supporters and representatives	9
LGA recommendation	10
Service lists	10
LGA recommendations	10
Chapter 2: Entry to the Commonwealth aged care system	11
Eligibility and access	11

LGA recommendation	11
Care Finders.....	11
LGA recommendation	11
Chapter 3: Registered providers, aged care workers and digital platform operators	12
Maintain exemption for local governments from requiring an advisory body	12
LGA recommendation	12
Amending the responsibilities of volunteers	12
LGA recommendation	12
Screening requirements	13
LGA recommendation	13
Associated providers	13
LGA recommendation	13
Chapter 4: Fees, payments and subsidies.....	13
Consistency, fairness and sustainability under the new model	13
LGA recommendation	14
Financial literacy of older individuals	14
LGA recommendation	14
Draft pricing schedule.....	14
LGA recommendation	15
Chapter 9: The reform timeline and readiness support.....	15
LGA recommendation	15
Summary	16
Contact.....	16

About the Local Government Association of South Australia

The Local Government Association of South Australia (LGA) is the voice of local government in South Australia, representing all 68 councils across the state and the Anangu Pitjantjatjara Yankunytjatjara.

The South Australian *Local Government Act 1999 (SA)* recognises the LGA as a public authority for the purpose of promoting and advancing the interests of local government. The LGA is also recognised and has prescribed functions in 29 other South Australian Acts of Parliament. The LGA provides leadership, support, representation, and advocacy relevant to the needs of our member councils.

The LGA is a strong advocate for policies that achieve better outcomes for councils and the communities they represent. Councils are a partner in government and part of the solution. Working together we can make positive contributions to the health and wellbeing of the older people in our communities.

Introduction

The LGA welcomes the opportunity to provide a submission to the Department of Health and Aged Care (the Department) on *A new Aged Care Act: exposure draft Consultation paper No.2* (Consultation paper no.2) and the Exposure Draft of the new *Aged Care Bill 2023* (Exposure Draft).

This submission responds broadly to the Consultation paper no.2 questions posed by the Department as they relate to councils in their multiple functions as service providers, service planners and place-based stewards, and system advocates on behalf of older people and the service system.

This submission has been developed in consultation with South Australian councils and the Local Government Ageing Well Network. The LGA would particularly like to acknowledge the Municipal Association of Victoria and Local Government New South Wales for their insights, support and advice.

The submission highlights sections of the Exposure Draft that should be strengthened or changed to realise the Objectives of the new Act. It is disappointing that many of the sections in the Exposure Draft are not included, such as the service lists, details regarding fees and supplementary grants, pricing and subsidies and the Rules. These gaps have made it challenging to comment on the Exposure Draft and the LGA would appreciate the opportunity to discuss these details with the Department, following their development.

Local government's role in service provision for older adults

Local government is uniquely positioned to have a positive impact on the growing older population. Local government:

- has an intimate knowledge of the local community and the diversity of older people;
- ensures the physical, social and economic environment of the local community is conducive to the overall wellbeing of older people;
- provides services and programs that are flexible and locally appropriate to the needs of older people;
- enables community participation in local decision-making and supports the development of community networks; and

- is a strong advocate on behalf of the local community with other government and non-government organisations.
- Has legislative responsibilities under the *Local Government Act 1999 (SA)* to “provide for the welfare, well-being and interests of individuals and groups within its community.” As well as in the *South Australian Public Health Act 2012 (SA)* “to preserve and protect public health in its area.”

Whilst not all South Australian councils deliver funded aged care services, these community-focused roles clearly entrench local government’s relationship with older people in the community. This reinforces local government’s ability to recognise, understand and respond to the needs of the growing older population and contributes to the building of social capital in our communities.

Local government centre-based programs, which focus on social connection, have complemented Commonwealth Home Support programs (CHSP) services through reconnecting, reablement and fostering community connections, networks and friendships between local people.

Beyond the delivery of care, councils create supportive environments and communities to age well, building connections for older people.

An increasing number of councils have invested in direct functions that complement the aged care system, such as investment in fleet, plant and equipment to support transport and social support groups, community connectors roles and navigational supports. Many councils are also proactive in ageing well initiatives, and whilst the level of investment and scope differs between councils, the need to support the health and wellbeing outcomes for older residents is consistent.

Councils formal involvement in and responsibility for emergency management planning, relief and recovery has been, and will continue to be, of significant interest to the aged care sector.

Another significant point of difference for councils is the extensive engagement of volunteers who contribute significantly to the delivery of a range services across the service spectrum and stretch Federal Government funding further.

For example, a survey in 2016, across 11 South Australian councils, including two regional councils, noted the involvement of 903 volunteers, providing 187,158 hours of contribution in aged care. At that time the Productivity Commission calculated the value of volunteer service at \$27.42 per hour; equating to \$5.2m of unpaid service in those 11 local communities.

Current figures provided by [Volunteering SA/NT](#) now values volunteer services at \$46.62 per hour. In today’s environment the \$5.2 million would be closer to \$8.7 million of value to those communities.¹

The importance of councils should not be underestimated, and it is strongly recommended that the System Governor recognise the value of councils in local service planning. Councils have strong networks and play a key role in advocacy and leadership for local population outcomes that would support system stewardship.

1 – General feedback

The LGA acknowledges the Exposure Draft addresses much of the feedback provided by older people, families, carers as well as 29 (in full) and 4 (in part) recommendations from the Royal Commission into

¹ Using current figures provided by [Volunteering SA/NT](#)

Aged Care Quality and Safety. But it doesn't go far enough to deliver choice and control, transparency, an effective complaints process and enforceability of rights.

The Act needs to take a human rights-based approach and focus on wellbeing, reablement and quality of life. The Exposure Draft must have regard for:

Accessibility and clarity of legislation

The aged care system is complex, and the legislation must be communicated in a format that is easy to understand. Older people need to be able to understand their rights, the responsibilities of others and the pathways they need to follow if their rights are not being upheld.

LGA recommendation

The LGA recommends that a suite of guidance documents needs to accompany the legislation for improved access to empower older people, their supporters, and the aged care workforce to understand their rights and responsibilities across the service system. This includes information in other languages.

Existing market gaps in the CHSP

South Australian councils have a long history of providing CHSP services. The *Aged Care Program Redesign: Services for the Future – Consultation Paper* previously noted that the Commonwealth Home Support Programme (CHSP) is an effective investment (servicing 65% of the people for 12% of the funding) in providing entry-level care and support services to assist people to stay at home longer.

There are concerns from our members that there are older people who have been assessed for services and cannot access the services they need. There are various factors for this including lack of service availability and thin markets (where unit prices do not cover the cost of service delivery), workforce shortages, capacity of the sector, and long wait lists for some services. Often, this situation only changes when a person's circumstances deteriorate, and they require more urgent and higher-level support.

The integration of CHSP into the Support at Home program no earlier than July 2027 was a welcomed announcement to support the sector and older people to prepare for the new system. There is, however, a risk that the shorter transition period for Home Care Package providers may cause issues for the Government as it attempts to enact the new Act and deal with the long-term stability of the aged care system and the systemic failures to ensure equal access for all.

Additionally, there are concerns around there being limited CHSP clients when Support at Home does commence. Providers who opt in early and move people onto the new program would undermine existing CHSP providers and create an inequality in services more than is currently apparent.

LGA recommendation

The LGA recommends the Department, or the Minister, prioritise solutions that resolve existing service issues, including waiting lists for CHSP services and assessment, and transition for people who are moved in, prior to the integration of CHSP into Support at Home.

Harmonisation with other federally funded and legislated systems

It is suggested that the Act aims to harmonise with other relevant interacting systems to enable older adults and the aged care workforce to understand and navigate their rights and responsibilities as they interact across multiple systems. This is currently cause for confusion.

LGA recommendation

The LGA suggests that the legislation reflect shared definitions, concepts, registrations, regulations and pathways for complaints or appeals, where appropriate, with legislation that governs interfacing systems such as the National Disability and Insurance Scheme (NDIS), social services and health.

Funding disparity for CHSP

CHSP funding continues to have legacy issues of funding disparity for service types between providers. The Department is not transparent on national funding variations regarding the quantum of providers sitting at the lower, mid or upper scales of current CHSP funding per activity type. Further details of unit costings are required.

Our councils have told us that they are rarely at the upper range of service-type funding compared to other providers nationwide. This has exacerbated cost-shifting to South Australian councils to subsidise service costs for their communities. As an example, South Australian councils get a unit cost of approximately \$55 for home maintenance, whilst in Queensland it is approximately \$110. This disparity in unit costs is further exacerbated in rural and regional areas, which often does not cover the real cost of delivery.

LGA recommendation

The LGA recommends that funding parity is sought through new contractual agreements with providers for CHSP to extend until at least end June 2027. The findings and recommendations made from the Aged Care Taskforce (yet to be handed down) should also be considered with a view to support a sustainable system recognising:

- specialist services for First Nations and CALD communities,
- thin markets in regional and remote areas, where councils are often provider of last resort, and
- areas of 'thick' but underserved markets in metropolitan areas with large, growing and diverse older populations. For example, there are many providers in the metropolitan areas, but not necessarily delivering to the CALD or First nations communities. These areas can have limited presence of established aged care providers and high levels of competition for all community and health services.

2 - A new Aged Care Act - Exposure Draft

This section responds to specific chapters of the Consultation paper no.2.

Chapter 1: Introduction

Objectives and Rights

The LGA welcomes a new rights-based Aged Care Act, noting this was a key recommendation of the Royal Commission into Aged Care Quality and Safety.

The rights-based legislation is a great step towards better outcomes for older people. However, there are opportunities to strengthen this intent.

For example, it is noted that the Bill does little to include aspirations for older people to participate in their communities. Also, the Bill is structured around providing services to people who have a 'sickness', which perpetuates a medicalised deficit model of care/support.

Furthermore, there is no explicit provision for self-managing care and little to support co-design of support plans to incorporate personal preferences into plans.

LGA recommendation

The LGA considers that the Act needs to go further by focussing on wellbeing, reablement and quality of life and moving away from the current approach that leans towards a deficit approach and a medical model of care. It also needs to include details of how the rights of older peoples will be upheld as standard practice.

Choice and control

It was encouraging to see choice and control principles for older people embedded in the draft Bill.

Both the objectives and the Statement of Right refers to the ability of an older person to exercise choice and control, including in relation to 'how, when and by whom those services are delivered to the individual'. However, choice and control will be based on what a delegate decides they need, and the system needs to be simplified to allow for this.

These aspirational principles are important to ensuring self-management of home care services and principles of consumer-directed care are maintained in the new system; however, these principles are not directly enforceable and there is no available complaints process described.

LGA recommendation

The LGA recommends that choice and control be strengthened to uphold the rights of the older person. Breaches of rights should not require another type of action to make it enforceable. If an older person is denied choice and control and self-management approaches during assessment process, or service delivery, there needs to be an option available to them to make a complaint.

High quality care

Defining high quality care is welcomed and supported. Our members have suggested that allied health be included in the definition of high quality care. Furthermore, it is imperative that this definition is clearly understood by older people, including from CALD and First Nations backgrounds.

LGA recommendation

It is recommended that:

- Allied health is included in the definition.
- That resources explaining the concept is provided in appropriate formats to support First Nations older people and those who are culturally and linguistically diverse.

Recognition of professional advocates

The Exposure Draft is silent on the role of independent professional advocacy and support services and the role they play in formally interacting with the aged care system. Local, State and National advocacy

groups play a critical role in supporting individuals to uphold their rights and can identify systemic issues for continuous improvement (or to avert system failure). It is crucial that this function is recognised in the Act. It is suggested that their role could be noted in 'entry to the system', regulations, governance, and critical powers (such as an advocate being granted the power to enter premises with the older person).

LGA recommendation

It is recommended that the Act defines professional advocacy services and the roles and responsibilities they have when interacting with the various stakeholders such as providers, supporters and representatives, the System Governor, Regulators, and Commissioners or delegates.

Amending registration categories

Councils have raised concerns that social support groups are now included in Category 4. The inherent risk for these activities is low and does not equate to the same risks of other services also grouped into Category 4. This creates unnecessary monitoring for regulatory bodies when the focus should be on services carrying a higher level of risk.

The types of social activities provided by councils include social bus outings, knitting groups, gentle exercise groups, coffee/friendship groups etc. Residents who participate in these activities do so for their enjoyment and social wellbeing and more often have fewer health and mobility support needs.

Councils also provide a significant amount of in-kind support for these programs that make them more cost effective for the Commonwealth especially when the unit cost is so low for these services.

This has significant implications for local government providers, who deliver social group programs for older residents. Compliance and auditing against the Quality Standards creates a significant administration burden and complexities around governance for councils, who's core business is not solely aged care. It also creates a barrier for other providers considering delivery in community-based settings.

Councils are vital in providing services which create community connections and belonging. Being at the forefront of the community, councils have a long history and expertise in delivering excellent social and group programs to cater for all ages and abilities in the community, including older people. Commonwealth block funding has historically enabled councils in the delivery of extensive social programs for older people to reduce their risk of social isolation.

LGA recommendation

The LGA strongly recommends that social support groups remain in Category 3 as originally proposed and should not be subject to the new Aged Care Quality Standards.

Supporters and representatives

There needs to be further clarity regarding supporters and representatives. Older people should have the right to have multiple supporters and/or representatives simultaneously to enable choice and control, which goes to the heart of the reforms. For example, an older person may prefer a different representative for to manage financial matters versus medical matters.

LGA recommendation

It is suggested that consideration is made to:

- Having multiples of either or both supporters and representatives.
- The need to distinguish between individuals and entities (such as State Trustees)
- Ensure that the rights of the individual are central to the process, and that there is a clear process for action if someone is appointed that the older person does not want.
- The potential for conflicting powers between Federal and State/Territory for enduring powers of attorney.

Further clarity is needed as to:

- How is a register maintained and updated to ensure currency? What are the checks and balances in place by the Commissioner? How often is this updated?
- What is the process for change if an older person changes their mind about supporters and/or representatives?
- What is the ability to appoint an independent professional advocate from the national advocacy program, if needed.

Service lists

Our members have expressed their disappointment that the Service List is not included in the Exposure Draft. The discussion paper notes that Service types are designed to cover existing aged care programs, however, without viewing the final List, it is unclear how it can provide further clarity of the services that the Commonwealth aged care system provides to older people.

Therefore, providing constructive feedback on this element is challenging. The LGA looks forward to being able to provide feedback in due course, when the Service List is available.

It is suggested that flexibility within groupings of service types is needed to enable older people to exercise their choice and control and that service descriptors need to be pictorial or in easy English for CALD older individuals.

Additionally, aged care financial literacy will support older people to understand their contributions, service fees and charges. Supporting initiatives for aged care financial literacy will build the capacity for older people to exercise choice and control within the new system.

LGA recommendations

The LGA recommend that:

- Flexibility is embedded within the Service List to enable older people to exercise choice and control to make informed decisions.
- Aged care financial literacy activities should be supported and resourced as a part of the service list.
- Service list should be available in easy English to support older people from CALD communities in understanding the services available.

Chapter 2: Entry to the Commonwealth aged care system

Eligibility and access

The Exposure Draft does not make clear how older people who are deemed ineligible for aged care will be supported. Therefore, it would be useful to have further clarity around a consistent process to support older people with other options that are available to support their perceived needs, for example the use of Care Finders.

There is a concern that with no universal access afforded to older people, and with limited or no State/Territory funded programs currently available, many older people may 'fall through the gaps'.

This further extends to those individuals who are deemed to fall outside the age rules but may have developed early onset of ageing-related chronic conditions.

Our members have suggested that there needs to be more clarity about the eligibility criteria when an older person's expectations of their support needs do not match up with the system's definition of eligibility. This can prove problematic to service providers, and it is suggested that information and messaging about this is developed to support providers and older people.

Lastly, many councils have noted that the current wait times for entry into the service are problematic and unacceptable. There needs to be a mechanism in the legislation to ensure that wait times are kept to a fair and acceptable level.

LGA recommendation

It is recommended that:

- Equitable and timely access to aged care services should be guaranteed within 30 days of application, including for those older adults who live in 'thin market' areas. Geography should not be a barrier.
- Embed a process to support older people when there is a mismatch between the expectation of support they would like and what they are eligible for.
- Services need to ensure universal access, so that all older people have access to aged care funded service or otherwise ensure transitional arrangements and processes are developed when the older adult does not meet eligibility criteria.
- The section on eligibility be amended so that the Act outlines a clear pathway to approve exceptional cases for anyone who experiences the early onset of aging-related chronic conditions that fall outside the arbitrary age rules. Unfortunately, there is an absence of other formal supports available (such a condition is very unlikely to meet eligibility requirements for the NDIS and many States/Territories no longer fund services).

Care Finders

Councils currently assist older members of their communities by providing information about aged care services and aged care options. This takes a significant amount of effort and resources due to the complexity of the aged care system, both now and particularly once the reforms come into full effect.

LGA recommendation

It is suggested that the Care Finder model is continued. The localised face-to-face support is crucial in connecting older people with the right supports that are relevant to their needs.

Further, that there is ongoing, funded training to support workers and other relevant organisations build knowledge and understanding of the system to ensure an older person can exercise choice and control.

Chapter 3: Registered providers, aged care workers and digital platform operators

The LGA notes that there is limited information at this point, which makes it difficult to effectively comment. Further information and clarity are needed about the rules and obligations, worker screening requirements, qualification or training requirements and infrastructure (including digital) requirements. Our members have suggested that the registration process needs to be prioritised as currently it is too vague.

Concerns have also been raised relating to the impact of multiple providers, billing structures, and daily payments. There is also uncertainty of co-contributions made by the older adult and the rules around this.

Once these rules have been developed there needs to be more promotion to inform older people and their families about the changes.

Maintain exemption for local governments from requiring an advisory body

The current *Aged Care Act 1997 (Cth)* s63-1D exempts local government and State and Territory governments from governing body and advisory body requirements introduced as part of the reforms in response to the Aged Care Royal Commission.

The Consultation Paper no. 2 noted that the intent of sections 100-104 of the Exposure Draft is to *'replicate recent amendments made to the current legislative framework'*. Section 100(1)(b) of the Exposure Draft exempts government entities from governing body requirements, but this exemption is not extended to advisory body requirements under s101. This is problematic. For example, if a local government entity is exempt from establishing a "governing body" to whom does a "written report" as described in s101(1)(ii) be sent? This is a departure from existing legislative intent.

LGA recommendation

It is recommended that the exemption under s100(1)(b) regarding membership of governing bodies be replicated in s101 to exempt local government authorities and other exempted bodies from advisory body requirements and to provide clarity.

Amending the responsibilities of volunteers

Volunteers are currently defined in the Exposure Draft with the same responsibilities as aged care workers, which would be disproportionate to the administrative compliance requirements and risk. Council providers rely heavily on volunteers to support aged care services and programs, as noted previously in this submission.

LGA recommendation

The LGA recommends that volunteers are defined separately to aged care workers and that a different set of responsibilities, registrations, screening, etc are identified in the legislation.

Screening requirements

Further detail is required as to who will be responsible for annual aged care worker screening programs to ensure that they are not too expensive or prohibitive. If it is, this could provide a barrier to engaging and retaining a high quality and suitable workforce.

LGA recommendation

The LGA recommends moving the aged care worker screening to a national register, and away from State and Territory registers. This is to ensure consistency in approach and the safeguarding of older people, should workers move across jurisdictions or live in border communities.

Associated providers

Councils are wary of the new concept of 'Associated Providers' who can deliver services on behalf of a registered provider. An associated provider may or may not be a registered provider. It is acknowledged that this concept is consistent with findings of the Royal Commission, however, there will need to be appropriate checks and balances in place. The Exposure Draft shifts significant risk onto the aged care provider for compliance, who may have little or no oversight to control risks.

Whilst some risks can be mitigated by providers, proper processes will need to be established. This is currently seen as an issue whereby workforce shortages have resulted in sub-contractors delivering poor outcomes.

LGA recommendation

It is suggested that a process is developed to ensure providers are supported in having checks and balances in place to prevent poor outcomes. The additional risks and penalties placed on providers may impact service choice and continuity for older people. Another risk is that registered providers may avoid using associated providers and reduce service.

Chapter 4: Fees, payments and subsidies

Similar to Chapter 3, there needs to be further details provided regarding fees, payments and subsidies as well as information about co-contributions as there is no information in the Exposure Draft. The recommendations from the Aged Care Taskforce have not been handed down at the time of this submission.

Consistency, fairness and sustainability under the new model

The framework for co-contributions is likely to change under the Support at Home model. Without the recommendations from the Aged Care Taskforce there is no shared understanding as to what the contributions would look like for older people accessing Support at Home services. Also, any model relying on clients having to access the internet or being digitally literate will reduce accessibility.

Councils are also concerned with the claiming of fees under the new multiple service provider system. Providers need confidence that aged care funding will not 'run out' due to multiple providers providing services to an older person during a particular funding period. This has the potential to leave providers out of pocket, is unsustainable and lead to council ratepayers subsidising aged care.

Our members have suggested that this method of providing services will see a 'race to the bottom' as high quality and reputable service delivery agencies, like local government, will most likely not have an appetite to maintain service provision in such a financially risky environment.

Additionally, councils delivering services are often the provider of last resort, either due to thin markets for example in rural and regional areas, or due to other providers 'cherry picking' clients and avoiding those who are financially disadvantaged or perceived as being 'problematic'. It is important that pricing schedules address these challenges to ensure equitable service access for all older people.

Lastly, councils currently operate on a block funding arrangement. In previous documents and consultations, the Department references "ad hoc grant funding" and "mixed funding models" and "supplementary grants" within the Support at Home program for certain activities including transport, social support (the two most capitolly expensive service types) and meals.

The Royal Commission noted that these elements should be grant funded. This approach is strongly supported by councils but there has been no further information as to whether this approach is still being considered and has vanished from recent discussions.

LGA recommendation

It is recommended that:

- Processes are established to ensure that providers are not left out of pocket with the fee for service model.
- Grant or supplementary funding is provided under Support at Home in relation to centre-based meals, transport and social support programs. This is a critical element in ensuring sustainability of community-based services and does not align with a fee-for-service model. Further clarity is needed.

Financial literacy of older individuals

The new complexities around having multiple providers and varying levels of contributions will make it challenging for many older people in navigating services. It is crucial that there are resources available to assist the older person to improve their understanding and financial literacy relating to the new system. This is particularly important for vulnerable groups and those who are culturally and linguistically diverse.

LGA recommendation

It is suggested that the financial literacy of older people is supported by the System Governor and that resources and information is provided to support older people and their families accessing the system.

Draft pricing schedule

Councils and other current providers are still unclear as to the proposed pricing schedules. Many councils are currently reviewing whether to continue providing in home aged care services to their communities. A pricing schedule is crucial for councils to develop financially sustainable business models and is essential information with which to make informed decisions about their future roles in service provision. The pricing schedule must be made available for consultation in advance of the implementation of the second phase of Support at Home.

Members also identified a need for a standard fee waiver tool, accessed at the initial assessment time so older people do not need to complete for every provider, thus simplifying the process.

The initial assessment time would also provide a good opportunity for the Regional Assessment Service (RAS) to have the older person sign the 'Charter of Rights' and provide the details of their Power of Attorney, to be held centrally on My Aged Care.

LGA recommendation

It is recommended that the Department release a draft pricing schedule for consultation and as final release in 2024 to allow providers to make evidenced-based decisions as to the viability of entering, continuing, or exiting as a registered service provider of Support at Home.

Furthermore, it is recommended that a fee waiver tool be developed, and that older people are provided the opportunity to have the Charter of Rights signed during the initial assessment process.

Chapter 9: The reform timeline and readiness support

Councils have expressed concern that the period for the consultation on the Exposure Draft has been short. The Exposure Draft is an incomplete version of the proposed Bill, with little information on elements crucial to make informed decisions. This includes fees and charges, place allocation, critical powers, review of decisions, some parts of banning orders and use of computer programs to make decisions.

Furthermore, there has been an incredible amount of information provided to the sector. The Exposure Draft, the Aged Care Quality Standards, and the Single Assessment System are significant generational changes. Providers require time to digest these changes and put relevant policies, procedures and infrastructure in place to support their implementation. This will require dedicated resourcing to achieve compliance, outside of current service delivery obligations.

The two-phased implementation of Support at Home was welcomed by councils due to both significant concerns regarding CHSP sector readiness and the lack of detail regarding the Support at Home model.

An updated 'roadmap' of key dates and commitments is required by the sector for critical information to enable councils to work with their communities and prepare for the changes that will impact council budgets, procurement, resourcing, IT system upgrades, and recruitment processes.

Councils are concerned that there will be a continued 'divide' between people who take on a Home Care Package, and then are required to relinquish CHSP programs or services. There needs to be scope to ensure people are not disadvantaged or fall through the gaps because they do not neatly fit a specific criterion.

Council providers seek to understand, as they work towards compliance:

- How will the Commission manage the intersect between what providers are required to do under the new legislation versus the need for grace periods to implement generational change?
- How will suspected breaches or complaints be reported during the transition phase?
- What are the milestones or critical points along the path for providers to prioritise and manage whilst focussing on operations and optimal service outcomes for older people?

LGA recommendation

It is recommended that:

- At least twelve months is provided for organisations to transform their business processes to achieve compliance.

- Further clarity is provided as to the expectations for CHSP providers during the (a) transition phase, (b) when the new Act commences and (c) when full rollout of Support at Home eventuates.

Summary

The LGA welcomes the opportunity to provide feedback to the Australian Government before final decisions are taken on these matters.

As providers, councils deliver cost effective services, contribute significant in-kind funding, stretching Federal funding even further. As a level of government, we are committed to promoting the wellbeing of all our residents.

Local councils have strong networks and play a key role in advocacy and leadership for local population outcomes that would support system stewardship. With the right resources, councils who deliver funded aged care, can be an effective partner to the benefit of older Australians and their families.

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