

**INQUIRY INTO SERVICES PROVIDED OR FUNDED BY  
THE DEPARTMENT OF AGEING, DISABILITY AND  
HOME CARE**

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**Date received:** 6/08/2010

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**DRAFT SUBMISSION TO INQUIRY INTO SERVICES PROVIDED OR  
FUNDED BY THE DEPARTMENT OF AGEING, DISABILITY AND  
HOME CARE**

**DATE**

August 2010

## **Draft Submission to NSW Legislative council's Standing Committee on Social Issues**

### **Inquiry into services provided or funded by the Department of Ageing, Disability and Home Care**

#### **Opening:**

The Local Government Association of NSW and Shires Association of NSW (the Associations) are the peak bodies for NSW Local Government.

Together, the Local Government Association and the Shires Association represent all the 152 NSW general-purpose councils, the special-purpose county councils and the regions of the NSW Aboriginal Land Council. The mission of the Associations is to be credible, professional organisations representing Local Government and facilitating the development of an effective community-based system of Local Government in NSW. In pursuit of this mission, the Associations represent the views of councils to NSW and Australian Governments; provide industrial relations and specialist services to councils and promote Local Government to the community and the media.

#### **Purpose:**

The purpose of this submission is to provide a NSW Local Government perspective to the Legislative Council's Standing Committee on Social Issues inquiry into the quality, effectiveness and delivery of services provided or funded by the Department of Ageing, Disability and Home Care in NSW.

The Associations thank the Standing Committee for the opportunity to comment on the quality, effectiveness and delivery of services provided or funded by the Department of Ageing, Disability and Home Care in NSW (ADHC). The Associations would like to have had more time to consult more meaningfully with our members on this important issue, but recognise the need to collect information in light of the changes to funding for ageing and disability services under the COAG reforms.

The Associations understand that the terms of reference are as follows:

1. That the Standing Committee on Social Issues inquire into and report on the quality, effectiveness and delivery of services provided or funded by the Department of Ageing, Disability and Home Care (ADHC), and in particular:
  - (a) the historical and current level of funding and extent of unmet need,
  - (b) variations in service delivery, waiting lists and program quality between:
    - (i) services provided, or funded, by ADHC,
    - (ii) ADHC Regional Areas,
  - (c) flexibility in client funding arrangements and client focused service delivery,
  - (d) compliance with Disability Service Standards,
  - (e) adequacy of complaint handling, grievance mechanisms and ADHC funded advocacy services,
  - (f) internal and external program evaluation including program auditing and achievement of program performance indicators review, and
  - (g) any other matters.
2. That the committee report by 30 September 2010.

## **Background:**

Councils in NSW currently play a significant role in both the direct provision of services for older people and people with a disability but also in the support of other providers. As strategic planner, service provider, regulator and manager of the built and natural environments at a local level, councils have a significant impact on the quality of life of older Australians and people with a disability and their participation in the local community.

Of the 152 councils in NSW, 100 received funding from Ageing, Disability and Home Care to provide Home and Community Care (HACC), and other services (NSW Department of Ageing, Disability and Home Care, *Annual Report 2008-09*). In 2009, the Associations conducted a survey of all councils in NSW (responses were received from 110 councils) on councils' social planning and community services activities (Local Government and Shires Associations, 2009, *Community Services and Social Policy Survey*). That survey showed that councils in NSW run Meals on Wheels services (45 councils), respite services (29 councils), transport services for older people (38 councils) and HACC centres (70 councils). Councils also employ staff for the development of services for older people (111 FTE across NSW) and for people with a disability (99.75 FTE across NSW) and the development of activities for older people and people with a disability (66 FTE across NSW). Over 70 councils have Access Committees made up of community representatives, 47 councils identified they have developed mobility access plans for their area and 82 councils engaged volunteers from the community to work with council on programs for older people.

The Associations response brings together the views of a number of councils around NSW (listed at Appendix 3) and is confined primarily to issues that affect Local Government to provide a concise response as possible. Our response will refer to the Terms of Reference of the Inquiry which relate to these issues. The following outlines some key issues for Local Government in NSW.

## **Term of Reference 1(a) the historical and current level of funding and extent of unmet need**

Councils in NSW are responsible for planning for the needs of the local population. In doing this they must ensure that their long term (10 year) Community Strategic Plan is informed by relevant data relating to the social, environmental, economic and civic leadership needs of the local area. Councils know the local needs of a community. Our response to this Term of Reference reflects this local knowledge and identifies a few key issues relating to particular service types, service overheads, funding positions in local government, eligibility requirements, optimal size of services that are funded, planning and the dissemination of information.

### ***Unmet demand***

In terms of particular services, a number of councils have identified unmet demand for services that are funded by the ADHC. The services where councils have encountered unmet need include:

- Support for isolated residents through home visiting and individual support;
- Squalor case management;
- Support for people with mental illness to remain at home and avoid hospitalisation;
- Support for people with dementia
- Social support for people with a disability (20 - 55 years);
- Short term support for people aged 55 to 65 years who need assistance but do not receive the disability pension
- Independent supported living for people with a disability;
- Respite for people with a disability;
- Services for ageing carers of people with a disability who are ageing;
- Emergency funds for case management, respite and supported accommodation;
- Community transport to rehabilitation programs and hospital out patients treatments;
- Home maintenance, especially lawn mowing;
- Variety in social support and volunteering opportunities for 'well aged' and 'younger' frail aged people;

- Advocacy support for families, carers and individuals transitioning to higher level aged care - negotiating the service system;
- Programs located in close proximity to where people live;
- Mentoring for service staff regarding strategic planning, funding applications, OH&S, professionalisation of service delivery and service marketing/promotion.

Some specific examples of unmet need include community transport in the Northern Sydney Region, for example Greenwich Hospital has the only hydro-therapy pool in area and is very difficult to get to by public transport. Community transport has a limit to the number of trips it can provide per person, i.e.: 20 return trips per year which is inadequate for clients having chemotherapy or dialysis treatments or other rehabilitation programs. Housing is another area of unmet demand. Councils in Inner Western Sydney are concerned about housing affordability and availability of options for innovative models of supported living for people with a disability living with ageing parents.

Unmet need is difficult to monitor when providers "close their books" and refuse to take referrals. Similarly it is difficult for providers to accept names on a waiting list and create an expectation that a service will be provided when they are unlikely to be able to provide the service. The ADHC "needs register" allows information about changes in people's circumstances to be reviewed and if necessary an immediate response can be initiated.

#### ***Service overheads***

Service overheads do not appear to be adequately addressed in ADHC funding provisions. As no funding is provided for rental accommodation for office space, services are often requested by the Department to take funds from direct service provision, which increasingly results in reduced direct service to clients. Services also require funding to cover administration. Some small community-based services are not able to keep pace with current managerial requirements and have made little effort for future planning or their own viability.

Retaining a skilled workforce is an issue for many services. Caring professionals often live outside of the area where they work. Travel times and low rates of pay make it difficult to retain workers. Providing subsidised housing for 'key workers' should be considered as an integral part to workforce planning along with promoting caring as a profession and increasing numbers of bi-lingual staff.

#### ***Funded positions within Local Government***

Local Government Ageing and Disability officers are often partially funded by ADHC as non-output services. Historically there has been little increase in funding for these services which imposes a burden on Local Government to subsidise salaries and worker on-costs. Increases in award wages (e.g. Local Government awards) are not covered by the CPI increases provided by ADHC, therefore reducing funds available for service provision.

ADHC is the only State agency that funds non-output positions in Local Government. The future of these positions requires priority consideration in discussions around the split of HACC services between the States and the Commonwealth. These positions undertake a very important role in liaising between local communities and State and Commonwealth agencies, collecting information about local needs, coordinating local services and programs and navigating community networks for older people and people with a disability. Ageing and Disability officers in councils spend a significant proportion of their time on HACC services but they also work developing strategies to improve the lives of older people and people with a disability in the community and provide a link into council through Access Committees, planning and assessment and policy development. These roles will still be required even if services for older people are funded by the Commonwealth. It will also still be essential to retain the close relationship between council officers and HACC Development Officers in each region in order to develop regional plans.

### ***Eligibility requirements***

Eligibility requirements currently appear to negatively impact people with a disability who are not able to be categorised with a specific disability, such as those who have a rare genetic illness. They often struggle to gain eligibility for much needed services and funding. The Associations suggest that a classification system that is based on impacts on health and lifestyle as opposed to the 'type' of disability may ensure fairer support for all people with a disability and better funding to the sector. This would also ensure that people with a mental health issue and those that do not easily fit into 'a' diagnosis' are not marginalised.

Councils have often commented that there is a large unmet demand for respite care. Although the Respite Intake & Allocation Process (RIAP) for flexible respite was designed to simplify access to respite it has resulted in a situation where demand for respite is concentrated and therefore is still unable to meet the need.

### ***Optimal service size***

Councils know what services are available in the local area and often provide a directory of local services for the community. In doing this, they have noted that there seems to be an expectation or implicit direction towards funding of larger, charity or Local Government based services. Councils have commented that large organisations are being funded to service a particular region but they are often located in offices large distances from the areas where they are providing services. Outreach or satellite offices need to be set up to provide services in the community that need assistance.

Within one LGA, there may be a number of care providers. The tendering system which currently operates for HACC services can create unnecessary competition between providers and duplication at the local level, resulting in services which are too small to be sustainable (for example there are 8 providers funded for centre based day care in the St George area). While choice of service provider is desirable, accessing services is difficult due to the number of service providers and the variety of referral mechanisms. While many service providers report a waiting list, others have capacity for the same type of service and there is no mechanism for referring clients on waiting lists to those other services.

Current levels of funding for HACC direct service providers often do not include full cost recovery for venue/office accommodation. Councils often come under pressure from Not-for-profit HACC providers to provide office accommodation at no or reduced rents. This is an institutional burden which needs to be considered within the system of ADHC funding.

### ***Boundaries and planning***

Regional boundaries appear to be a major focus of ADHC service provision. Councils in NSW, because they deal with all State government departments, are keenly aware that each State Government department uses different regional boundaries for funding allocations. For example ADHC regions do not correspond to NSW Health regions, so funding for health promotion activities for healthy ageing may not be available for all councils in an ADHC region. From a local perspective the emphasis on regional allocation tends to overlook natural communities of geography which are better placed to address local needs.

Councils have found that the HACC program still struggles with some of the larger planning issues relating to an increasingly ageing population, leaving the responsibility to Councils to manage. Council advisory committees (for seniors or people with a disability) have expressed concern that the HACC program does not provide adequate information sessions on relevant services.

### ***Information***

Information and support services are crucial to clients and carers being able to access and receive the services they need. People in need often find HACC Services very confusing and clients often require assistance to understand the type of services/model they can access. Many councils have commented that the distribution of information needs to be centralised and simple using a clear communication

system of informed workers from a central call number to ensure clients do not miss out on services they are entitled to. Councils have also commented that waiting times for assessments after referrals are often too long.

**Term of Reference 1 (b) (i) variations in service delivery, waiting lists and program quality between services provided, or funded, by ADHC**

The Associations' response to this Term of Reference focuses on councils' experiences with ADHC regional staff; variations in HACC services; and attendant care packages.

Councils have commented that the support a service receives varies according to the ADHC project officer for their region. Project management support by ADHC project officers is variable and services suffer from high turnover of project officers in a region. Generally Councils have requested that ADHC regional and central offices provide clear communication, feedback on funding outcomes and support with service delivery challenges.

There seems to be a large variety in the delivery of services provided by HACC funded organisations, under the same funding stream e.g. social support is defined and provided very differently by each service. In terms of Meals on Wheels, one provider commented that although funding is notionally based around meal numbers, meal volume increases have not yielded higher funding. As many Meals on Wheels services are auspiced by Local Government, any shortfall becomes a burden for councils. Competition in the broader market seems to be the factor that drives improvements in meal quality, not any funding initiative or ADHC review. Using meal volumes in the MDS is not an adequate measure of client outcomes. The results of the recent Food Service Review by the Meals on Wheels Association and ADHC should be highlighted in this Inquiry.

The opportunity for people with a disability to live independently is greatly impacted by the availability of Attendant Care packages and the like. The eligibility requirements for the various programs are confusing and make it difficult for people with a disability and their carers to fully understand the options available.

The siloing of health and aged care services creates a system whereby the economic benefits to the community from HACC services are not passed on to those services. For example it hospital bed days, estimated to cost between \$500 and \$1000 per day, are reduced, Health is the beneficiary not ADHC. If there is reduced demand on residential care, the Commonwealth Department of Ageing gets the budget benefit.

**Term of Reference 1 (b) (ii) variations in service delivery, waiting lists and program quality between ADHC Regional Areas**

Under the current HACC Local Planning Area planning arrangements, councils have the opportunity to contribute information about specific local needs, but there is no process to ensure that all the Local Government Areas (LGAs) in a region receive services at the delivery stage. This can result in uneven and inequitable distribution of services both within and across planning regions.

The Associations suggest that LGAs are the most appropriate administrative boundary to use for planning services. The existing administration system of Local Government, which has expert knowledge about local needs, can assist ADHC with the equitable allocation of resources across the LGA based on that knowledge. Councils in NSW are currently embarking on an Integrated Planning and Reporting process which requires councils to develop long term community strategic plans which incorporate planning for services provided by both State and Commonwealth governments. The information in these plans will be of great value to the ADHC in planning the distribution of services in the future.

Some regional areas have drastically different funding foci and ADHC seems to have priority areas for funding which are not well communicated to service providers or local government planners.

Service types appear to have been decided in an ad hoc fashion after the service has been operating for many years and unit cost is often unrelated to the actual cost of services. Local Government plays a strategic role in both planning for and providing services and matching services with clients at the local level. Therefore, the Associations suggest that ADHC would benefit from Local Government involvement in the development of planning approaches for the provision of the services which enables priority areas to be informed by local knowledge.

Other community factors will also impact on the cost of providing services for older people, such as cultural and economic background. Regions with ageing populations consisting of higher percentages of people from culturally and linguistically diverse backgrounds face additional costs for translation, interpreting, and recruiting, training and retaining highly skilled bilingual-speaking workers.

Services in remote areas face additional costs, especially for transport. The HACC Resource Allocation Formulation does not consider remoteness as a factor which influences the cost of services. Councils in rural and remote areas of NSW argue strongly that transport costs due to long distances are significant factors in service delivery in isolated areas. Councils in rural and remote areas often find they are topping up the cost of providing services for older people. Councils in regional areas have found that HACC funded Flexi Services (covering services from home modifications to Meals on Wheels and Social Support) are very effective in meeting local needs.

**Term of Reference 1 (c) flexibility in client funding arrangements and client focused service delivery**

Councils which offer HACC services have suggested that long term case management of individuals based on a person centred and consumer funded model is more effective than a regionally based funding by service type. Recent moves towards an enabling approach in HACC services is to be commended but needs to be accompanied by awareness raising to support providers to change practices. In order to gain funding, service providers should be challenged to demonstrate how they will be working in collaboration with other service providers and how they will be delivering a person centred approach.

An extension of such an approach is the provision of individual funding which the client can use to purchase services and make empowered decisions. Providers should develop services based on client and carer demand, achieving better quality services through competition between service providers. A one-stop registration/allocation point for clients makes the process of applying for services fairer and clients on waiting lists know where they stand. Clients will therefore not have their names on multiple waiting lists with all providers in an area and case workers across the area can take a more client focused approach to service delivery. Councils have found that ADHC officers do not see the link between requests from providers for support/funding and efficiencies or improvements in client focused service delivery that can be achieved.

**Term of Reference 1 (d) compliance with Disability Service Standards**

Local Government has been involved nationally with the development of the National Disability Strategy and is also supportive of the current National Disability Service (NDS) review of the Disability Standards. While councils have not provided any comment on compliance of ADHC services with Disability Service Standards, they recognise the need for further disability advocacy services in most regions.

**Term of Reference 1 (e) adequacy of complaint handling, grievance mechanisms and ADHC funded advocacy services**

Councils have expressed the need for increased promotion of the ADHC grievance process. Some council's experiences with ADHC regional office and central office problem solving and feedback have unfortunately been poor. Many of the separate teams within the department seem to lack any formalised communication and information exchange between them. This results in councils being



transferred to a number of different sections within ADHC. There seems to be a lack of understanding of the division of roles and responsibilities between planning, projects and funding teams.

**Term of Reference 1 (f) internal and external program evaluation including program auditing and achievement of program performance indicators review**

A general comment from a number of councils is that they have had unsatisfactory and irregular contact with ADHC project officers regarding monitoring and follow up of services they are monitoring. This includes documentation management by ADHC, with some councils reporting that funding acquittals, building equity records, work plans and service specifications have been lost or misplaced. Non-recurrent funding application processes often involve challenges such as short time frames, lack of communication of priority areas, lack of communication to services about processes, lack of post assessment feedback to applicants, lack of open and transparent allocation of funds. The ADHC Acquittal systems are very complicated and services requesting retention of surplus can wait years before they are given an answer.

Experiences with ADHC's funding variation agreement process have been frustrating, with unreasonable turn around times and delayed communications, due to the use of fax rather than email. Inconsistency of approach to funding guidelines between ADHC Project Officers has been an additional challenge for many councils.

The MDS is seen by many as a very confusing reporting system, many services are reporting using different methods, and hence statistics are not accurate. Many councils have had no feedback since HACC and CSTDA Training on the recruitment of outreach workers to assist in MDS reporting was conducted. The MDS could be a valuable data source that should be made available for local area planning and Councils' new integrated planning processes. Changes to the MDS to collect outcomes for clients would greatly enhance the value of the data for future service planning.

The reporting load for funded services has increased many times over the years without additional relative funding for administration. Some smaller direct service providers funded by ADHC struggle with increasingly onerous reporting requirements (often unnecessarily complex reporting processes). ADHC funded services often are audited by multiple groups – ISO, ADHC, FAHCSIA. Auditing requirements should be standardised and a single audit conducted which meets the requirements of all funding bodies.

Communities have raised concerns with councils about the quality of services and management of some not for profit providers in their local areas. There is a need for more support from ADHC for small providers regarding quality, staff management, complaints handling and reputations of services they fund. Guidelines for committees and boards of directors need revision due to the high level of skill now required to meet legislative requirements for volunteer members.

Large church based NGOs are often better resourced than smaller providers and have become major players in some regions. It is important to note that some communities may encounter difficulties relating to organisations funded under church based NGOs, particularly those not from a Christian background.

Councils are often made aware of services closing, or gaps in service delivery in the local area, although councils may not always be aware if an actual provision took place or whether the quality of service provided met the funding criteria. For example some Neighbour Aid services are providing day care groups and shopping/transport, instead of the individual or small group (2-3 people) social support and companion visiting they are funded for, leaving social support to be provided by council or other providers.

Some councils have suggested that reporting systems need to ensure that services received by clients correspond with services that have been funded. This does not need to result in more onerous

reporting or more stringent accountability mechanisms, rather it requires a change in reporting to guarantee that services that are funded are actually delivered on the ground.

**Term of Reference 1 (g) any other matters**

In response to this Term of Reference, the Associations will discuss the following issues: maintaining in-home care options, access to the natural and built environment, transport, research, and access to allied health and home modifications services.

***Maintaining in-home care options***

One of the key considerations for Local Government is that any changes to the aged care funding system not result in a reduction of per capita funding on an individual basis and that differential costs of provision in rural areas be factored in. At the 2008 conference, the Local Government Association resolved that the Associations seek the guarantee of the Australian and NSW Governments:

- that the effects of any redistribution of the funding and program responsibilities for ageing and disability programs be carefully considered in conjunction with major service providers including Local Government;
- that any changes result in improvements to the provision of services and supports for older people, people with disabilities and carers in NSW;
- that any new funding conditions for ageing programs maintain strong in-home and in community outcomes alongside residential and institutional outcomes; and
- that any redistribution of the funding and program responsibilities for the delivery of ageing and disability programs and services not result in any reduction in per capita expenditure and that funding distribution methods take into account of regional and local needs and cost factors.

***Access to the built and natural environment***

Councils play a critical role in ensuring that the community is accessible for everyone. This includes creating recreation and leisure opportunities, and maintaining footpaths and public spaces. Councils support the right of all members of the community to access their neighbourhood, supporting social inclusion and engagement.

***Transport***

The need for transport is of primary importance to the independence of older people, particularly as they lose their driver's licence and their mobility decreases. Access to well funded, flexible community transport options for medical and social appointment would support independence and continued community participation. Consideration should be given to co-funding transport with day programs to assist carers.

***Research***

Effective programs require information about the number of frail older people, people with a disability and people who need short term assistance, who are not part of either of these groups, and the impact on their lives. Community plans that recognise the input from all spheres of government need this information in order to respond to local priorities.

***Allied health and home modifications***

Better access is required to allied health such as continence advisors, Occupational Therapists, dietitians, counselling and therapy, mental health training and support to deal with depression and other chronic illnesses.

An integral part of enabling people to remain in their own homes is providing home maintenance and support services. Some form of community registry or accreditation for tradesmen providing these services is required to protect vulnerable people from exploitation.

### **Conclusion & Recommendations**

The Associations thanks the Legislative Council's Standing Committee on Social Issues for the opportunity to contribute to the inquiry into the quality, effectiveness and delivery of services provided or funded by the Department of Ageing, Disability and Home Care in NSW. ADHC services for frail older people and people with a disability are one part of the constellation of services and supports available. Local Government provides many other parts of this constellation by engaging local communities, assisting them navigate support networks and by creating and managing supportive social and physical environments.

## **APPENDIX 1: Extracts from Associations' Policy Statements**

### **The Associations' policy statement for older people states that:**

Local Government recognises that older people have a right to quality facilities, services and programs that enable them to remain living in their own homes and active in their communities.

#### **Local Government**

- identifies, provides or facilitates the provision of facilities and services which meet the needs of older residents to maximise quality of life and well being
- assists older residents to remain in their local community by facilitating appropriate infrastructure and facilities, adequate support services and housing options
- recognises the importance of including older people in council's planning and other activities relating to infrastructure
- provides or facilitates the provision within the local community of services and programs relevant for all older people, regardless of their health status, gender, marital status, sexuality, language, culture, race, religion, disability or status.
- recognises and supports Seniors' Week as an important vehicle to recognise the valuable contribution older people make to their community through respect, inclusion and being sensitive to the needs of older people.
- recognises the important role Seniors' Centres play in local communities.
- supports initiatives which encourage government, non - government and private sector employers to develop more flexible work practices and attitudes that are supportive of the continued participation of mature workers in paid employment.

#### **Local Government seeks:**

- Commonwealth and State Government adequately resource residential, community care programs (such as Home and Community Care) and healthy ageing programs to meet the real and growing level of need amongst older people and their carers.
- Commonwealth and State Governments provide funding to Local Government to up - grade Seniors' Centres so that they are physically accessible to all residents and to provide for recruitment and employment of staff at Seniors' Centres.

### **The LGSA policy statement for people with a disability states that:**

Local Government recognises that people with a disability have a right to quality facilities and services that enable them to live and fully participate in their communities.

#### **Local Government:**

- Recognises the importance of including people with a disability in council planning and regulatory activities relating to infrastructure and council social/community planning
- develops local Disability Discrimination Act Action Plans and leads their implementation.
- seeks to improve access to existing Local Government infrastructure and facilities as resources permit and in accordance with the local Disability Discrimination Act Action Plan
- ensures physical access to all new Council infrastructure and facilities
- encourages improved physical access to community and privately owned publicly accessible facilities
- ensures that local pedestrian networks are accessible to all people in the community
- identifies, provides or facilitates the provision of facilities services and housing options which meet the needs of people with a disability to maximise quality of life and wellbeing and remain in their local community
- provides or facilitates the provision of local support services and programs relevant for all people with a disability, irrespective of their gender, marital status, sexuality, language, culture, race, religion, or status.

- pursues work practices which do not discriminate against people with a disability

Local Government seeks:

- The Commonwealth and State Governments develop a framework for funding improvements to public infrastructure to comply with the requirements of the Disability Discrimination Act.
- The Commonwealth Government make available resources to enable Local Government to modify infrastructure to comply with the requirements of the Disability Discrimination Act.

## APPENDIX 2: Recent Conference Resolutions

### Ageing

#### 2008 LGA conference and 2009 Shires conference

##### Potential changes to aged services with central governments

That the Association seek the guarantee of the Australian and NSW Governments

- that the effects of any redistribution of the funding and program responsibilities for ageing and disability programs be carefully considered in conjunction with major service providers including Local Government;
- that any changes result in improvements to the provision of services and supports for older people, people with disabilities and carers in NSW;
- that any new funding conditions for ageing programs maintain strong in-home and in community outcomes alongside residential and institutional outcomes; and
- that any redistribution of the funding and program responsibilities for the delivery of ageing and disability programs and services not result in any reduction in per capita expenditure and that funding distribution methods take into account of regional and local needs and cost factors.

#### 2008 Shires Conference

That the Shires Association of NSW call on both the Commonwealth and State Governments to initiate a merger of all State Health and Aged Care systems under the sole auspices of the Commonwealth Government by 2014.

#### 2007 LGA conference

That the Association seek, through the NSW Ageing 2030 Summit and discussions with the NSW Premier and Minister for Ageing, a formal State/Local Government dialogue on our respective roles in responding to population ageing, with the aim of agreeing on a small number of major issues of mutual concern drawn from the Association's *Ageing and place* for inclusion in the State Plan in the coming year.

The following issues are recommended for priority consideration:

- Identifying those Local Government areas where population ageing will impact the earliest and developing local place-based responses across both spheres of government;
- Collaboratively negotiating a State response to the national Disability Standards for Accessible Public Transport to the extent they are affected by population ageing;
- Responding to the need for both more and possibly qualitatively different Community Care Services;
- Collaboratively negotiating a national regulatory regime on slip resistance to prevent domestic slip and fall injuries;
- The provision and location of aged housing; and
- The need for accessible public transport.

#### 2007 Shires conference

##### 16 - Lachlan and E & D Division \*Commonwealth Taxation & Aged Care Facilities

That the Shires Association seeks an amendment to the Commonwealth Taxation provisions to permit retirement village facilities owned and operated by local councils to be deemed as charitable organisations, particularly for the purposes of FBT provisions for staff working at those facilities.

## **Disability**

### **2006 Local Government Association Conference**

#### **31 - Canterbury Intellectual Disability Services**

That the Association set up a special taskforce with the State Government to investigate ways of improving the delivery of State Government and council services to people with intellectual disabilities.

### **2006 Local Government Association Conference**

#### **76 - Canterbury Disabled Access to Council Facilities**

The Local Government Association calls on the State Government to amend Section 94 of the Environmental Planning and Assessment Act to enable councils to use to a greater extent than at present Section 94 contributions for the improvement of disability access to council owned facilities such as libraries and swimming pools.

### **2006 Shires Association Conference**

#### **16 - Bland Co-location of HACC services in rural areas**

Treasurer and Ministers for Community Services and Ageing, Disability and Home Care to have the NSW government adopt as a matter of policy a model for preferred co-location of HACC and related community services operating in rural and regional communities and that adequate project feasibility/ planning funding is allocated, whenever redevelopment or upgrade of such services in a community is planned.

### **2005 Local Government Association Conference**

#### **42 - Gosford Consistent standards for accessible pathways**

That the Local Government Association support and encourage that the standards for accessible pathways and premises be consistent between Local Government Areas and that by utilising the Human Rights and Equal Opportunity Commission's Advisory Notes on Access to Premises alongside the Australian Standard 1428 and the Building Code of Australia until such time as the new Disability Standards for Access to Premises are developed and adopted

**APPENDIX 3: Councils contributing to the submission:**

Ashfield Municipal Council  
Burwood Council  
Campbelltown City Council  
Canada Bay City Council  
Canterbury City Council  
Hornsby Shire Council  
Kogarah Council (on behalf of services in St George area)  
Ku-ring-gai Council  
Leichhardt Municipal Council  
Marrickville Council  
Richmond Valley Council  
Strathfield Municipal Council  
Sutherland Shire Council  
Warringah Council  
Willoughby City Council