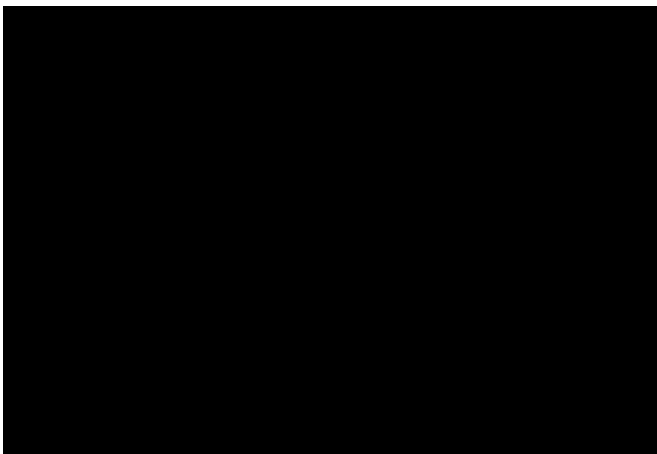




Aged Care, Disability Services and Housing Review

Report

January 2021



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EXECUTIVE SUMMARY

Introduction

The aged and disability care reforms are having a profound impact on councils, which historically have been central to the planning, funding and delivery of community care services. As a result, various councils have exited the sector whilst others like SVC are exploring possible, probable and preferred scenarios regarding their future roles and responsibilities.

This review provides SVC with a detailed scan of the external and internal aged and disability services environment identifying the strategic issues and proposing options to guide the future course of action. Housing is also included due to SVC's ownership of Rotary Place and the Retirement Village in Tumbarumba.

Purpose

The purpose of the review is to inform Council decision making around its future role in the provision of services for older people and people with disability in SVC.

The review is listed as a strategy in SVC's 2028 Community Strategic Plan:

Theme 1: WE CELEBRATE AND NURTURE THE UNIQUE CHARACTER OF OUR TOWNS AND VILLAGES. Community desire for services which support wellbeing for local people such as libraries, childcare and aged care.
Strategy 1.2: Provide accessible services and initiatives which support and contribute to wellbeing across all stages of life.
Strategy 1.8 Advocate for and supports the provision of affordable housing in our towns and villages.

Key Findings

External Scan

Policy

The external scan confirmed the ongoing transformational reforms in the community care system driven by consumer driven market-based integration that is affordable and sustainable and focussed on promoting wellness and independence.

Consumer

Providers are needing to be more responsive to consumer needs and expectations by having increased capacity for on-demand services to support the desire to stay at home for as long as possible.

Service models

Flexible service models and consumer driven services require investment in technologies that are consumer facing and linked to required reporting standards. Consumer purchasing

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arrangements along with changes to financial management and compliance reporting are expected to substantially increase administrative costs.

These changes are informing the introduction of new continuum of care business models integrating resort style retirement living, home care and residential care

Competition

Research confirmed the increasingly competitive nature of the community care sector with established not for profits having the largest share of the market, and many new entrants and others growing market share.

There are a significant number of providers listed in My Aged Care as providing services to SVC region. SVC's current market share is thin, around 20% of the Home Care Package market and less than 50% of the Commonwealth Home Support Program. The NDIS market share is smaller with SVC only providing residual community transport.

Quality and Safety

Approved providers such as SVC are required to maintain Aged Care Quality Standards, Disability Standards, Retirement Village Standards and relevant Acts. The ongoing reforms together with the findings of both Royal Commissions are expected to increase reporting and compliance requirements requiring additional administrative, technical and workforce capabilities.

Ageing population

SVC has an ageing population with 29.5% aged 60 years and over, compared with 22.1% and 27.2% respectively for Regional NSW (ABS 2016). Council has been a provider of community services for over 30 years.

Internal Scan

Disparate services

The internal scan highlighted the disparate aged and disability service system managed by SVC. Services are split across SVC with each service operating separately and somewhat independently. Administration, reporting, financial management and staff appear to operate as separate entities from Tumut and Tumbarumba.

Community Transport is provided from Tumbarumba Multiservice Outlet (MSO) and Tumut Districts Community Transport (TDCT), Home Care Package (HCP) and the Commonwealth Home Support Program (CHSP) are provided from the Tumbarumba MSO. SVC's market share of the Home Care Packages is approximately 20% and less than 50% of the CHSP market. Valmar provides most of the CHSP in SVC and Community Transport is also provided by Valmar services based at Tumut.

Service type

Community transport (Tumut and Tumbarumba) and domestic assistance (Tumbarumba only) have the greatest demand with Tumbarumba MSO delivering well over targets for both services. Both services report separately to the various departments and use the same

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technology programs for reporting, however Tumbarumba MSO uses a different invoicing program for Home Care Package Clients.

Financial analysis

A financial analysis was done on the Tumbarumba MSO CHSP program with the data provided by staff. The analysis highlighted a number of issues indicating a significant amount of cross subsidisation occurring to support MSO activity.

A financial analysis was not done on Community Transport due to the number of volunteers providing the service and the varying remuneration rates. Similarly, a financial analysis was not done on Rotary Place and the Retirement Village because costs are applied from different cost centres and differing arrangements in place for maintenance and repairs.

Workforce

The workforce function as two separate entities and don't to backfill for leave. Tumbarumba MSO has a highly casualised workforce, a coordinator with significant experience and no succession plan. Both services have a number of volunteers which are also managed separately.

Consumers

Staff report consumer loyalty and satisfaction, however objective consumer engagement/satisfaction reports from recent years were not available.

Volunteers

Volunteers are managed separately as is the remuneration of volunteer Community Transport drivers. SVC's recently developed volunteer framework is expected to be implemented to ensure a consistent approach to managing volunteers

Quality

Both services are subject to quality reviews by the Aged Care Quality Commission and National Disability Services Standards. Neither service was able to provide a self-assessment against standards demonstrating compliance.

Retirement housing

Rotary Place and the Retirement Village are in Tumbarumba and managed from the Tumbarumba MSO. Recent changes to the Retirement Villages Act will require a review of the current rental, management and maintenance programs. Rent for the homes have not increased since 2012.

The cost of running the retirement housing was not able to be accurately calculated due to the complex way in which the units are costed across departments.

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Options

The ongoing reforms and disparate service model mean that SVC will need to consider its position and role in relation to the provision of aged and disability services. The Review has provided SVC with two options regarding the future of ageing and disability services. Each of the options have risks for SVC to consider.

The Review has recommended retaining ownership of Rotary Place and the Retirement Village.

Conclusion

Local government has historically been a major provider of community services, however the structural changes arising from the renegotiated Commonwealth/State roles in the delivery of aged and disability services have created a disturbance to the sector, resulting in a number of Councils exiting direct service delivery.

SVC's market share is relatively small placing it in a position to decide whether to restructure and position itself as a future provider or transition the services to a regional organisation that maybe in a better position to work with the reforms to grow and respond to individual needs.

Should SVC take the exit option, they should consider a stronger and broader role in advocacy by establishing a Health and Wellbeing Alliance with Terms of Reference to oversee the health and wellbeing of the community.

In summary, it is timely that SVC investigate the options for the future delivery of the services in the review with a goal to ensure the path forward is in the best interests of consumers, the community and ratepayers.

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Abbreviations

ABS:	Australian Bureau of Statistics
ACAT:	Aged Care Assessment Team
ACFA	Aged Care Financing Authority
ARVAS:	Australian Retirement Village Accreditation Scheme
CAS:	Casual
CHSP:	Commonwealth Home Support Service
CT:	Community Transport
CTO:	Community Transport Organisation
EFT:	Effective Full Time
FT:	Full Time
GDP:	Gross Domestic Product
GL:	General Ledger
HCP:	Home Care Packages
ILUL:	Independent Living Units
LLB:	Living Longer Living Better
MSO:	Multi Service Outlet
NDIS:	National Disability Insurance Scheme
OT:	Occupational Therapist
PPE:	Personal Protective Equipment
PT:	Part time
STRC:	Short Term Restorative Care
SVC:	Snowy Valleys Council
TDCT:	Tumut District Community Transport
Tumba:	Tumbarumba
Wks:	Weeks
Yrs:	Years

Disclaimer

██████████ has undertaken research and consultation to inform this review that is consistent with the scope of the project agreed with the client. The consultant's role in this review is to objectively examine all relevant information, talk to relevant parties (within the agreed project scope), and express a view on the issues at hand through this report. Our objective opinion is available to the client, without prejudice, to inform its decision making as it sees fit. This is irrespective of whether our findings and recommendations are accepted or acted upon.

Whilst due care and diligence has been applied by the consultant in undertaking this review, the accuracy of the data and findings contained in this report cannot be warranted.

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1. INTRODUCTION

The aged and disability sectors are in the midst of significant change and transformation, with Royal Commissions and the COVID-19 pandemic creating shifts that could potentially reposition these services into the future¹.

The aged care and disability reforms are having a profound impact on councils, which historically have been central to the planning, funding and delivery of community care services. As a result, councils throughout Australia have exited as service providers whilst others like SVC are now exploring possible, probable and preferred scenarios regarding their future roles and responsibilities.

This review provides SVC with a detailed scan of the external and internal aged and disability services environment identifying the strategic issues and proposing options to guide the future course of action. Housing is also included due to SVC's ownership of Rotary Place in Tumberumba.

The review is listed as a strategy in SVC's 2028 Community Strategic Plan:

Theme 1: WE CELEBRATE AND NURTURE THE UNIQUE CHARACTER OF OUR TOWNS AND VILLAGES. Community desire for services which support wellbeing for local people such as libraries, childcare and aged care.

Strategy 1.2: Provide accessible services and initiatives which support and contribute to wellbeing across all stages of life and

Strategy 1.8 Advocate for and supports the provision of affordable housing in our towns and villages

SVC currently demonstrates a strong commitment to its community through the delivery of a range of aged care and disability services. This commitment in terms of outcomes for consumers, in 2019/2020, 26699 hrs of service was provided to 607 residents. This was a decrease in 2018/2019 (34175hrs and 681 residents) due to bushfires and COVID 19.

The approximate revenue received from contracts and client contributions for aged care and disability services in 2019/2020 was \$688,491.36.

1.1 Purpose of the review

The purpose of the review is to inform Council decision making on its future policy position, role and participation in the provision of services for older people and people with a disability.

1.2 Scope

The project scope included a detailed external and internal environmental scan identifying strategic issues and presenting options to guide the future course of action.

¹ Ageing Agenda -Jan 2020

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1.3 Review Framework

The review provides Council with an overview of the aged and disability industry adapting the Local Government NSW (LGNSW) recommended process for review.

The programs in the review include:

- Tumut District Community Transport
- Tumbarumba Multi Service Outlet
- Rotary and the Independent Living Units

The framework comprises:

- An external scan exploring the history of service delivery and analysing current reforms, policy, market analysis, economic, sociodemographic and technological contexts. Community engagement has not been undertaken as part of the review.
- An internal scan profiling the services, costs, unit costs, workforce and workforce issues, volunteer involvement, risk analysis and current issues.
- Identification of strategic issues for SVC
- Options to guide the future action

1.4 Structure of the Report

The Report has been structured to align with the review framework as follows

- Section 1: External Scan
- Section 2: Internal Scan
- Section 3: Strategic Issues,
- Section 4: Recommendations

1.5 Data Sources

Data for the review was obtained from the following sources

- Department of Health reports
- Independent reports
- Aged and Disability services peak bodies
- ABS
- SVC subscription to ID

During the review, [REDACTED] worked through the key structures and processes of TDCT and Tumbarumba MSO with SVC Manager Community Services, TDCT Community Transport Coordinator and Tumbarumba MSO Co-ordinator. The information provided was used in the Internal Scan and in part the External Scan. Whilst due care and diligence has been applied by the consultant in undertaking this review, the accuracy of the data and findings contained in this report cannot be warranted.

2 EXTERNAL SCAN

2.1 Aged care in Australia

System

The aged care system offers a continuum of care under three main types of service:

1. Commonwealth Home Support Program (CHSP),
2. Home Care Packages, and
3. Residential care.

There are also flexible care programs available to consumers (and their carers) that extend across the spectrum from home support to residential aged care.

Most older people and people with disability remain independent and stay in their home, connected to family and community, for the duration of their lives. For some, home support and home care packages provide the support they need to maintain independent living. Only a small proportion of older Australians are accessing residential care at any point in time².

SVC provides CHSP and Home Care Packages from the Tumbarumba MSO and CHSP funded Community Transport from Tumut Districts Community Transport, these two service types are the focus of the external scan. Retirement Villages have also been included.

Commonwealth Home Support Program (CHSP)

The CHSP provides entry-level services focussed on supporting individuals to undertake tasks of daily living to enable them to be more independent at home and in the community. Services under the program are provided on an on-going or episodic basis, depending on need.

Home Care Packages

Home Care Packages are more structured, more comprehensive package of home-based support, provided over four levels.

- Level 1 – to support people with basic care needs
- Level 2 – to support people with low level care needs
- Level 3 – to support people with intermediate care needs
- Level 4 – to support people with high care needs.

Demand

The ageing of the population and the associated increasing number of people with dementia are the two main factors driving increased demand for aged care services. As age increases, the likelihood of needing care increases.

On 30 June 2020, 16.0 per cent of Australia's population was aged 65 years and over (4.1 million people) and 2.0 per cent was aged 85 years and over (517,000 people). By 2030, it is estimated that 18.1 per cent of the population will be aged 65 years and over (5.4 million people) and 2.4 per cent (719,500 people) will be 85 years and over³.

²Department of Health (2020) 2019–20 Report on the Operation of the Aged Care Act 1997.

³Department of Health (2020) 2019–20 Report on the Operation of the Aged Care Act 1997.

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While the COVID-19 crisis may pose sizeable dislocations to both the demand and supply of subsidised aged care services in 2020, in the longer term the demand for all aged care services and support required by older Australians, including subsidised services, will continue to expand with the ageing of the population⁴

Access

My Aged Care

My Aged Care is the starting point to access Australian Government-subsidised aged care services. My Aged Care information and assessments are accessed from the dedicated contact centre and website, including a new self-service option to register for My Aged Care, and with the support of general practitioners⁵.

Access to home care packages (and residential aged care services) is through a comprehensive assessment performed by one of the 80 Aged Care Assessment Teams (ACAT) which operate in all states and territories. If a person has been assessed as eligible for a particular level of home care package, but there are none available, the person can be offered a lower level package as an interim measure until a higher level package is available. Access to CHSP is through an assessment by a Regional Assessment Service (RAS).

Expenditure

Australian Government expenditure on aged care in 2018-19 was \$19.9 billion, up from \$18.1 billion in 2017-18. This is projected to increase to over \$25 billion by 2022-23. The aged care industry makes a significant contribution to the Australian economy, representing more than 1 per cent of Gross Domestic Product (GDP)⁶.

In 2018-19, subsidised aged care services were provided by:

- 1,458 Commonwealth Home Support Program (CHSP) providers
- 928 home care providers
- 873 residential care providers

Consumer expenditure on aged care was around \$5.1 billion in 2018-19 (excluding refundable accommodation deposits), compared with \$4.9 billion in 2017-18. Fees for everyday living expenses in residential care (the basic daily fee) represents two-thirds of consumer expenditure. There are over 366,000 paid workers in aged care with a further 68,000 volunteers⁷.

The overall aged care provision target ratio is being adjusted to progressively increase from the target of 113 operational places per 1,000 people aged 70 and over that applied prior to 2012 to 125 by 2021-22. Over the same period the target for home care packages is increasing from 27 to 45, while the residential care target will reduce from 86 to 78. The remaining two places are for the Short Term Restorative Care Programme (STRC).

⁴ Aged Care Finance Authority Report (2020)

⁵ Department of Health: 2019-20 Report on the Operation of the Aged Care Act 1997

⁶ Aged Care Finance Authority Report (2020)

⁷ This is as of 2016 when the most recent Workforce Census was conducted.

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Financial performance

The most recent Aged Care Finance Authority report described significant deterioration in the financial performance of home care providers in 2017-18. After several years of stable returns, EBITDA per consumer for home care providers fell by over 60 per cent in 2017-18. This was influenced by the introduction in 2017 of home care packages following consumers rather than being allocated to providers. This reform allows consumers to direct their care package to the provider of their choice as well as to change providers, which resulted in a large increase in the number of approved providers and greater competition between providers. Adapting to the new arrangements increased costs for providers and the more competitive market put downward pressure on prices⁸. Similar deterioration was reported by residential care providers due to the increased costs associated with COVID, quality and safety and in some instances such as rural and regional areas, reduced demand.

Consumer expectations

A key characteristic of the baby boomer generation is that they are wealthier than previous generations⁹. This demographic has benefitted from high growth in property prices while paying down their mortgage and are the first generation to have compulsory superannuation. It is reasonable to assume that they will:

- both expect and be able to afford higher standards of residential accommodation, lifestyle amenities and quality of life than previous generations have been willing to accept.
- be expected to prefer to remain living in their own home for as long as possible as they age.
- may be more demanding in the range and quality of aged care services they are seeking.

Consequently, providers will need to be more responsive in meeting consumer needs and expectations, including in particular the desire to stay at home for as long as possible. This may require the introduction of new business models and changes in the interaction between retirement living, home care and residential care. The aged care regulatory system will also need to adapt to enable providers greater flexibility to pursue new business models and innovation¹⁰.

Aged care services quality and safety standards

The Aged Care Quality and Safety Commission (Commission) mandates organisations such as SVC to comply with the Quality Standards. Service providers are regularly assessed and must be able to provide evidence of their compliance with and performance against the 8 Quality Standards.

The Quality Standards focus on outcomes for consumers and reflect the level of care and services the community can expect from organisations that provide Commonwealth subsidised aged care services.

⁸ Aged Care Finance Authority Report (2020)

⁹ ABS, Household Income and Wealth 2017-18 (Cat no. 6253.0)

¹⁰ Aged Care Finance Authority Report (2020)

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The recently published Aged Care Financing Authority (ACFA) Report noted that providers were reporting increased costs associated with the introduction of the new quality standards and the stepped-up compliance activities of the Aged Care Quality and Safety Commission.¹¹

SVC Tumbarumba MSO Home Care Package program was reviewed in 2019 and the CHSP was last reviewed in 2017 which means a review is due at any time.

TDCT has not been subject to a review the past four years and therefore is due for a Quality Standards a review.

Approved providers of Australian Government-funded aged care services must comply with responsibilities specified in the Act, the associated Aged Care Principles, and the Aged Care Quality and Safety Commission Rules. These responsibilities encompass quality of care, user rights, accountability and allocation of places.

When non-compliance is identified, appropriate regulatory action is taken to bring providers back into compliance as quickly as possible. This action may include imposing sanctions or issuing various formal notices¹².

COVID 19

The report also noted providers reporting that dealing with COVID-19 had significantly added to the costs. The Government provided some temporary funding increases to help the sector respond to the demands from the coronavirus pandemic. The report went onto highlighting the pressures, challenges and uncertainties posed by COVID-19 impacting on an aged care industry that was already facing a period of transformation¹³.

2.2 Disability services in Australia

Disability

Disability is an umbrella term for impairments, activity limitations and participation restrictions, all of which can interact with a person's health condition(s) and environmental and/or individual factors to hinder their full and effective participation in society on an equal basis with others. There are varying degrees of disability—from having no impairment or limitation to a complete loss of functioning. It can be associated with genetic disorders, illnesses, accidents, ageing, injuries or a combination of these factors¹⁴.

System

The National Disability Insurance Scheme (NDIS) is Australia's national scheme for people with disability. It provides people with a permanent and significant disability, aged under 65, with the reasonable and necessary supports they need to live an ordinary life.

¹¹ Aged Care Finance Authority Report (2020)

¹² 2019–20 Report on the Operation of the Aged Care Act 1997

¹³ Aged Care Finance Authority Report (2020)

¹⁴ <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia-2020-in-brief/contents/people-with-disability-in-australia> accessed 12th Jan 2020

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Demand

More than 4 million people in Australia have disability, or around 18% of the population (2018). People with disability are diverse, having different types and levels of disability, coming from all demographic and socioeconomic groups, and having varying needs for assistance. For example, of people with disability:

- 1 in 2 (51%) are female
- 1 in 4 (23%) have a mental or behavioural disorder as their main condition, including: – 6.5% with intellectual and developmental disorders (including autism) – 3.8% with mood affective disorders, such as depression – 2.7% with dementia or Alzheimer disease
- 1 in 3 (32%) have severe or profound disability
- 1 in 3 (30%) need help with health care
- 1 in 4 (27%) need help with property maintenance
- 1 in 4 (23%) need help with household chores
- 1 in 2 (48%) aged 5 and over have a schooling or employment restriction (2018).

Based on self-reported survey data

- an estimated 40% of people with disability living in households need assistance from formal service providers.
- Most (86%) people with disability who need formal assistance with at least 1 activity receive some support.

The NDIS is expected to be one of the largest job creation opportunities in Australian history, with up to an additional 90,000 full time equivalent employees (FTE) needed over the next five years¹⁵. This will include a mix of highly skilled positions and a large number of roles that do not require formal qualifications¹⁶.

Housing

The availability of affordable, sustainable and appropriate housing helps people with disability to participate in the social, economic and community aspects of life. The absence of such housing can have a number of negative consequences, including homelessness, poor health and lower rates of employment and education. Most (96%) people with disability live at home or in the community (in private dwellings). The more severe a person's disability is, the more likely they are to live in cared accommodation and the less likely they are to live at home or in the community, 87% with severe or profound disability live in private dwellings, compared with close to 100% with other levels of disability (2018)¹⁷.

Social support

Many people, including those with disability, use social support services intermittently throughout life, if and when the need arises. Others need long-term support to help them fully participate in all facets of life.

¹⁵ Minister Fifield (2019) Financial Review

¹⁶ <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia-2020-in-brief/contents/people-with-disability-in-australia> accessed 12th Jan 2020

¹⁷ <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia-2020-in-brief/contents/people-with-disability-in-australia> accessed 12th Jan 2020

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Consumer expectations

COVID accelerated the wider trend of individuals choosing to move away from group supports, particularly in large facilities. Consequently, there is increased demand for home-based support and a strong push for establishing regular Support Workers and building robust relationships with those support people. Relationship building focuses on customer-first service as the primary goal, and again, in the current COVID climate, provides a much safer option by limiting the number of interactions with different people¹⁸.

Technology which enables customer directed choices to book and match with support workers seamlessly is available and expected. Optional accessible apps like NNA Direct Support's Edge Creations places the control in the palm of the hand of the participant providing a simple and easy way of finding and engaging a Support Worker that will provide a customised service for the consumer.

Providers are expected to be expert in the use of assistive technologies. Assistive Technology (AT) is any device, system or design used by individuals to perform tasks that might otherwise be difficult or impossible. AT range from simple household items like a jar opener to the more complex items like pressure care mattress that prevents pressure sores. In short, anything that assists individuals to perform daily activities can be considered assistive technology¹⁹.

Disability services quality and safety standards

The NDIS Quality and Safeguards Commission oversees registration and regulation of providers, Compliance with the NDIS Practice Standards and NDIS Code of Conduct, complaints about NDIS services and supports, reportable incidents, including abuse and neglect of a participant, use of restrictive practices, nationally consistent NDIS worker screening. Providers must be registered to deliver services and supports to NDIS participants who have their plan managed by the NDIA²⁰.

SVC is subject to a review against the NDIS Practice Standards.

2.3 Retirement villages

A retirement village is a residential complex mainly occupied by retired people aged over 55 years who have entered into some form of contractual arrangement with the owner.

Councils such as the former Tumbarumba Council have acquired land or used excess council land and collaborated with local community services and housing providers to establish affordable housing. Currently, SVC manages two residential complexes, Rotary Place and Mitchell St Retirement Units in Tumbarumba.

The NSW Office of Fair Trading administer the independent living units under the Retirement Villages Act (1999) and relevant amendments, and Retirement Villages regulation (2017)

New retirement village laws start in 2021 that includes:

- enabling residents to receive exit entitlement money before their unit sells (if the sale has been 'unreasonably delayed').

¹⁸ ditto

¹⁹ https://at-aust.org/home/assistive_technology/assistive_technology

²⁰ <https://www.ndiscommission.gov.au/> accessed 6th Jan 2020

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- providing an option for residents to fund their move into aged care by accessing part of their estimated exit entitlement money.
- ensuring residents no longer pay ongoing charges for general services 42 days after they leave the retirement village (from the start of the first financial year that applies to their village that commences on 1 July 2021 onwards).
- Require operators to maintain an asset management plan for the village's capital items making the plan available to current and prospective residents.

More than 60 per cent of village residents move directly into aged care. Previously, this move could be delayed if residents didn't have the money available to cover the costs of moving. The amendments enable the resident to receive the entitlement and move into residential care as needed.

The increased availability of in home support and the preference for older people to remain in their own home is negatively impacting on demand for older style retirement villages type accommodation. This is in contrast with the increased demand for retirement lifestyle complexes in regional Australia²¹.

These complexes usually contain security features and resort style facilities such as indoor heated swimming pools, bowling greens, bars, libraries and gymnasiums just to name a few. Security features such as well-lit paths and roadways, 24 hours by 7 day a week emergency system, security entries, mobility friendly floor plans and shared infrastructure, can be reassuring and attractive to older people, particularly when one or both partners have health issues. Lifestyle villages are also generally conveniently located with access to shopping centres, medical centres and hospitals and public transport²².

Research has indicated that the recent cohort of over 65s expect their homes to feel connected with community, where family and friends of all ages feel pleasure and inclusion and relevance when visiting²³. Consequently, there continues to be significant investment in retirement lifestyle complexes in capital cities and regional centres such as Wagga Wagga and Albury attracting residents from smaller towns and communities in the region.

These investors are focusing on integrated aged care operation that involves retirement living, home care and residential aged care²⁴.

Retirement village accreditation

The Australian Retirement Village Accreditation Scheme (ARVAS) Standards is a voluntary accreditation scheme for retirement village and seniors housing operators. ARVAS is co-owned by two organisations that represent the owners and operators of retirement villages and seniors housing; Property Council of Australia and Leading Age Services Australia (LASA).

The ARVAS Standards are designed to work directly with the Retirement Living Code of Conduct, which came into full effect from 1 January 2020 and is the sector's self-assessment tool.

The code covers all aspects of a resident's experience in a retirement community: from signing the contract to enter the community, their on-site experience of living in the retirement

²¹ Knight and Frank (2017) Seniors living insight September 2017 a snapshot into seniors living accommodation in Australia

²² <http://www.go55s.com.au/lifestyle/lifestyle-community-different-retirement-village/> accessed 7th Jan 2021

²³ Knight and Frank (2017) Seniors living insight September 2017 a snapshot into seniors living accommodation in Australia

²⁴ Aged Care Financing Authority | Annual Report on the Funding and Financing of the Aged Care Industry – 2020

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community, their decision to leave the community and then right through until the resident's unit or apartment is re-sold.

SVC has not to date, participated in accreditation.

There are a number of facilities and providers of residential, disability and aged care accommodation in SVC. The following table provides more detail.

Table 1 Aged Care and Disability accommodation in SVC

Accommodation Type	Location	TYPE	Beds	Notes; Wait list
Tumbarumba MPS	Tumbarumba	Residential	40	They currently have a waitlist
Tumbarumba Retirement Village	Tumbarumba	ILU	4 homes & 5 rental units	yes
Department of Housing	Tumbarumba	Low cost rental housing	Several homes	
Blakeney Lodge	Tumut	Residential	30 beds	
Bupa	Tumut	Residential	100 beds	
Batlow/Adelong Multi Purpose Service	Batlow	Residential	19 beds	
Murray Glen	Tumut	Retirement Village	2- and 3-bedroom units for over 55s	
Valmar	Tumbarumba Tumut	Group Homes	Unknown	Unknown

2.4 Aged care and disability services reforms

The aged care and disability services reforms continue to result in transformational changes across the services system. The Reforms arise from three Productivity Commission Reports: a 2004 report on the operation of the Disability Discrimination Act, a 2011 report on the National Disability Insurance Scheme and a 2011 report Caring for Older Australians.

These reports highlighted concerns about existing service models initiating a reform agenda that has influenced and shaped aged and disability legislation, policies, program design, funding models, inter-government changes and service delivery.

To date, the reforms have generally been endorsed as being a positive move across the aged care, disability and mental health sectors. They recognise the importance of:

- Placing the person at the centre of the service system.
- Providing individuals with greater choice and control.
- Structuring the service system to support that.
- Supporting prevention and early intervention strategies across the life course.

Generally, the reforms support a shift to a more competitive, market-based service system with a move away from block funded service delivery to individual, user based, consumer directed funding²⁵.

The following information provides more detail on the major reforms that have influenced and continue to influence SVC aged and disability services.

²⁵ State Trustees Australia Foundation (2014) Understanding the Impact of Recent Government Reforms in the Disability, Ageing and Mental Health Sectors

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Aged Care Reforms

Since the initial Productivity Commission Report, Living Longer Living Better, a number of initiatives have been initiated as described in the following timeline.

Table 2 Aged Care Reform Timeline

Year	Reform Initiative
2012	Living Longer Living Better (LLLBB) reform package announced expansion of the aged care provision ratio, including a shift in the balance of care towards more home care.
	Government response to Productivity Commission report released .
2013	My Aged Care website and Contact Centre introduced to provide information for consumers about aged care and how to find Commonwealth-funded aged care services.
	Commencement of Home Care Packages Program (HCP).
	Introduction of Consumer Directed Care.
2014	Australian Aged Care Quality Agency established, and its role expanded to include quality review of home care services.
	Introduction of income testing arrangements in home care (as part of a range of financial reforms).
2015	Commencement of the Commonwealth Home Support Program (CHSP) which subsumed the Home and Community Care Program, National Respite for Carers program, Day Therapy Centres Program, Assistance with Care and Housing for the Aged program.
	Expansion of My Aged Care which included introduction of the Regional Assessment Services for Home Support and a nationally consistent screening and assessment process.
	Consumer directed care applied to all Home Care Packages.
2016	Release of the Aged Care Roadmap.
	A national fee framework for the CHSP was implemented.
2017	Commencement of Increasing Choice reforms – funding for home care packages.
	Aged Care Legislated Review.
2018	Royal Commission into Aged Care Quality and Safety- Final Report due February 2021.
2019	Impact analysis of alternative arrangements for allocating residential aged care places ²⁶ .
	Aged Care Quality and Safety Commission was set up.
	Aged Care Workforce Industry Council set up to implement the Aged Care Workforce strategy.
2021	Changes to payment arrangements for Home Care for implementation Feb 2021 (Stage 1) and September 2021 (Stage 2).
	Changes to prudential standards for residential care providers.

²⁶ <https://www.health.gov.au/resources/publications/final-report-impact-analysis-alternative-models-for-allocating-residential-aged-care-places> accessed 15th Dec 2020

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In 2015 the Aged Care Roadmap was developed by the Aged Care Sector Committee²⁷. The 'Roadmap' sets out future reform directions for aged care with an integrated care at home program that is characterised by:

- individualised funding that follows the consumer.
- additional government assistance only where there is insufficient market response.
- block funding (grants to providers) only if considered most appropriate/efficient.
- a single assessment process for eligibility, care needs and funding levels for care at home.

In 2017 the Commonwealth Government commissioned The Legislated Review of Aged Care to look at how the system has changed and adapted since the 'Roadmap' was enacted, the impact of the reforms to date, and where further changes could be made in the future.

The Review found that the reforms have been successful in taking Australian aged care further along the road towards a consumer demand driven and sustainable system that will meet both current and future aged care needs. Some of the improvements have been significant, such as the development of the My Aged Care gateway and the facilitation of investment in residential aged care infrastructure. Other changes, such as those that sought to increase consumer contributions to care, have had a more modest effect.

The report acknowledged that further reforms were needed in information, assessment, consumer choice, means testing, and equity of access.

Following a number of aged care issues, the Royal Commission into Aged Care Quality and Safety was established on 8 October 2017 looking at quality and safety in aged care including people with disabilities living in aged care; service systems, models of care, future of aged care, impact of COVID 19 and how best to delivery aged care services.

The Commission's Interim Report is scathing of the aged care industry (Residential and Community) saying:

We have uncovered an aged care system that is characterised by an absence of innovation and by rigid conformity. The system lacks transparency in communication, reporting and accountability. It is not built around the people it is supposed to help and support, but around funding mechanisms, processes and procedures. This, too, must change.... It is clear that a fundamental overhaul of the design, objectives, regulation and funding of aged care in Australia is required. This will be the central purpose of our Final Report and it also informs our approach to this Interim Report.

The Final Report is due in February 2021. It is anticipated there will be a second wave of reforms to funding, processes and procedures.

Home Care Package Reform

Tumbarumba Multi Service Outlet (MSO) auspices Home Care Packages Levels 1-3 to people in the former Tumbarumba Council. Significant Home Care Package reforms commenced in 2017 and are ongoing as per the following timeline:

²⁷ Municipal Association Victoria (2018), Community Care, Consideration for Councils

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Table 3 Home Care Package Reform Timeline

Year	Reform Initiative
2017	<ul style="list-style-type: none"> • Packages assigned to individuals instead of providers • One national priority system • Providers do not have to apply for package places through approval places as the packages are assigned to individuals.
2021 (Feb)- Stage 1	<ul style="list-style-type: none"> • Government will pay in arrears for services delivered and hold unspent funds for care recipients. The full amount will be paid, regardless of the services provided in the past month. Providers will continue to hold unspent funds on behalf of their care recipients. There will be no change to how they manage unspent funds.
2021 (March) Stage 2	<ul style="list-style-type: none"> • Subject to legislation passing, the payments will be for actual services provided. Government will hold any unspent Commonwealth funds. These funds will continue to be available to care recipients when needed

The Aged Care Funding Authority (ACFA) believes that most home care providers should be able to accommodate the cash flow impact of Stage 1 (February 2021) of the change in the payment of subsidies from in advance to in arrears. However, they note that some smaller providers operating in thin or difficult markets and under financial pressure may face challenges in dealing with the change in payment arrangements. This is because providers will still need to finance the services provided to new consumers pending receipt of their Government subsidy.

In regard to Stage 2, ACFA believes that the proposed return of the unspent funds held by providers on behalf of existing consumers will be complex and will increase administrative costs for both providers and the Department of Human Services (DHS). Related to these risks is the risk of a prolonged disruption to payments to providers as a result of the payment system (through DHS or equivalent) not making payments on time, and delays in reconciling disputes over payments²⁸.

Commonwealth Home Support Program (CHSP)

Tumbarumba Multi Service Outlet (MSO) provides a range of CHSP services to people in the former Tumbarumba Council.

In terms of the Commonwealth Home Support Program (CHSP), all providers including SVC are contracted until June 2022 and no decisions have been made about the future of this program beyond June 2022. It is worth noting that this includes any decision in relation to the retention or exclusion of block funding grant funding.

Community Transport

SVC Community transport is a sub-program with several funding streams. It is understood the service is also split across Council. This is based on an information agreement where TDCT provides CT to Tumut district, Valmar to the Batlow community and the Tumbarumba region is provided by Tumbarumba MSO.

²⁸ https://www.health.gov.au/sites/default/files/documents/2020/01/consideration-of-the-financial-impact-on-home-care-providers-as-a-result-of-changes-in-payment-arrangements_0.pdf accessed 5th January 2021

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Australia's Community Transport Organisation (CTO), the community transport peak body, notes the increasing administrative load saying administrative burdens imposed on contracted operators are increasingly challenging²⁹.

The Internal Scan describes the funding and how the program is delivered across SVC.

2.5 Disability services reforms

Disability service reforms have influenced SVC aged and disability services with eligible consumers (<65yrs) transferring from the aged care services to the National Disability Insurance Scheme (NDIS) and using an alternative NDIS provider.

SVC currently provides Residual Community Transport to people with disabilities who are on the NDIS.

National Disability Insurance Scheme (NDIS)

The NDIS is Australia's national Scheme for people with disability. It provides funding directly to individuals and is transforming the way in which disability services are delivered across Australia. It signals a shift from a 'block funded' service system to an insurance based, individually funded system. The summary timeline for development of the NDIS has been:

Table 4 NDIS Reform timeline

Year	Reform Initiative
1992	Disability Discrimination Act adopted by the Commonwealth.
2004	Productivity Commission Report on the Disability Discrimination Act.
2011	Productivity Commission Report on the National Disability Insurance Scheme.
2013	NDIS Act establishes the National Disability Insurance Authority (NDIA) to deliver the NDIS in Australia.
	Launch of Disability Care Australia / NDIS.
	Barwon Trial Site commences.
2016	NDIS commences transition to full operations.
2019	Royal Commission

The NDIS Quality and Safeguards Commission is an independent agency established to improve the quality and safety of NDIS supports and services. SVC Community Transport services is subject to the NDIS Quality standards.

We regulate NDIS providers, provide national consistency, promote safety and quality services, resolve problems and identify areas for improvement. Under the NDIS Commission, the requirements for NDIS providers are to be nationally consistent, proportionate to the size and scale of organisations and breaches, and responsive to an expanding market³⁰.

Disability Royal Commission

The Disability Royal Commission was established in April 2019 in response to community concern about widespread reports of violence against, and the neglect, abuse and exploitation of, people with disability. The Commission is investigating how people with disability can be better

²⁹ <https://cto.org.au/> accessed 17th Jan 2021

³⁰ <https://www.ndiscommission.gov.au/providers> accessed 15th Dec 2020

SVC Aged Care Review CONFIDENTIAL Report Draft Jan 2021 protected from abuse, violence and exploitation, improved reporting and investigation of these issues and improved models of service and how inclusiveness can be promoted more in society³¹.

It is anticipated the final report will be available sometime in 2022 and that the recommendations will inform future legislation, policy, programs, funding and service delivery.

Market

As noted earlier, there has been a significant increase in home care providers since the February 2017 changes that assigned home care packages directly to consumers rather than to providers. Many new providers have entered the market seeking to compete for consumers.

Whilst in the past year there were a lower number of new providers entering the market than the previous three years, it is evident that for-profit providers continue to make up the majority of new providers.

KPMG's 2020 market review of home care identified the following key issues:

- The recent decreased growth suggests factors such as market saturation, media scrutiny, the Royal Commission into Aged Care Safety and Quality and the introduction of new aged care standards have had an impact.
- Home care is an increasingly competitive sector. While the largest providers continue to be dominant, recent entrants and others are growing market share. Some of this growth has been gained from established providers.
- Some providers have disrupted the market with new service packages and pricing models. These are appealing to some consumers.
- Recent mergers and acquisitions are helping others to grow their market share; it remains to be seen whether this equates to sustainability.
- As highlighted by recent industry surveys, profit levels for many have deteriorated. There is a risk therefore that as Australia responds and recovers from COVID-19, growth in government revenue may be masking deeper issues about sustainability³².

2.6 SVC Market

Home care- CHSP

Tumbarumba

A search of My Aged Care for home care (domestic assistance) in Tumbarumba identified **5 providers** (Australian Unity have 3 listings) in the following order:

1. Australian Unity Home Care Services (Tumut)
2. Valmar Tumut and Districts Aged Assistance (Tumut)
3. Tumbarumba Multi Service Outlet (Tumbarumba)- No reference to SVC as the auspice
4. Prompt Care (Belmore)
5. Berrigan and District Home and Community Care Support Services (Finley)
6. Australian Unity Home Care Services (Wagga Wagga)

³¹ <https://disability.royalcommission.gov.au/> accessed 6th Jan 2021

³² KPMG (2020) Home care market analysis: 2020 Update

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2021 7. Australian Unity Aboriginal Home Care Services (Wagga Wagga)

Tumut

A search of My Aged Care for home care (domestic assistance) in Tumut identified **7 providers** (Australian Unity have 3 listings) in the following order:

1. Australian Unity Home Care Services (Tumut)
2. Valmar Tumut and Districts Aged Assistance (Tumut)
3. Calvary Community Care Riverina (Wagga Wagga)
4. Baptist Care Murrumbidgee (Wagga Wagga)
5. Prompt Care (Belmore)
6. Berrigan and District Home and Community Care Support Services (Finley)
7. Integrated Living Services (Newcastle)
8. Australian Unity Home Care Services (Wagga Wagga)
9. Australian Unity Aboriginal Home Care Services (Wagga Wagga)

Note: Tumbarumba MSO is not listed as a provider in the Tumut community.

Home Care Packages

Tumbarumba

A search of Home Care Package Level 2 providers servicing **Tumbarumba** listed **32 providers**. Tumbarumba Multiservice Outlet was listed as the number 14.³³

Service provider listed addresses from Queensland, ACT, NSW and Victoria.

Tumut

A search of Home Care Package Level 2 providers servicing **Tumut** listed **37 providers**. Tumbarumba Multiservice Outlet was not listed as a provider³⁴.

Service provider listed addresses from Queensland, ACT, NSW and Victoria.

Prospective consumers and their carers are able to compare providers, choose a provider based on religion, availability, cost and language.

Market Share

Commonwealth Home Care Program

³³ <https://www.myagedcare.gov.au/find-a-provider/?location=TUMBARUMBA%20NSW%202653&careType=hcpAssessed&serviceType=Home%20Care%20Package%20level%20&start=0&rows=20&searchId=pq0lhhezvj> accessed 12th Jan

³⁴ <https://www.myagedcare.gov.au/find-a-provider/?location=TUMBARUMBA%20NSW%202653&careType=hcpAssessed&serviceType=Home%20Care%20Package%20level%20&start=0&rows=20&searchId=pq0lhhezvj> accessed 12th Jan

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The delivery of Commonwealth Home Care Program (CHSP) is split across SVC. The SVC market share of the CHSP program is limited to the former Tumbarumba council where Tumbarumba MSO is contracted to deliver the program.

Other providers known to be delivering the program include:

Table 5 CHSP program providers (SVC and known to SVC)

Provider	Service Area
Tumbarumba MSO (SVC)	Tumbarumba (former Tumbarumba Council)
Valmar Tumut and Districts Aged Assistance	SVC
Live Better	SVC

Community Transport

As stated previously, community transport has multiple funding streams and similar to CHSP the service is split across SVC as follows:

Table 6 Community Transport Providers

Provider	Service Area
Tumbarumba MSO (SVC)	Tumbarumba (former Tumbarumba Council)
Valmar Tumut and Districts Aged Assistance	Batlow and all of SVC
Tumut District Community Transport (SVC)	Tumut (former Tumut Council except Batlow)

Client choice does require any one of the services to respond to a request for service.

NDIS Community Transport

Both TDCT and Tumbarumba MSO are contracted to deliver NDIS transport (Residual) to residents in SVC. The other major provider of transport is Valmar Tumut and Districts Aged Assistance (Valmar). Valmar is the major provider of disability services in SVC.

Home Care Packages

The Australian Government manages the supply of aged care places by specifying a national target provision ratio (the ratio) of subsidised aged care places. On 30 June 2020, the ratio is 78.4 operational aged care places (residential, home care and short term restorative care) for every 1,000 people aged 70 years and over.

Since the introduction of the Increasing Choice in Home Care reforms on 27 February 2017, home care packages can no longer be defined as 'operational places' as they are not assigned to the provider, but to the consumer, and are therefore no longer included in the operational provision ratio³⁵. Prior to the reforms in 2017, the 2022 target set for provisional home care places was 45 operational places per 1000 people aged 70 years and over.

Based on the previously set 2022 target, it is estimated that SVC would have an allocation of 48 packages with 2184 (ABS 2016) people aged 70 years and over.

In December 2020, SVC managed 9 packages, approximately 20% of the market share.

Community services staff are aware of the following home care package providers working in the SVC.

- Valmar Districts Aged Services

³⁵ Department of Health (2020) Health Report on the operation of the Aged Care Act

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- Live Better
- Baptist Care
- Forrest Community Services

2.7 Demographics

The demographic data has been extracted from SVC .idCommunity³⁶.

Ageing population

The 2016 Census saw the usual resident population as 14,395, living in 6,966 dwellings with an average household size of 2.3. Snowy Valleys Council Estimated Resident Population for 2019 was 14,479, an increase of 84 people, with a population density of 0.02 persons per hectare.

In 2016, 21.6% of the population was aged between 0 and 17, and **29.5% were aged 60 years and over, compared with 22.1% and 27.2% respectively for Regional NSW.**

The major differences between the age structure of the Snowy Valleys Council and Regional NSW were:

- **A larger percentage of 'Empty nesters and retirees' (14.3% compared to 13.1%)**
- **A larger percentage of 'Older workers & pre-retirees' (14.9% compared to 13.8%)**
- A smaller percentage of 'Tertiary education & independence' (6.5% compared to 7.9%)
- A smaller percentage of 'Young workforce' (10.0% compared to 11.0%)

The largest changes in the age structure in this area between 2011 and 2016 were in the age groups:

- **Empty nesters and retirees (60 to 69) (+295 people)**
- Parents and homebuilders (35 to 49) (-286 people)
- **Seniors (70 to 84) (+219 people)**
- Secondary schoolers (12 to 17) (-147 people)

SEIFA

SEIFA Index of Disadvantage for the Snowy Valleys Council in 2016 was **951, compared with 971 for Regional NSW and 1001 for all of NSW.** Batlow has the most disadvantage – 918 followed by Tumut 935, Tumbarumba 951 and Adelong 974. This index contains only disadvantage indicators (e.g., unemployment, low incomes or education levels, lack of internet access) and is best used to distinguish between disadvantaged areas. The index is most commonly used for funding allocations and advocacy³⁷.

Employment

Most of the working population of 5,995 people were employed, of which 62% worked full-time and 36% part-time. The unemployment rate was 5.4% compared to 6.6% for regional NSW.

More Snowy Valleys Council residents worked in agriculture, forestry and fishing (**18.2% compared to 5.7% for Regional NSW**) than any other industry in 2016. Manufacturing followed

³⁶ <https://profile.id.com.au/snowy-valleys/population-header> accessed 12th Jan 2020

³⁷ <https://profile.id.com.au/snowy-valleys/seifa-disadvantage-small-area> accessed 13th Jan 2020

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with **13.8% (6% in Regional NSW)** and Health Care and Social Assistance **9.7% compared to 14.4% in Regional NSW**.

Households

Older couples without children account for 13% of total households in 2016, compared to 12.5% for Regional NSW. Older lone persons accounted for 13% compared to 12% for Regional NSW.

Disability

In 2016, 703 people (or 4.9% of the population) in the Snowy Valleys Council reported needing help in their day-to-day lives due to disability. This was a similar percentage in 2011. The need for assistance is due to a severe or profound disability.

Across all older age groups there was a reported lower number needing assistance compared to Regional NSW as follows:

- A *smaller* percentage of persons aged 85 and over (33.5% compared to 43.8%)
- A *smaller* percentage of persons aged 80 to 84 (15.5% compared to 23.1%)
- A *smaller* percentage of persons aged 75 to 79 (9.2% compared to 14.1%)
- A *smaller* percentage of persons aged 70 to 74 (6.7% compared to 9.6%)

Carers

In 2016, 1,364 carers were providing unpaid assistance to a person with a disability, long term illness or old age. This represents 11.6% compared to 12.6% for Regional NSW.

Volunteers

Just over a quarter of the population (25.3%) reported doing some form of voluntary work in 2016 which is greater than regional NSW (20.8%).

2.8 Providers that may have an interest in SVC Community Services

There are several active providers in SVC. The three organisations that are likely to have an interest include: Valmar, Forrest Community Services and Live Better.

Valmar is a not-for-profit charitable entity, limited by guarantee based in Tumut providing the same services and others to across south-east NSW and the ACT.

The organisation has been part of the Tumut community for almost half a century and has a strong reputation for its services across SVC.

Forrest Community Services are based in Wagga Wagga and provide the same services as SVC to 550 consumers throughout the Wagga Wagga, Tumut, Leeton, Griffith and Albury-Wodonga areas. The Centre also has residential care facilities.

Live Better is based in Orange and provides a diverse range of community services across regional New South Wales and Queensland. The organisation provides a full range of community services.

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2.9 External scan summary

The external scan provides Council with an outline of the trends, policy, legislation and reforms impacting on the aged and disability sectors. It also provides a snapshot of SVC's position within the market and the demographics that will influence demand.

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3 INTERNAL SCAN

3.1 Snowy Valleys Council aged and disability services

Introduction

For over 30 years aged and disability services have been provided in the Tumbarumba and Tumut region. In Tumbarumba, the Multi Service Outlet (MSO) provides services under the Commonwealth Home Support Program (CHSP), Home Care Packages (HCPs) and Community Transport to frail aged people, carers and people with disabilities living in the former Tumbarumba Council region.

CHSP services include:

- Meals
- Community Transport
- Home Modifications & Maintenance
- Domestic Assistance
- Respite
- Social Support

HCPs are a comprehensive coordinated package of services. Services provided by Tumbarumba MSO include

- Domestic assistance
- Minor home modification and maintenance
- Community Transport
- Social support

Tumut District Community Transport (TDCT) provides Community Transport to residents in the former Tumut Council.

Both services are administered and managed by Snowy Valleys Council.

Review

Aged and disability services continue to be reformed prompting LG NSW to encourage councils to review their position in relation to providing these services.

The review is listed as a strategy in SVC's 2028 Community Strategic Plan- Theme 1: WE CELEBRATE AND NURTURE THE UNIQUE CHARACTER OF OUR TOWNS AND VILLAGES. The strategy notes the Community desire for services which support wellbeing for local people such as libraries, childcare and aged care. Specifically, Strategy 1.2 is Provide accessible services and initiatives which support and contribute to wellbeing across all stages of life and Strategy 1.8 states Advocate for and supports the provision of affordable housing in our towns and villages

The following internal scan provides detail about the history, services, quality standards, service costs and workforce including volunteers. The information gathered will enable Council to consider the implications of any change.

The internal Scan is part of the environmental scan providing an overview of the current programs and information on factors that will affect the SVC in the future.

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History

Tumut District Community Transport

The SVC Tumut District Community Transport commenced in 1987/88 as a result of the concerns of a number of local people about people who were frail and aged and were socially isolated. Originally, the funding was provided to a partnership of Tumut and Gundagai Councils. After Tumut and Gundagai Councils obtained separate funding the Tumut service covered Talbingo and was called the Talbingo and Tumut Community Transport Service. In 2011, the service became known as Tumut District Community Transport. The service which now covers Tumut, Talbingo and Adelong districts.

Tumbarumba Multi Service Outlet

Community Transport in Tumbarumba collected its first client on 8th November 1988, the client was [REDACTED], and the driver was [REDACTED]. At first the volunteers own cars were used for this and the Coordinator ran it from her own home. In 1989, the small committee went to the former Tumbarumba Council seeking assistance with running the service had extended to include Khancoban. Council agreed to help with grant applications and at the end of the year took on the auspice of the service offering a space to work from and the required insurance.

As the service grew Council saw the opportunity to add other services like Meals on Wheels and the name changed from Tumbarumba Community Transport to Tumbarumba Multi Service Outlet.

For the past 30 years, the provision of aged care and disability support services to assist the most vulnerable members of the community has been an important part of the core mission for the Snowy Valleys Council Tumbarumba Multi Service Outlet (MSO) has provided services to frail aged people, their carer and people with disabilities in the former Tumbarumba Council region.

Rotary Place

Rotary Place was conceived in 1963 when the Rotary Club, Council and a government grant allowed the 4 initial units to be built. They consisted of 4 independent living units with 1 bedroom and a shared laundry. These were let out under the Department of Housing rulings allowing retired people who did not own a home to rent the units at a cost of 25% of the pension. These units proved popular and Council added a further 4 slightly larger units in the 1990's. Originally there were 8 units. In 2019 4 were refurbished into a Community Centre and one 2 BR unit.

Rotary Place is available for people who are unable afford housing. The Department of Housing determines these criteria.

Independent Living Units

In 2012, the Council built 3x2BR units and 1x3BR unit in the Retirement Village facing Mitchell Street. These are fully occupied and owned on a draw down model, similar to other Retirement Villages.

Residents pay a maintenance fee of \$90/week. This fee has not been increased since 2012.

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Location

Tumut District Community Transport

The office coordinating TDCT is located in the old Council Chambers 79 – 81 Capper Street TUMUT and is adjacent to the Tumut Library. It is co-located with other community service providers in Tumut.

Office Hours: 8am – 4pm Monday to Friday except Public Holidays.

The entrance to the building is sliding glass doors accommodating wheelchairs, scooters and mobility aids.

The entrance to TDCT is a normal door and does accommodate scooters or wider mobility aides.

The building itself is older and the kitchen and amenities are outdated and in need of repair.

Tumbarumba Multi Service Outlet (MSO)

The office coordinating the Tumbarumba MSO is located in the Regional Transaction Centre (RTC) in Bridge Street Tumbarumba.

Office spaces have recently been renovated and the addition of a ramp to enable disability access from the Visitor Information Centre (VIC) to the RTC. The renovations include new office space, painting and recarpeting.

The Centrelink function of the MSO is now in a larger space and able to accommodate more than one client at a time.

Changes to the MSO and VIC enabling visual line of sight, has improved safety and security for staff of both areas.

Office Hours: 8.30 am – 5pm Monday to Friday

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3.2 Service Contracts

SVC has serviced agreements/contracts as follows:

Tumut District Community Transport (TDCT):-

- Transport for NSW – Community Transport
- Murrumbidgee Local District NHERT – Patient Transport
- NDIS Residual transport

Tumbarumba Multi Service Outlet (MSO): -

- Transport for NSW – Community Transport and CHSP Transport
- Department of Health- Home Care Packages
- Transport for NSW – Community Transport
- Murrumbidgee Local District NHERT – Patient Transport
- NDIS Residual Transport

The following table lists the contracted funding for the 2019/2020 Financial Year:

Table 7 SVC Program funding

Supplier	Contract	Community	Service	Amount
Transport NSW	Community Transport	Tumut Tumbarumba	Community Transport	\$94,243.00
Department of Health	Commonwealth Home Support Program	Tumbarumba	Domestic assistance Transport Social Support Meals Home Maintenance and Modifications	\$205,052.45
	Home Care Package Program	Tumbarumba	Home Care Packages	(Dec 2020 = 9 HCPs) Value up to \$251,321 pa
Transport NSW	NDIS Residual Transport Community Transport	Tumut and Tumbarumba	Community Transport	\$15,590.00
Murrumbidgee Local Health District	Non-Emergency Health Related Transport	Tumut	Health Transport	up to \$2500/month
Murrumbidgee Local Health District	Non-Emergency Health Related Transport	Tumbarumba	Health Transport	up to \$2333.33/month

Note: The Home Care Package Program is subject to demand (client choice) and some services are outsourced or brokered Eg Personal Care and Nursing.

In 2018/2019 and 2019/2020 SVC delivered the following services:

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Table 8 2018/19, 2019/20 Service data

Location	Total Hours of service		Diff	Total km of Community Transport-revenue KMs		Diff	Total number of consumers		Diff
	2018/19	2019/20		2018/19	2019/20		2018/19	2019/20	
Year	2018/19	2019/20		2018/19	2019/20		2018/19	2019/20	
Tumbarumba MSO	25238	22073	-3165hrs	145571	138,005	-7566km	399	372	-27 consumers
Tumut District Community Transport	8,937	4,626	-4311hrs	592,509	124,196	-468,313km	282	235	-47 consumers

Note: The 2018/2019 year has been added to identify the impact of COVID 19 and the Black Summer Bushfires

Commonwealth Home Support Program

The Commonwealth Home Support Programme (CHSP) provides entry-level services including personal care, nursing, meals and other food services, domestic assistance, and some equipment and assistive technologies focussed on supporting individuals to undertake tasks of daily living to enable them to be more independent at home and in the community. Services under the program are provided on an on-going or episodic basis, depending on need. Just over half the people in this program receive only one type of service – while a small minority receive five or more services. Service providers must meet eligibility criteria and are allocated funds through a grants process. People seeking services are assessed by Regional Assessment Services.

The estimated revenue received from contracts and client contributions for 2019/2020 for Tumbarumba MSO and TDCT = \$688,491.36.

Table 9 2019/2020 Targets, funding and contracted services funds

Sub-program	Service type	Service sub-type	Target units	Tumbarumba MSO	TDCT	Client Contribution
	Domestic Assistance	General House Cleaning	141	\$ 5,749.30		\$15,000
		Major Home Modifications and Repairs	\$12,539.03	\$ 12,538.03		\$3000
		Minor Home Maintenance and Repairs	546	\$ 18,414.64		\$1800
	MOW	At Home	1725	\$ 12,502.54		
	Social Support Individual	Accompanied Activities, e.g., Shopping	468	\$ 10,023.96		\$1800
	Transport	Direct (driver is volunteer or worker)	1512	\$ 22,454.48		
		In-home Day Respite	219	\$ 10,681.41		

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Table 9 Continued

Sub-program	Service type	Service sub-type	Target units	Tumbarumba MSO	TDCT	Client Contribution
Transport for NSW Contract	Transport - CHSP	Driver (driver is a volunteer or worker)	2143	\$ 72,686.00	\$296,960	\$29000 -Tumb \$23000 Tumut
	Transport - CTP	Driver (driver is a volunteer or worker)	1380	\$ 52,501.00	\$ 34,581	\$17300 Tumut
Murrumbidgee Local Health	NEHRT	Driver (driver is a volunteer or worker)	0	\$ 28,000.00	\$ 33,999	
Total				\$ 245,551.36	\$365,540	\$77,400

The following table describes the services and number of consumers in 2019/2020

Table 10 Client services 2019/2020

	Community Transport	Domestic Assistance	Meals	Home Modifications & Maintenance	Social Support	Respite	Total Consumers
Tumbarumba MSO	173	37	28	62	72	3	372
Tumut	235						235
Total							607

Community Transport

SVC delivers Community Transport under contract to Transport NSW, Murrumbidgee Local Health District and NDIS.

In 2019/2020 Community Transport is provided to over 400 residents across SVC. Council owns 12 cars that did 262,201km of community transport in 2019/2020.

The service is coordinated by paid staff with some administration support and a total of 35 volunteers (1 EFT driver at Tumut). The highest need for Community Transport is transport to medical appointments accounting for almost 90% of the service.

It is understood the service is split across Council. This is based on an informal agreement where TDCT provides CT to Tumut district, Valmar to the Batlow community and the Tumbarumba region is provided by Tumbarumba MSO.

It is noted that TDCT and Tumbarumba MSO act as separate entities each with their own membership, coordination, technologies, staff and service models. Each service has a different volunteer support and remuneration model, currently under review.

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Table 11 Community Transport data

Location	Number of vehicles (Owned and serviced by)	Average KM/Year	Staff/Volunteers	Need Requests are mainly for:
Tumbarumba CT	5	146,787 km	1 Pt FTE of MSO Coord 0 Pt FTE Admin 12 volunteers	1 Medical appointments 2 Accessing community 3 Shopping 4 Social
Tumut CT	7	278,944 km	1FTE Coordinator (12 mth contract) 1.2 Admin 1 Driver FTE (38hrs/week) 23 volunteers	1 Medical appointments 2 Shopping 3 Social 4 Group Social (Residential Aged Care)

Meals

The Tumbarumba MSO coordinates meals for consumers in the former Tumbarumba Council. Meals are delivered daily (Monday-Friday). Meals can be delivered frozen and weekend meals are delivered frozen on a Friday and meals for out of town consumers are also be delivered frozen. These are purchased frozen from Valmar & My Chef Cuisine.

Number of meals provided in 2019/2020 = 1856.

Respite

Respite is provided by Tumbarumba MSO and depending on the demand may be brokered out. This can be for a one off service or a more regular service if needed.

Social Support

Tumbarumba MSO offers Social Support in the form of outings to a variety of different locations. Other activities include a special interest groups and one-off programs and activities. New programs are added from time to time. Other services include one on one shopping where required and tele-call: a volunteer will call the client's home every morning between 8 and 9am to check wellbeing.

Number of consumers participating in Social Support in 2019/2020 = 72.

Home Maintenance and Minor Modifications

The Tumbarumba MSO coordinates Home Maintenance through a system of providing vouchers to the value of \$20 each month towards the cost of paying someone to mow the lawn. The voucher can be used for other equivalent services in winter, such as window cleaning or stacking wood.

In Khancoban, a contractor is used to provide the services. This is a more effective system from the MSO perspective.

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Minor and/or major modifications to the home. Modifications include, for example, installing handrails, full bathroom modifications, ramps, widening doors.

The service is organised through My Aged Care and once the report is completed it is sent through to Tumbarumba MSO to complete the work.

Number of Home Maintenance and Home Modification Consumers in 2019/2020 = 62

SVC charges the following fees to consumers for CHSP services:

Table 12 CHSP Client Contribution

CHSP Service	Client Contribution	UNIT
Domestic Assistance, Respite 8am – 6pm	15.00	Hour
Delivered Meals	5.50 main 1.50 dessert	Meal
Domestic Assistance, Respite & Personal Care Saturdays	Not offered	Hour
Domestic Assistance, Respite & Personal Care Sundays	Not offered	Hour
Transport	See trip sheet below	
Property maintenance	20.00	Hour
Social Support	Gold coin for craft or full ticket price if a show	Session

Note: The service is not available after hours.

CHSP (Tumbarumba MSO)

In 2018/2019 Tumbarumba MSO reported providing the following services exceeding targets (funding)

- Community transport
- Domestic assistance
- Home maintenance and support
- Meals
- Social support (individual)

Targets that were not met included

- Day respite
- Home modifications

Table 13 Tumbarumba MSO CHSP data 2018/2019

Activity Name	Subtype	Target Activity	Actual	Measure	Diff
Transport - Community and Home Support		1512	3412	Km	+1900
Domestic Assistance - Community and Home Support	General House Cleaning	141	1488	Hour	+1347
Flexible Respite - Care Relationships and Carer Support	Day Respite	219	15	Hour	-204
Home Maintenance - Community and Home Support		546	855	Hour	+309
Home Modifications - Community and Home Support		12539	10865	Units	-1674
Meals - Community and Home Support	At Home	1725	1856	Meal	+131
Social Support - Individual - Community and Home Support	Accompanied Activities eg: Shopping	468	2515	Session	+2515

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The increased activity requires further analysis to find out whether and the extent to which SVC is subsidising these services.

Commonwealth Home Care Packages Program

The program supports older people with more complex care needs to live independently in their own homes. The program is for people whose needs are greater than what the CHSP offers.

There are 4 levels of Home Care Packages – from level 1 for basic care needs to level 4 for high care needs.

Consumers choose who they would like to auspice their package. Packages are allocated on an as needs basis so each area will have many packages that will fluctuate each month as consumers come on and leave.

In November 2020, SVC managed 9 packages across three levels with a potential revenue of \$251,324. Many of the service options are not provided by SVC, for example Personal Care, Nursing, Allied Health, these are brokered to other service providers.

SVC does not charge consumers the recommended Home Care Package daily fee, a common practice in the industry. Generally, providers charge about 30 per cent of funding per person for administration and management costs. The Aged Care Financing Authority has reported that many providers are foregoing charging their consumers, many of whom are pensioners, the basic daily fee, or are reducing that fee, likely due to the recent increase in competition in the home care market³⁸. Further Tumbarumba MSO Home Care Package accounting practice and system appears to be separated from SVC finance system.

The 2021 changes to HCP funding model require SVC to consider complete review of current HCP accounting practices to ensure current practice and consumer fees comply with the Aged Care Quality Standards detailed in the Home Care Package Operation Manual³⁹

Table 14 Home Care Packages provided by SVC in November 2020

Home Care Package	Number currently allocated Nov 2020	Government subsidy/year	Potential revenue
HCP Level 1	0	(\$8891)	
HCP Level 2	4	\$15705	\$62,820
HCP Level 3	4	\$34174	\$136,696
HCP Level 4	1	\$51808	\$51,808
Total	9		\$251,324

SVC charges Home Care Package the following fees:

³⁸ AGFA (2020) Annual Report on the Funding and Financing of the Aged Care Industry

³⁹ Department of Health (2020) Home Care Package Operation Manual

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Table 15 Home Care Package Fee

Service	Service	Unit
Domestic Assistance, Respite & Personal Care 8am – 6pm	45.00	Hour
Delivered Meals	10.00	Meal
Domestic Assistance, Respite & Personal Care Saturdays	67.50	Hour
Domestic Assistance, Respite & Personal Care Sundays	78.75	Hour
Transport	.60c	Per km
Property maintenance	60.00	Hour
Planned activity group	10.00	Session

Brokerage

SVC brokers nursing and personal care services to other providers. In November 2020, SVC was brokering nursing services in Khancoban to Corryong Health. SVC also brokers out Personal Care services.

Table 16 Services brokered out

Service	Service Provider	Cost
Nursing	Corryong Health	Brokerage cost \$50.00 per hour

In turn, services are brokered to SVC to provide. In November 2020, Domestic Assistance was brokered by Forest Community Services to SVC.

Table 17 Services brokered to SVC

Activity/Service	Service Provider	Fee
Domestic Assistance	Forest Community Services	Brokerage fee \$50.00 per hour

Waitlists

The MSO keeps a waitlist and service response is subject to capacity. Generally, service requests (referrals) can be met in a timely manner. Currently there is no wait list.

Quality and Compliance

The Aged Care Quality and Safety Commission expects organisations such as SVC providing aged care services in Australia to comply with the Quality Standards. Similarly, the NDIS Quality and Safeguards Commission expected compliance with the NDIS Practice Standards. Both Commissions do regular reviews.

In 2017, Tumbarumba Multi Service Outlet had a full Quality Review which resulted in a few items to be addressed to meet compliance. All outcomes were met following the required

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actions. A self-assessment of the Home Care Packages against the standards was approved in 2019. It is anticipated the MSO would be subject to another review in the near future.

TDCT has not had a Quality Review in the last 4 years and is expecting to be notified of a review in the near future. Outcome of last review is not known.

Both services are required to demonstrate ongoing compliance by undertaking regular self-assessments. Self-assessment is an important part of the continuous improvement cycle for aged care providers. It provides an opportunity to evaluate performance against the Quality Standards, to review the results for aged care consumers (consumers), to assess the effectiveness of any improvements and to support processes for ongoing quality improvement and risk management⁴⁰.

Neither services (TDCT or Tumbarumba MSO) reported doing regular self-assessments. As noted earlier, approved providers of Australian Government-funded aged care services must demonstrate compliance with responsibilities specified in the Act, the associated Aged Care Principles, and the Aged Care Quality and Safety Commission Rules. These responsibilities encompass quality of care, user rights, accountability, and allocation of places.

Consumer Experience

Requested consumer satisfaction/experience reports were not provided for the review.

After hours

It is important to note that neither service provides after hours service. Consumer directed care is about consumers having options about when they receive services. Without doubt, the emerging consumers will expect flexibility, and some will be prepared to pay fee for service.

⁴⁰ <https://www.agedcarequality.gov.au/providers/assessment-processes/self-assessment> accessed 22nd Jan 2021

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3.3 Rotary Place and Independent Living Units - Tumbarumba

The Retirement Village is based in Mitchell Place adjacent to the Tumbarumba Hospital. The accommodation provides affordable and appropriate housing for older people generally over the age of 65 years. ILUs can provide security and a social safety net for those who otherwise may be at risk of homelessness owing to long waitlists for public housing⁴¹.

Table 18 Rotary Place

Location	Type	Configuration	Year Built Condition	Ownership/ Rental	Fees	Occupancy Jan 2020
Tumbarumba	Homes	1 x 3 bed 3 x 2 bed	2008	Ownership	\$90/wk Maintenance	100 %
Tumbarumba	Units	4 x 1 bed 1 x 2 bed	1982 2018	Rental	\$90/wk Rental	80%

Current occupancy is 100% in the Homes and the Units 80% . There is no-one requesting or waiting for a unit. A list of interested residents is retained by Council for future vacancies.

The units are close to the centre of town however there is a steep hill between the units and town which poses an issue for ambulatory residents. Residents using motorised scooters can access using the road and a pathway. Council has plans to create a pathway leading from the units to the main street. The units are managed through the Tumbarumba MSO.

A capital improvement reserve of \$259K is held in trust for maintenance and capital improvements. The amortised bond monies remaining on 30 June 2020 were \$411,248.

The total reserve reported in the financial statements was \$670,153 (\$259K capital reserve plus \$411K bonds in trust).

There is additional Council land adjacent to the units for future development of ILU's in the future.

It is difficult to calculate the actual maintenance costs as some of it is done informally by both Tumbarumba MSO staff and SVC Outdoor Staff.

The schedule includes:

- 4 week schedule for mowing @ 2.5 hrs per visit = \$270 per visit = \$3,240 per annum
- Garden maintenance is 3 times per year @ 2 people x 2 days = \$4,500 per annum.

It is noted that there has not been a rental increase since 2012 for tenants in the homes. An increase is planned for 1 July 2021.

A financial analysis was done on the Tumbarumba MSO CHSP program with the data provided by staff. The analysis highlighted a number of issues indicating a significant amount of cross subsidisation occurring to support MSO activity.

A financial analysis was not able to be done on Rotary Place and the Retirement Village because costs are applied from different cost centres and the informal and formal arrangements in place for maintenance and repairs.

⁴¹ LGNSW Submission, July 2020, Housing Strategy for NSW Discussion Paper

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MAINTENANCE/REPLACEMENT PLAN

It appears there is not a formal maintenance plan for the units. Repairs occur as issues arise and reported through the MSO. The above monthly schedule is in place for the maintenance of lawns and gardens.

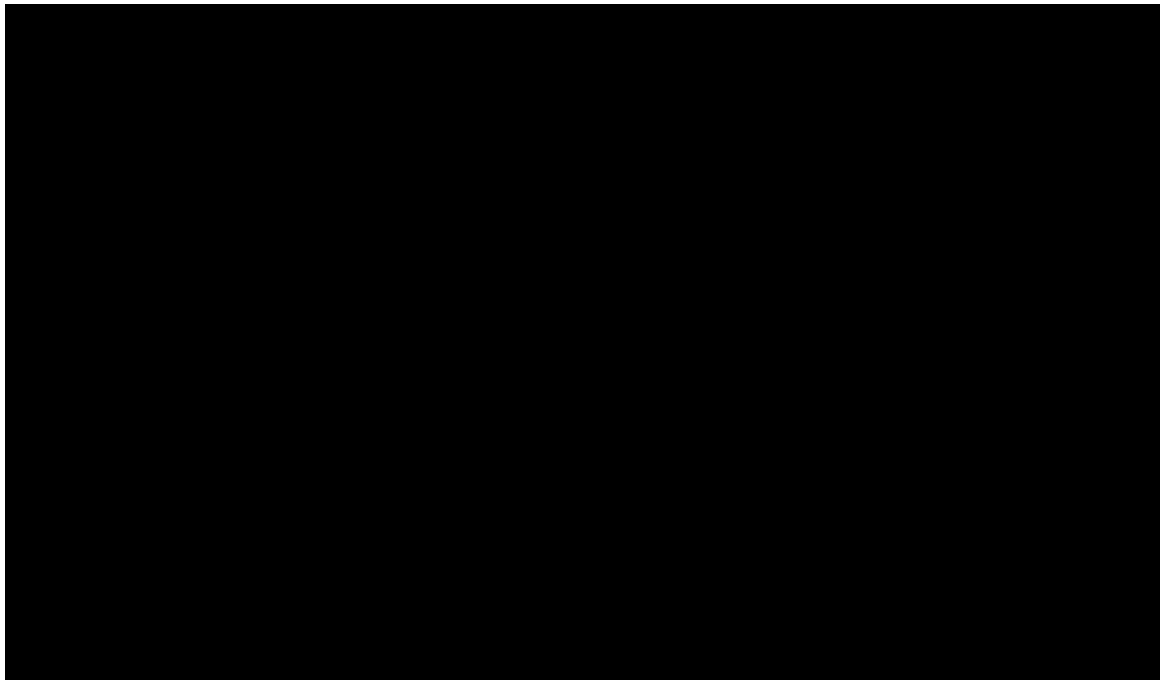
SVC will need to consider the requirement for a Maintenance Plan under the recently amended Retirement Villages Act.

3.4 Workforce profile and structure

Organisational Structure

The services are positioned under the Manager of Community Services reporting to the Executive Director Corporate and Community Services. A part time policy and projects officer has recently joined the service. This role will be responsible for supporting compliance with standards in preparation for external reviews

Figure 1 Organisational Structure



SVC employs a total of 13 staff inclusive of part time, casual and full time hours. Staff are located in Tumbarumba and Tumut. The 2 Coordinator positions sit on the same level reporting to the Manager Community Services.

The Tumbarumba MSO has one full time coordinator and 8 casuals while Tumut District Community Transport (TDCT) comprises 2 part time staff and 2 full time staff.

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The TDCT service has two administrative staff who work a 3 day week with a crossover midweek. This has worked well, enabling the staff to work on joint tasks, check each other's work, make improvements to procedures, and cover each other for leave.

The Tumbarumba MSO relies on casual staff to fill in for the Coordinator for leave replacement.

A total of 43 volunteers support the services in each of the locations.

Table 19 Workforce

Service	Positions	No of people	Total Staff	PT	FT	Cas	Tenure	Vols
Tumbarumba MSO	Coordinator, Care workers, Casual Admin & volunteers	29	9	0	1	8	13Yrs	20
Tumut District Transport	Coordinator, Admin Staff, Driver & volunteers	27	4	2	2		2.6 years (Currently Seconded) 4mths/12 month contract PT Admin/-15 years. PT Admin/4 months FT Driver/ 3 years.	23

A proportion of the Manager Community Services position is costed to Community Services programs.

Staff tenure ranges from 15 years (Part time admin TDCT), 13 years (Coordinator Tumbarumba MSO) to less than 3 years

Workforce issues

The following workforce issues were identified:

Tumut District Community Transport:

- Relies on a large volunteer pool which means it can be difficult to have sufficient drivers for the trips required on a particular day.
- A paid driver works a 38 hour week, compared to Local Government FTE of 35 hour week, and does not get an RDO. The driver is employed above a fulltime capacity to allow for early morning starts and late finishes. The driver is underutilised at times. This workplace arrangement needs reviewing to align with current FTE and for the employees WH&S.
- Remuneration for volunteer drivers has been the same for some time and is currently under review.

Tumbarumba MSO

- One full time Coordinator with no apparent succession plan in place posing a risk should there be a need for extended leave or resignation.
- The incumbent works relatively autonomously resulting in a dependent casual pool of staff.
- The casual workforce arrangement presents issues with availability, therefore turnover is high. A casual workforce is known to exacerbate, rather than help resolve, problems affecting workforce sustainability perpetuating a cycle of skill shortage. Casual staff are also less likely to be integrated into workforce development strategies and the aged

SVC Aged Care Review CONFIDENTIAL Report Draft Jan 2021 care policy and regulatory framework⁴². Further, recent issues around the transmission of COVID 19 in aged care (community and residential) has noted concerns about casual staff having multiple positions both in aged care and other sectors.

- There did not appear to be evidence of a recent self-assessment as evidence of compliance with the Quality standards.

3.5 Volunteers

A review of SVC volunteers and program has been undertaken over the last two years. The review looked at where SVC used volunteers, risk, engaging, inducting, maintaining registers and accreditation and who is responsible for Volunteers.

The results have been an overhaul of how SVC interacts with Volunteers and responsibility for volunteer groups have been allocated to Managers and Coordinators across each area in Council.

Polices, guidelines and templates have also been developed to assist working with Volunteers and ensure safety and accountability by all parties.

Community Services is one of the largest areas of Council to have volunteers in the workforce. Without Volunteers the aged and disability services, especially Community Transport would be unaffordable to the client group.

All Community Services volunteers must participate in SVC's volunteer induction program. This is followed by an induction to the particular program in which they are participating. For Community Transport it includes a Police Check, Working with Children Check, an RMS Driving Record check, medical clearance by a medical practitioner and an induction with another driver. This all has to happen before a driver commences driving.

Currently, volunteer community transport driver remuneration differ between the two services. TDCT remuneration is a flat fee which has not been increased for some time. The Tumbarumba MSO volunteer driver remuneration is a per km rate (70c). The way in which this is done for some drivers is currently under review. The review is part of the SVC new volunteer management framework.

3.6 Memberships

SVC are members of the following Aged and Disability organisations:

- NSW Meals on Wheels Association (NSW MOW).
- Community Transport Organisation (CTO).
- Home Modifications Australia (MODA).
- NSW Neighbour Aid & Social Support Association (NSW NASSA).

The Department of Health e-newsletter is also received by staff.

It is recommended that SVC consider membership with one of the peak aged care associations in order to:

⁴² <https://www.australianageingagenda.com.au/executive/vicious-cycle-use-of-casual-staff-can-worsen-aged-care-workforce-issues-says-study/> accessed 16th Jan 2021

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- Receive timely policy and legislative guidelines across both home care and retirement living
- Obtain assistance with all aspects of policy and operations.
- Receive high-level support and advice to successfully navigate the Royal Commission process.
- Receive relevant and timely information and insights, and industry-specific expertise and services.
- Receive regular updates across the spectrum of legal, governance and risk, finance, media and public relations, employee relations, accreditation, and peer support.

3.7 Reputation

Without objective consumer satisfaction information, it is difficult to provide evidence regarding the reputation of the service however Staff report having a good relationship with consumers and volunteers across all services. Consumers continue to be loyal to the services and in the case of Tumbarumba MSO their programs and activities.

Recent changes to the S355 Committees will dissolve the TDCT Advisory Committee in June 2021, has caused tension. This Committee was formerly a management committee actively involved in the operation of the service. [REDACTED]

The Tumbarumba Community Welfare Committee is another Committee to be dissolved by June 2021. There is an agreed and workable solution in place for this Committee to still be involved and provide community feedback to the operations of the MSO.

3.8 COVID 19

SVC Community Services staff report complying with the policies and procedures to protect consumers from contracting COVID. Staff and volunteers are following strict cleaning regimes for vehicles that are used for Community Transport. Drivers are issued with a Daily Vehicle COVID 19 Checklist showing all areas of the vehicles that need to be cleaned and signing off each time a vehicle is used. All drivers are provided with the required PPE and cleaning equipment to be able to administer these tasks for us.

Care Workers are all provided with the correct PPE to enable them to provide the service to our consumers under strict rules as requested by the Department of Health, both staff and consumers have been sent information about staff having to wear masks and other PPE to enable us to keep staff and consumers safe from infection including refraining from being in the same room as each other during the service. The Coordinator has sought client feedback on the new requirements to ensure they are satisfied staff are complying with the requirements.

Service coordinators did not report on the staff or volunteers having undertaken the COVID 19 online training provided and highly recommended by the Department of Health⁴³. There was also no mention of how the casual workforce is monitored as recommended by the Department of Health.

⁴³ <https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-aged-care-providers-pathology-providers-and-health-care-managers#training>

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It is unknown if SVC Community Services Policies and Procedures have been updated and approved to reflect the Department of Health recommended requirements for the prevention and management of COVID 19.

3.9 Technologies

A request was made for staff to list the technologies used to deliver the services including technologies that interfaced with the client.

SVC utilises the following technologies for aged and disability services.

- Route Match – Community Transport System
- Tech1 – Finance and HR
- Sysaid – IT management
- Pulse –Policies and procedures

It is noted that Route match is used by TDCT and Tumbarumba MSO, however they are not integrated and operate as separate services.

3.10 Opportunities

In 2017, SVC commissioned a Business Plan for the Tumbarumba MSO⁴⁴. [REDACTED] identified the strengths of the MSO as currently provides a range of personalised and vital community services however the service had not leveraged from its strengths.

The Business plan identified areas for growth including:

- Increased engagement with Indigenous communities identifying and responding to need.
- A deep dive into the NDIS and expansion of service options.
- The expansion of current services is viable in the short term, with Domestic Assistance and Respite (in home) as initial priorities.
- The development of services that are quality, people focused, gain respect and support SVC to become the preferred provider of these services

The Plan also recommended building on existing strengths by developing businesses cases to 'unlock' opportunities for Respite (out of home) and Personal Care.

Other opportunities for efficiencies appear to be the integration of staff, services, technologies, reporting and volunteer management. Also, the expansion of Home Care Packages across SVC and including personal care as a service.

For example, community Transport is common to both services however it appears the services are not integrated and therefore economies of scale are not achieved in terms of staffing, volunteer management/coordination and service coordination. Further, the separation of administration, reporting and financial management are likely to have increased costs for SVC.

3.11 Risks

⁴⁴ [REDACTED]: SVC Aged Services Business Plan

SVC Aged Care Review CONFIDENTIAL Report Draft Jan 2021 The staff were asked to identify current or emerging risks.

The Manager Community Services reported the following risks:

- Not keeping pace with the rapid and changing legislation, policy and funding occurring in the aged and disability sector
- Highly dependent on block funding and not preparing for the changes that could have significant implications on revenue and current financial management systems
- Not having the systems in place for Stage 1 and Stage 2 changes to Home Care Packages in 2021
- Lack of integration of TDCT and Tumbarumba MSO causing duplication of effort and additional costs
- Current Community Transport volunteer driver's remuneration models differ, TDCT remuneration is a flat fee which has not been increased for some time. On the other hand, the Tumbarumba MSO volunteer driver remuneration is a per km rate. A recent review has identified a concerning historic practice which has been ceased.
- The Tumbarumba MSO Home Care Package accounting practice and system appears separated from SVC finance system requiring a complete review to ensure current practice and consumer fees comply with the Aged Care Quality Standards detailed in the Home Care Package Operation Manual⁴⁵ The review needs to include a policy detailing the % cost of administration (%) of the package and the cost of coordination of the services (%) from the value of the Package. Providers generally charge 30% of the package for administering the package.
- The outcome of the Boundaries Commission decision on 'demerging SVC' will require consideration on the future of the services.
- The need to review the management of Rotary Place and Retirement Village to ensure sustainability and compliance with the relevant Acts.
- The new Council's position and appetite for Community Services

3.12 Boundaries Commission

In February 2020, the Minister for Local Government referred to the Boundaries Commission a proposal that would, in effect, "demerge" the Snowy Valleys local government area into the two areas that existed prior to the 2016 merger. The outcome of the proposal is not yet known. A demerge would significantly influence the issues identified resulting in the need for the respective council to review their strategy for aged and disability services.

The Local Government Boundaries Commission noted that the

higher level of discretionary community services provided in Tumbarumba including childcare and aged care services, which are not considered viable for commercial operators, was one of the key factors that would contribute to the deterioration of financial sustainability in the next 5 years (in a demerged scenario)⁴⁶.

At the time of the writing this report, the outcome of the demerge is not known.

3.13 Financial Analysis

Due to the limitations in the available detailed General Ledger and Funding Target data, a full analysis was only able to be successfully performed on the 2018-19 MSO activities.

⁴⁵ Department of Health (2020) Home Care Package Operation Manual

⁴⁶ Local Government Boundaries Commission (2020) PROPOSAL TO "DEMERGE" THE EXISTING SNOWY VALLEYS COUNCIL Summary of Key Findings from Analysis by Deloitte on the Financial Implications

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This analysis focussed on:

- Identifying the significant cost areas within the MSO (Overhead, Salaries and Wages, Goods and Services).
- Identifying the funded activities and expected target volumes within the MSO.
- Developing a model to allocate the MSO funding to the funded activities in order to observe the Funded Unit Costs.
- Mapping the GL Costs to the activities to observe the concordance between the funding and targeted activity.
- Inserting the actual recorded activity into the product model to observe the concordance between the funded target and the actual activity provided.

Table 20 2018-19 MSO GL Cost

Year	Cost Centre	GL Account	Description	Value	Key	OpNonOp	CostType
2019	40620	105	User Charges & Fees	-31947	40620-105	Revenue	
2019	40620	110	Interest & Investment Revenue	0	40620-110	Revenue	
2019	40620	115	Other Income	0	40620-115	Revenue	
2019	40620	120	Operating Grants & Contributions	-102361	40620-120	Revenue	
2019	40620	200	Employee Costs	72988	40620-200	Operating	S&W
2019	40620	205	Materials & Contracts	38768	40620-205	Operating	GS
2019	40620	215	Depreciation & Impairment	0	40620-215	Deprec	Deprec
2019	40620	220	Other Expenses	11567	40620-220	Operating	GS
2019	40620	230	Internal Recharges & Overheads	35739	40620-230	Operating	OHD
2019	120600	105	User Charges & Fees	-8826	120600-105	Revenue	
2019	120600	115	Other Income	-541	120600-115	Revenue	
2019	120600	130	Internal Income or Recovery	-2500	120600-130	Revenue	
2019	120600	200	Employee Costs	3008	120600-200	Operating	S&W
2019	120600	205	Materials & Contracts	2635	120600-205	Operating	GS
2019	120600	220	Other Expenses	6666	120600-220	Operating	GS
2019	120600	230	Internal Recharges & Overheads	3471	120600-230	Operating	OHD

Table 21 Revenue

AC Dept	Depreciation	OHD	S&W	GS	Revenue	Grand Total
Revenue					-134,308	-134,308
40620	0	35,739	72,988	50,335		159,062
Grand Total	0	35,739	72,988	50,335	-134,308	24,754

Within the GL for 2018-19, cost exceeded the identified funding within the MSO by \$24,754.

Recharges and Overheads for 2019 equated to a 49% levy on the S&W costs of the MSO.

2018-19 MSO Funding and Targets

Additional funding information was provided to the project, external to the GL, which indicated that the funding was actually \$142,055.

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Table 22 CHSP Funding and Activity

Service	Activity Name	2019 Target	Measure	Target Funding	30th June 2019 Actual Fundin	Adjusted	Client contrib.	Total Funding	Funded Unit Rate
MSO	Transport - Community and Home Support	1512		\$23,133	\$22,791	1490	\$6,445	\$29,236	\$19
MSO	Domestic Assistance - Community and Home Support	141	Hour	\$10,927	\$10,756	139	\$15,488	\$26,244	\$186
MSO	Flexible Respite - Care Relationships and Carer Support	219	Hour	\$11,004	\$10,842	216	0	\$10,842	\$50
MSO	Home Maintenance - Community and Home Support	546	Hour	\$18,971	\$18,691	538	\$2,149	\$20,840	\$38
MSO	Home Modifications - Community and Home Support	1		\$12,917	\$17,708	1	\$20	\$17,728	\$17,728
MSO	Meals - Community and Home Support	1725	Meal	\$12,880	\$12,690	1700	\$10,261	\$22,951	\$13
MSO	Social Support - Individual - Community and Home Support	468	Session	\$10,327	\$10,174	461	\$3,154	\$13,328	\$28
	Transport - Other (NON CHSP)						\$885	\$885	
		4612		100159.71	103652.9	4545	\$38,402	\$142,055	

From this information we were able to calculate the Funded unit rate from the 2019 target and the total funding, including client contributions, per activity. Of note was the Domestic Assistance Funded Unit Rate of \$186 per hour.

2018-19 MSO Product Costing using Adjusted Activity Targets

Through applying a relative value to each of the activities for each of the cost types, we were able to develop a matrix of estimated costs for each activity. When these are applied to the Target Volumes the level of fit to the expected costs can be observed and the estimated Target Unit Cost can be calculated.

Table 23 Unit Cost

ACDept	Activity Name	Target Volume	Measure	RVU			ActStdCost			Total	Target Unit Cost	Funded Unit Rate
				OHD	S&W	G&S	OHD	S&W	G&S			
40620	Transport - Community and Home Support	1490	Trips	2	12	5	3,111	17,725	7,274	28,110	19	19
40620	Domestic Assistance - Community and Home Support	139	Hour	25	40	10	3,627	5,512	1,357	10,496	76	186
40620	Flexible Respite - Care Relationships and Carer Support	216	Hour	25	40	2	5,637	8,565	422	14,624	68	50
40620	Home Maintenance - Community and Home Support	538	Hour	25	40	20	14,040	21,334	10,506	45,879	85	38
40620	Home Modifications - Community and Home Support	1	Projects				17000	0	16,598	16,598	16,598	17,728
40620	Meals - Community and Home Support	1700	Meal	2	5	8	3,549	8,426	13,278	25,254	15	13
40620	Social Support - Individual - Community and Home Support	461	Session	12	25	2	5,775	11,425	900	18,100	39	28
		4545					35,739	72,988	50,335	159,062		

This analysis highlights a number of issues with the funding (given the targets are accurate) such as: Domestic Assistance funding being significantly higher than the estimated hourly cost; Home Maintenance and Social Support being significantly below the estimated hourly cost.

This model also provides a reasonableness' test for the funded target volumes, expected S&W cost per hour, trip or session against the actual GL costs. For example, a S&W cost of \$40 per hour would not be considered unreasonable.

2018-19 MSO Product Costing using actual activity

On the 27/1/21 additional information was confirmed to the project which identified the actual volumes provided to each of the activities within the MSO for 2018-19.

This information was incorporated into the model and the relativities were adjusted to fit the actual GL costs. This provided the following matrix of relativities and Actual Unit Costs.

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Table 24 Unit Cost v Funded rate

PrdID	Activity Name	Actual Volume	RVU			ActStdCost			Actual Unit Cost	Funded Unit Rate		
			Measure	OHDS&W	G&S	OHD	S&W	G&S			Total	Total
1	40620 Transport - Community and Home Support	3412	Trips	1	3	2	3,471	10,231	7,005	20,707	6	19
2	40620 Domestic Assistance - Community and Home Support	1488	Hour	10	20	2	15,136	29,745	3,055	47,936	32	186
3	40620 Flexible Respite - Care Relationships and Carer Support	15	Hour	10	20	2	153	300	31	483	32	50
4	40620 Home Maintenance - Community and Home Support	855	Hour	10	20	10	8,697	17,092	8,777	34,566	40	38
5	40620 Home Modifications - Community and Home Support	1	Projects				17000	0	0	17,452	17,452	17,728
6	40620 Meals - Community and Home Support	1856	Meal	1	3	6	1,888	5,565	11,432	18,885	10	13
7	40620 Social Support - Individual - Community and Home Support	2515	Session	2.5	4	1	6,395	10,055	2,582	19,032	8	28
		10142					35,739	72,988	50,335	159,062		

This information does not appear to fit, given the estimated S&W cost per hour of \$20, the total volume of activity being almost twice the targeted level and the Actual Unit Costs being significantly below the Funded Unit Rate.

If this level of activity is correct, then a significant amount of activity could be coming from areas external to the MSO GL cost. This indicates a significant amount of cross subsidisation occurring to support this MSO activity.

If the level of activity is correct, it also demonstrates a missed opportunity for SVC, in that the level of funding targeted and provided does not reflect the actual level of activity. Given that the activity is almost twice the targeted level, this funding gap is significant.

3.14 Internal Scan Summary

The Internal Scan provides an overview of the contracts, programs and services, workforce, risks and reputation.

The scan highlighted the disparate aged and disability service system managed by SVC. Services are split across SVC with each service operating separately and somewhat independently. Administration, reporting, financial management and staff appear to operate as separate entities from Tumut and Tumberumba.

The financial analysis of the CHSP program highlighted issues around the activity reported by Tumberumba MSO suggesting a significant amount of cross subsidisation.

Strategic Issues for SVC are listed in Section 3.

The combined internal and external scan will help council to identify how best to continue their stewardship role for their community to ensure community services are responsive and meeting the needs of residents.

4 STRATEGIC ISSUES

4.1 Introduction

For over 30 years, SVC has been a key stakeholder in the provision of aged services and housing in the former Tumbarumba Council and community transport in the former Tumut Council for a similar amount of time. Over this time, the investment and organisational commitment to aged and disability services provision has become emblematic of the relationship between the former local governments and currently SVC and its community.

SVC has continued with the former council's service mix and planned the review as outlined in the 2028 Strategic Plan under:

- Theme 1. *We celebrate and nurture the unique character of our towns and villages.*
 - Strategy 1.2 *Provide accessible services and initiatives which support and contribute to wellbeing across all stages of life and-*
 - Strategy 1.8 *Advocate for and supports the provision of affordable housing in our towns and villages.*

This Section proposes to provide SVC with a summary of the Strategic issues identified in the External and Internal Scan.

4.2 Government reforms

The External Scan describes the significant changes occurring in the disability and aged care sectors. The system is in the midst of transformational reform driven by a desire for national consistency, consumer driven market-based integration that is affordable and sustainable and focussed on promoting wellness and independence.

The changes have been occurring for a number of years and reflect the complete restructuring of the entire industry on a national scale.

In 2017, Local Government NSW (LGNSW) produced a paper following LGNSW Aged and Disability Forum producing guidelines of the range of implications that aged care reform will bring and options to be considered in the post-reform context.

The paper states:

“ the move to a market economy for aged and disability services has impacted, and will continue to impact, on councils' future service provision for years to come, not only in terms of direct community care service provision, but also how councils intersect with the competitive, market-based aged and disability service sectors” (p 16⁴⁷).

4.3 Strategic issues

Demographics

- SVC has an ageing population and a level of disadvantage.
- Compared to Regional NSW, SVC has:
 - 29.5% were aged 60 years compared to 21 % for Regional NSW
 - 14.3% of 'Empty nesters and retirees' compared to 13.1% for Regional NSW

⁴⁷ LG NSW (2018) Beyond Aged Care Reform Issues for Local Government

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- 14.9% of older workers & pre-retirees compared to 14.8% for Regional NSW
- Since 2011, there has been an increase of empty nesters and retirees (60 to 69) +295 people and seniors (70 to 84) +219 people.
- SVC is relatively disadvantaged with a SEIFA of 951 (2016), compared with 971 for Regional NSW and 1001 for all of NSW.
- Older couples without children account for 13% of total households in 2016, compared to 12.5% for Regional NSW.
- Older lone persons accounted for 13% compared to 12% for Regional NSW.
- A lower number needing assistance for care needs associated with profound disability compared to Regional NSW (this suggests possibly former residents with profound disability have relocated to the major centres).
- In 2016, 1,364 carers were providing unpaid assistance to a person with a disability, long term illness or old age (this number suggests are lot of care is being provided by informal carers.)
- Just over a quarter of the population (25.3%) reported doing some form of voluntary work in 2016 which is greater than regional NSW (20.8%).

Policy

- The changing policy environment requires Council to consider the investment required to maintain sector knowledge and expertise and the impact these changes will have on existing systems and processes.
- Increasingly sustainable providers are those that offer fully integrated care/service models – contemporary retirement living, home care and residential care.
- The final reports of the aged care disability enquiries and Royal Commissions are likely to drive a second wave of changes to legislation, funding, models and programs.
- CHSP block fund contract ends June 2022, therefore SVC will either cease receiving block funds or receive block funds only to cover capital costs. Where commissioned to deliver services, they will be required to meet outcome targets and benchmarks set by the Commonwealth⁴⁸.
- The narrowing of the funding base will significantly affect the viability of existing services put under pressure through the contestability model.
- Changes to the Home Care Package program in 2021 requiring additional administrative and reporting requirements in relation to returning unspent funds.

Increased costs

- Providers are reporting increased costs associated with the introduction of the new quality standards and the stepped-up compliance activities of the Aged Care Quality and Safety Commission.
- The most recent Aged Care Finance Authority report described significant deterioration in the financial performance of home care providers in 2017-18.
- TDCT and Tumbarumba MSO are run as two separate entities. Community Transport is common to both services however it appears the services are not integrated and therefore economies of scale are not achieved in terms of staffing, volunteer management/coordination and service coordination.
- Local government service production costs are well above those that the major not-for-profit providers can manage and there will be an inherent need for rate-payer subsidy.
- Government will expect a consistent client contribution framework ending the bespoke fee arrangements that apply at present.

⁴⁸ LG NSW (2018) Beyond Aged Care Reform Issues for Local Government

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Cross subsidisation

- The financial analysis of the CHSP program highlighted issues around the activity reported by Tumbarumba MSO suggesting a significant amount of cross subsidisation.

Administration

- Administrative burdens imposed on contracted operators are increasing and challenging, particularly financial systems.
- Administrative loads are increasing across all aged and disability services and therefore costs are likely to increase and investment in technologies that are integrated into reporting systems are expected.

Competition

- The absence of block funding and consumer managed funds may result in significant competition for consumers. The current competition is likely to increase resulting in SVC being in competition with local not-for-profit agencies, and with for-profit providers (some being local businesses).
- These reforms allow consumers to direct their care package to the provider of their choice as well as to change providers, which resulted in a large increase in the number of approved providers and greater competition between providers.
- Increasing number of providers working in the sectors requires SVC to remain competitive should they retain these services.
- Home care is an increasingly competitive sector. While the largest providers continue to be dominant, recent entrants and others are growing market share.
 - My Aged Care lists 37 Home Care Package providers for the Tumut area and 34 Home Care Package providers for the Tumbarumba area
 - My Aged Care lists 5 domestic assistance providers in the Tumbarumba area and 7 in the Tumut area

Competitive neutrality

- The ability to take part in an open market and the implications of competitive neutrality principles.

Market share

- SVC has a thin share of the market in the Home Care Package market (20%)
- SVC provides CHSP services to the former Tumbarumba Council residents which is less than 50% of the population.
- Valmar is also a major provider in SVC providing: Community Transport, Disability Services, CHSP and Home Care Packages.

Growth

- ██████████'s 2017 Business Plan commissioned for the Tumbarumba MSO recommended a number of strategies to expand the service and service types.

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- The Manager of Community services reported potential for growth in Community Transport which would require financial investment in an additional vehicle and infrastructure.

Workforce

- Uncertainty around funding will have implications for maintaining community service capabilities ,therefore SVC will need to consider how to maintain sector knowledge and expertise.
 - Currently there appears to be limited knowledge around the reforms and potential impact on SVC's administration systems and processes.
 - SVC's direct care workforce capability is limited to three dominant service areas:
 1. Community Transport
 2. Domestic Assistance
 3. Social Support/Respite
- Other capabilities include coordination and non-complex case management. The aged and disability care workforce is expected to have a broad range of expertise including care coordination of complex consumers and the ability to provide personal care at the very least.
- SVC relies on a large volunteer pool and is required to meet regulatory and legislative requirements for coordinating and managing the volunteer pool. Current volunteer practices vary between the two services. This appears to be based on Coordinator preferences.
 - A FT position exists in TDCT which is working outside the current LG FTE award.
 - There is one full time Coordinator (Tumbarumba MSO) and a casual pool with no apparent succession plan in place posing a risk should there be a need for extended leave or a resignation.
 - The casual workforce arrangement presents issues with availability, therefore turnover is high. A casual workforce is known to exacerbate, rather than help resolve, problems affecting workforce sustainability perpetuating a cycle of skill shortage. Casual staff are also less likely to be integrated into workforce development strategies and the aged care policy and regulatory framework.
 - Tenure ranges from 15 years (Part time admin TDCT), 13 years (Coordinator Tumbarumba MSO) to less than 2 years.

Distribution of services

- SVC aged, disability and housing are split across SVC based on historical service contracts, informal agreements, former Council boundaries and staff preferences. For example, Tumbarumba MSO does not offer CHSP or HCPs to residents outside the former Tumbarumba Council. Subsequently, the potential value of HCPs is not able to be realised.
- Community Transport is split across Council. This is based on an information agreement where TDCT provides CT to Tumut district, Valmar to the Batlow community and the Tumbarumba region is provided by Tumbarumba MSO.
- The variation in SVC services across council could be confusing for residents.

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- No after-hours service is likely to impact on consumer's choosing SVC as a service provider.
- Administration, reporting, financial management and staff appear to operate as separate entities increasing administration and operation costs.

Service options

Home Care Packages (HCPs)

- My Aged Care lists 32 providers of Home Care Packages – Level 2 to the Tumbarumba region. Tumbarumba Multiservice Outlet was listed as number 14 on the list.
- My Aged Care lists 37 providers for the Tumut region. Tumbarumba Multiservice Outlet was not listed as a service provider for HCPs in the Tumut region. It is questionable as to why SVC HCPs are only available to residents in the former Tumbarumba Council.
- 2021 will see two significant complex reforms for HCPs providers resulting in increasing administrative costs for providers. The new system is likely to result in prolonged disruption to payments to providers as a result of an untimely payment system and delays in reconciling disputes over payments. SVC will be expected to cover any costs during anticipated delays.
- SVC service options are restricted to 4 service options from the suite of 10-12 services available to people on Home Care Packages. These service gaps result in SVC having to broker services such as personal care, allied health, nursing and continence services adding additional administrative costs and time seeking providers to deliver the services required by the client.
- The limited service options are likely to influence consumer choice in the future.
- SVC is not able to maximise the value of HCPs due to limited service options.
- Current HCP invoicing is separately administered does not appear to be aligned with SVC financial software posing concerns about compliance with the requirements of the Aged Care Act.

Commonwealth Home Support Program

- My Aged Care lists 5 providers of home care (domestic assistance) in Tumbarumba, Tumbarumba MSO was listed as number 3.
- My Aged Care lists 9 providers for home care (domestic assistance) in Tumut, Tumbarumba MSO is not listed as a provider for the Tumut region.
- CHSP block fund contract ends June 2022 at which time the funding is expected to be consumer directed and managed.

Consumers

- The fragmentation of service options across SVC could confuse potential consumers.
- SVC engages informally with consumers nevertheless was not able to provide annual consumer satisfaction reports aligned with the Aged Care Quality Standards.
- Consumers are more likely to choose a service that can provide all their needs.
- The current cohort of aged care consumers are more likely to be loyal and invest in local services. This is expected to change with the ageing baby boomers.
- This 'baby boomer' demographic have benefitted from high growth in property prices while paying down their mortgage and are the first generation to have compulsory superannuation. It is reasonable to assume that they will:

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- both expect and be able to afford higher standards of residential accommodation, lifestyle amenities and quality of life than previous generations have been willing to accept.
- be expected to prefer to remain living in their own home for as long as possible as they age.
- may be more demanding in the range and quality of aged care services they are seeking.
- Increasingly, consumers are expecting providers to integrated technologies that allow them a suite of on demand support workers, activities and services to choose.

NDIS Consumers

- Can purchase from regulated and non-regulated providers and are likely to demand home-based support with a regular support worker, particularly in the current COVID climate.
- Technology which enables customer directed choices to book and match with support workers seamlessly is available and expected. Optional accessible apps like NNA Direct Support's Edge.
- Providers are expected to have expertise in assistive technologies enhancing health and wellbeing and supporting independence.

Quality and Compliance

- The Aged Care Quality and Safety Commission expects organisations such as SVC providing aged care services in Australia to comply with the Quality Standards. Similarly, the NDIS Quality and Safeguards Commission expected compliance with the NDIS Practice Standards. Both Commissions do regular reviews.
- Tumbarumba MSO and TDCT do not appear to have undertaken regular self-assessments or provide a Continuous Improvement Plan, a requirement of the Aged Care Standards.
- Tumbarumba MSO and TDCT are both due for Quality Reviews, in the absence of regular self-assessments against the standards, notices of a planned review are likely to cause additional administrative burden and demand on staff.
- It is understood that the Tumbarumba MSO and TDCT procedures are not integrated and therefore there is a risk of duplication of effort and non-alignment.
- Both services are also subject to a review against the NDIS Practice Standards

Covid 19

- Staff reported implementing the Department of Health requirements in each service area, however it is not known whether staff and volunteers undertook the recommended online training and if casual staff are being monitored as recommended by the Department. There is also a risk of duplication of effort with the split of services across SVC

Memberships

- It is recommended that SVC consider membership with one of the peak aged care associations in order to:
 - Receive timely policy and legislative guidelines across both home care and retirement living.
 - Obtain assistance with all aspects of policy and operations

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- Receive high-level support and advice to successfully navigate the Royal Commission process.
- Receive relevant and timely information and insights, and industry-specific expertise and services.
- Receive regular updates across the spectrum of legal, governance and risk, finance, media and public relations, employee relations, accreditation, and peer support.

Technologies

- Consumer driven technological disruption and innovation are influencing service models in the aged and disability industry requiring service providers to be able to evaluate the benefits of embracing technology. Continuing community services will require SVC to consider investing in client facing technologies and 'on demand services.

Retirement Housing

- The increased availability of in home support and the preference for older people to remain in their own home is negatively impacting on demand for older style retirement village type accommodation.
- There is increased availability of retirement lifestyle complexes in Wagga Wagga and Albury, these providers are marketing into the local community.
- SVC has not participated and there appears to be limited awareness, of the Australian Retirement Village Accreditation Scheme (ARVAS) Standards voluntary accreditation scheme. The scheme is aligned to the Villages Act.
- It is highly recommended that SVC review the rental arrangements using the NSW Independent Pricing and Regulatory Tribunal Review of rent models for social and affordable housing (2017) as a guide⁴⁹. (Rental payments have not increased since 2012)

Risks

- Not keeping pace with the rapid and changing legislation, policy and funding occurring in the aged and disability sector
- Highly dependent on block funding and not preparing for the changes that could have significant implications on revenue and current financial management systems
- Not having the systems in place for Stage 1 and Stage 2 changes to Home Care Packages in 2021
- Lack of integration of TDCT and Tumbarumba MSO causing duplication of effort and additional costs
- Current Community Transport volunteer driver's remuneration models differ, TDCT remuneration is a flat fee which has not been increased for some time. On the other hand, the Tumbarumba MSO volunteer driver remuneration is a per km rate. A recent review has identified a concerning historic practice which has been ceased.
- The Tumbarumba MSO Home Care Package accounting practice and system requires a complete review to ensure current practice and consumer fees comply with the Aged Care Quality Standards detailed in the Home Care Package Operation Manual⁵⁰
- The outcome of the Boundaries Commission decision on 'demerging SVC' will require consideration on the future of the services.

⁴⁹ NSW Independent Pricing and Regulatory Tribunal (2017) Review of rent models for social and affordable housing

⁵⁰ Department of Health (2020) Home Care Package Operation Manual

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- The need to review the management of Rotary Place and Retirement Village to ensure sustainability and compliance with the relevant Acts.
- The new Council's position and appetite for Community Services

Reputation

- Snowy Valleys Council was created in May 2016 through the merger of Tumbarumba and Tumut Councils. Elections for the new council were held on 9 September 2017. The council merger continues to be controversial to some residents particularly those residing in the Tumbarumba area. Any change to service provision has the potential to inflame existing beliefs.

Providers with a possible interest in SVC services

- Should SVC consider transitioning out of aged and disability services, there are three services that are likely to be interested: Valmar, Live Better and Forrest Centre.

4.4 Summary of strategic issues

SVC has a thirty year history in the provision of aged care and disability support services to assist the most vulnerable residents in the former Tumbarumba Council and Tumut Council. There are far-reaching reforms at a national level underway in this sector. The shift from local government-centred service delivery to client-centred choice presents many challenges and opportunities. It is timely that SVC investigate the options for the future delivery of these services, with a goal to ensure the path forward is in the best interests of consumers, the community and ratepayers.

5 OPTIONS

Options and Recommendations – Aged and disability services

The following options need to be considered alongside the Strategic Issues (Section 3) for SVC. The section has been divided into aged and disability services and housing.

5.1 Option 1: Continue as an approved provider of aged care and disability services.

Recommendations

If Council choose Option 1, the following recommendations require consideration.

- Use this review to fully integrate services, technologies, staffing and volunteers through a single aged and community services coordination position with expert knowledge in policy, programs, market trends, workforce capabilities, volunteer management, consumer trends and expectations, retirement housing and each of the relevant standards. Review workforce tenure with a view to reducing the casual pool and appointing permanent part time staff as recommended in recent Royal Commissions.
- Review fees and charges and the overall financial management of aged, disability and housing services to better understand revenue and costs and quantify any cross subsidisation. The review needs to include: a review of HCP invoicing and reporting system to ensure fees align with industry standards and Business Continuity Plan/Success plan for Tumbarumba MSO.
- The principle of competitive neutrality may need to be considered in this context.
- Immediately undertake a full review of compliance against the Aged Care Quality Standards, Disability Standards and Retirement Village Standards and Acts, and that this be done across both services and SVC housing producing a single Continuous Improvement Plan.
- Monitor the implementation of the recently developed volunteer management framework across community services. In particular, the remuneration of volunteer drivers.
- Invest in consumer facing and service efficiency technologies that interface with SVC systems, reporting systems and consumer facing on demand service.
- Subscribes to a recognised aged care peak body and actively participate as a member.
- Invest in service development across SVC to fully realise the potential of the Home Care Package program.
- Put in place a strategy to manage the end of the CHSP block funding program (program ends June 2022).
- Regularly consult with consumers and residents in the target community to identify improvements and respond to service gaps.

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Rationale

SVC

- Current services provide significant care and support to eligible residents in SVC
- Limited risk to reputation
- Ongoing commitment to make a significant contribution to local community services which are not always funded.
- The range of SVC activities and commitments can enhance the effectiveness of these services. As well as direct services, SVC assists the community with infrastructure, advocacy, research, networking, support, information provision as well as local capacity building.
- SVC is expected to provide services consistent with the culturally and linguistically diverse nature of the community and other social policy commitments which are supported by various levels of the organisation.
- SVC staff are local staff, local staff generally spend locally – contributing to sustaining the local economy.

Consumers

- SVC has established mechanisms of community consultation and accountability enabling the identification of deficiencies or gaps in local service provision.
- The continuation of the existing loyalty and relationship between consumers and staff.
- Continuity of services

Staff

- Job security
- Possible industrial issues due to the need to change or cancel contracts, or restructure

Risks (Refer to 4. Strategic Issues)

Staff, Volunteers and Consumers

- Any changes to the status quo will require a carefully considered change management strategy to avoid losing qualified staff, loyal volunteers and consumers.

Financial

- There are significant financial implications to staying in the community care service delivery market each year due to the loss of block funding and the ability to retain services and infrastructure in a consumer led environment.
- Local government operations do not have the opportunity for efficiencies through economies of scale and cross-subsidisation, as the market matures and develops it is likely that SVC's market share could go below 20% (HCPs) and CHSP and therefore lose its share of consumers and be exposed to increasing costs

Administration

- Additional administrative burdens associated with reporting, financial management and consumer preferred purchasing arrangements including complying with the new retirement villages act commencing 2021.

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- The 2021 changes to HCP funding model require SVC to consider complete review of current HCP accounting practices to ensure current practice and consumer fees comply with the Aged Care Quality Standards detailed in the Home Care Package Operation Manual⁵¹

Competitive neutrality

- The ability to take part in an open market and the implications of competitive neutrality principles.

Compliance

- The capability and ability to monitor and demonstrate evidence of compliance with the relevant Acts. As an approved provider, both services are expected to undertake regular self-assessments against the Aged Care Quality Standards and Disability standards and are subject to regular reviews to demonstrate compliance with responsibilities specified in the Aged Care Act, the associated Aged Care Principles, and the Disability Act.
- SVC is expected to demonstrate compliance with new retirement village laws start commencing this year.

5.2 Option 2: Transition out of aged care and disability services

Recommendations

If Council choose Option 2, the following recommendations require consideration:

- Determine a time frame taking into account the end of the CHSP funding (June 2021).
- Invest in the preparation and implementation of a detailed transition plan that describes how consumers, volunteers, the broader community and service stakeholders will be engaged in a transition that assures continuity of care and service for consumers, potential employment of staff and complies with the relevant Acts.
- Create a specialist position with industry experience to manage the transition.
- Call for Expressions of Interest from interested parties describing the not-negotiable criteria and values that will be assessed. This will give SVC the confidence that future services will be aligned with SVC values and transitioned guaranteeing continuity of service and care for consumers and employment opportunities for staff.
- Consult other Councils such as Greater Hume Council (Director of Corporate and Community Services) regarding their reason to exit and their experience transitioning to another provider.
- Establish a broader role in advocacy by establishing a Health and Wellbeing Alliance with Terms of Reference to oversee the health and wellbeing of the community.
- Work with ageing and disability service providers to promote access and use of niche service areas in wellness & reablement (e.g., libraries, galleries, community buildings, pools etc).
- Use the development and implementation of the DIAP to identify and respond to issues around access and inclusion

⁵¹ Department of Health (2020) Home Care Package Operation Manual

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Rationale

- SVC services are split across council. To take a whole of council approach and continue as an approved provider will require investment in sector expertise and a full restructure and redesign to sustain aged and disability services
- SVC can continue to have a role in creating ageing and disability friendly environments and communities.
- Sustainability in the changing aged care environment requires providers to have investment in a service system that enables seamless movement from care at home to residential care, SVC disparate service model doesn't enable this type of movement for consumers.

Risks (Refer to 4. Strategic Issues)

The following risks are a selection of risks listed a LGNSW Forum focused on options for councils following the end of the current CHSP program⁵². It is worth noting that SVC is not the provider of CHSP or HCPs to all residents in SVC. The market share for HCPs is approximately 20% and Tumbarumba MSO delivers CHSP services to consumers in the former Tumbarumba Council. Community Transport is shared between SVC and Valmar. Valmar is a major provider of disability services in SVC.

The list included:

- Damage to reputation as SVC becomes unable to deliver the community events or information sessions that it once did
- Next DIAP and ageing strategies will be more difficult to develop, as Council loses loses the many links to relevant sections of the community. Community engagement and consultations will be less effective
- As SVC loses the many links to relevant sections of the community. Community engagement and consultations will be less effective
- Decrease profile for SVC in the community
- Loss of awareness of the service provider landscape (to assist locals to access local supports) and therefore community inclusion. Will have implications for CSPs that have social cohesion/social inclusion goals.
- Health and wellness issues are not addressed

Market

- There is a risk of a "thin market" to pick up service delivery. (Although, there is a long list of providers on My Aged Care however other than the local providers Valmar, Forrest Centre, is not known how extensively each organisation will deliver services. This is an important consideration for Council due to the long history and strong reputation) providing CHSP services in the Tumbarumba region and Community Transport in Tumut.

Consumers:

- Consumers who have been loyal to SVC may feel Council is deserting

them.

Staff

- Job insecurity
- Possible industrial issues due to the need to change or cancel contracts, or restructure
- There will be additional costs with redundancy payments and the cost of transition however this is not likely to be overly high due to the low EFT, high casual pool, only one staff member with greater than >10 years' service and the short tenure of other staff.

⁵² LGNSW (2018) Commonwealth Home Support Program Reform: Implications for Local Government Scenario Planning Guide for Councils

Rotary Place and the Retirement Village

5.3 Option 1: Retain Rotary Place and the Retirement Village

Recommendations:

If council choose to retain Rotary Place and Retirement Village, the following recommendations require consideration:

- Invest in targeted audit against the Retirement Villages Amendment Act 2020.
- Update rental agreements and other consumer processes as required
- As required under the amended act, immediately initiate asset management plan for the village's capital items making the plan available to current and prospective clients. The plan must include:
 - costs associated with maintaining and replacing items of capital
 - reasons for decreases or increases in costs
 - how often costs are incurred and the expected lifespans of items
 - maintenance and replacement requirements of items of capital⁵³. (Penalties for non-compliance will be commence in late 2021)
- Review the rental arrangements using the NSW Independent Pricing and Regulatory Tribunal Review of rent models for social and affordable housing (2017) as a guide⁵⁴. (Rental payments have not increased since 2012.
- Participate in the Australian Retirement Village Accreditation Scheme (ARVAS) Standards voluntary accreditation scheme. The scheme is aligned to the Villages Act.

Rationale

- It is unlikely that there is interest in the existing stock
- SVC has the infrastructure to provide and maintain low cost accommodation
- Older socio-economically disadvantaged people prefer to stay in the community they know
- Seniors housing provides affordable accommodation to residents in a supportive community

Risks

- Additional costs associated with maintenance, compliance and accreditation
- Existing residents will be reluctant to accept a rental increase after 9 years.
- Cost of additional housing if required

5.4 Option 2: Sell Rotary Place and the Retirement Village

It is recommended that council not consider selling Rotary Place and the Retirement Village and instead invest in the requirements to meet the required standards and maintenance plan.

⁵³ <https://www.fairtrading.nsw.gov.au/about-fair-trading/legislation-and-publications/changes-to-legislation/changes-to-retirement-village-laws> accessed 26th Jan 2021

⁵⁴ NSW Independent Pricing and Regulatory Tribunal (2017) Review of rent models for social and affordable housing

5.5 Conclusion

This Review is presented as a reference document to assist SVC to consider their position in relation to providing aged, disability and housing services in the future. The review has included a detailed internal and external scan, strategic issues for Council and recommendations for consideration. The recommendations may assist SVC through the important decision that will shape the delivery of these services to residents into the future.

Local government has historically been a major provider of community services, however the structural changes arising from the renegotiated Commonwealth/State roles in the delivery of aged and disability services have created a disturbance to the sector, resulting in a number of Councils exiting direct service delivery.

SVC's market share is relatively small placing it in a position to decide whether to restructure and position itself as a future provider or transition the services to a regional organisation that maybe in a better position to work with the reforms to grow and respond to individual needs.

Should SVC take the exit option, they should consider a stronger and broader role in advocacy by establishing a Health and Wellbeing Alliance with Terms of Reference to oversee the health and wellbeing of the community.

In summary, it is timely that SVC investigate the options for the future delivery of the services in the Review with a goal to ensure the path forward is in the best interests of consumers, the community and ratepayers.