

## **National Aged Care Reforms – Future Directions**

***At the Confidential Council Meeting on 19 December 2017, Council considered a report regarding the future direction of the national aged care reforms. In considering that report, Council resolved that “an appropriate summary of tonight’s report and motion be made public”. That summary appears below.***

### **Executive Summary**

#### **Purpose**

To present the key findings of a project (the Project) assessing implications of the new Commonwealth Home Support Program (CHSP); to present a range of options identified for initial consideration in relation to Council’s role in the CHSP post July 2020 and outline a community engagement process to inform Council’s decision-making process into 2018.

#### **Key Issues**

The aged care reforms and conclusion of the current agreement with the Commonwealth Government in mid-2020 requires Council to determine its preferred future role in service provision under the CHSP. In order to be able to appropriately prepare for this, an in principle decision on the future role for Council will be required by the middle of 2018.

The new policy environment will deliver a service system that is based on an open and competitive market model. As a result, Council is unlikely to receive block funding nor will it be the sole provider of CHSP services in the municipality. Any future service will need to be highly responsive and flexible based on immediate demand generated by clients/ customers who exercise choice in a mature market. Due to these changes being driven from the Commonwealth, councils which currently operate CHSP services will need to determine their preferences for future service delivery and their ability to operate in this competitive environment. There are a number of considerations for councils when making this decision including how councils should continue to respond to the needs of older people, providing a flexible service that responds to client choice, addressing competitive neutrality and containing or reducing costs.

This report presents the findings of the Project and outlines five options. The purpose of this report is to seek Council direction on which of the five options should be explored in greater detail to inform a future Council decision.

In addition, in early 2018, community engagement and consultations will be undertaken to inform the development of Council’s next Positive Ageing Strategy and Access and Inclusion Strategy and this will also assist in decision making around Council’s future strategic directions in this area.

#### **Financial Implications**

The report provides information on the net cost to Council for service delivery. The cost implications of the range of options will be developed and presented in future reports.

#### **PROPOSAL**

Council note the findings of the Project as outlined in this report.

Further detailed exploration of the options is required. Whilst there may be merit in further investigation of all options, officers recommend that Options 2 and 5 appear to provide the

best opportunities and should be explored in further detail as a priority, with a further report to be presented back to Council for consideration.

Council notes the community engagement process to occur over February to March 2018 to seek community input into future directions in supporting older people living in Yarra.

Officers provide a further report in April /May 2018 on the outcomes of the community engagement process and progress on assessment of the range of options.

# Report

## Purpose

1. To present the key findings of a project (the Project) assessing the implications of the new Commonwealth Home Support Program (CHSP); to present a range of options identified for initial consideration in relation to Council's role in the CHSP post July 2020 and outline a community engagement process to inform Council's decision-making process into 2018.

## Background

2. In preparing for the national aged care reforms, a project has been completed to:
  - (a) Assess the impact of sector changes on the operations of aged care services provided by Council;
  - (b) Assess the social, socio-economic, financial and industrial risks related to changes to the funding and delivery of aged care services;
  - (c) Identify potential service partnerships and business models to deliver sustainable services; and
  - (d) Develop a road map for the period leading into full implementation of the CHSP.
3. The Project report addresses:-
  - (a) Overview of the aged care reforms (policy position; key changes; expected impacts on clients; workforce and providers);
  - (b) Overview of Council's CHSP services (service and workforce analysis; employment profile and financial analysis of service operations);
  - (c) Implications of change (market analysis – the ageing population, provider sustainability, growth and diversification, competitive neutrality);
  - (d) Identifies strategic options available to Council (five options considered);
  - (e) Evaluation framework (socio-economic and financial analysis); and
  - (f) Stakeholder interviews and consultation strategy.
4. The Project did not include making a recommendation on a preferred option but rather to identify and analyse a range of options for Council's consideration. The Project focused on the likely financial impacts of the options and recognises that this is one factor among many that Council will need to consider as part of any future decision.
5. The national aged care reforms have been rolled out across Australia and include:

### Aged Care System Reforms

- (a) The My Aged Care (MAC) Gateway (centralised Australian wide point of entry for older people to now access community and residential care) has been fully implemented;
- (b) Council's former intake and assessment function has now transitioned to being part of a Regional Assessment Service (RAS), with screened referrals directed to Council via the MAC system;
- (c) A clear separation between Council's assessment and service provision functions was required and has been implemented; and

- (d) In Victoria, for the period 2016-2019, councils will continue to be the primary agencies responsible for assessment and service provision functions under the MAC and CHSP systems however post this time, an open and competitive market will commence. This has already occurred in other states across Australia.

#### Clarity on Reforms and Agreements with Local Governments

6. The Commonwealth Government commissioned an independent Aged Care Legislated Review (also known as the Tune Report) and the findings were presented to the government recently. While the review has recommended a number of improvements to the new system, the overall direction of moving to a more individualised and consumer directed funding model and creating an open and competitive market across Australia remains clear.
7. The Commonwealth Government has advised that it intends to extend the current agreement with Victorian local councils to mid-2020 (additional one year extension).

#### **External Consultation**

##### Development of Positive Ageing Strategy & Action Plan

8. Council has initiated development of a new Positive Ageing Strategy & Action Plan. It is proposed to undertake community consultation during February to March 2018. The purpose of this consultation is to seek community advice on what constitutes 'ageing well' in Yarra, to obtain feedback on what residents value about living in Yarra, and identify issues of importance. This will include seeking feedback from residents in receipt of Council's aged and disability care services.

##### Community Engagement & Consultations

9. The opportunity to develop a regional approach to community and stakeholder engagement and communication is being investigated. It is recognised that community engagement needs to occur on multiple levels as part of the decision-making process. At the local level, the consultation process will include engagement with Council's Active Ageing Advisory Committee; Disability Advisory Committee; local agencies, Council's home care provider, other providers, older people and people with disability, families, and carers.
10. The following actions are proposed:
- (a) Develop an on-line survey, coupled with promotion through social media to encourage broad community participation;
  - (b) Develop posters, postcards and specific resources, including in community languages to assist people from CALD backgrounds, special needs groups to participate;
  - (c) Provide a hardcopy survey to all current clients to encourage participation;
  - (d) Conduct targeted focus group discussions with residents and local organisations; and
  - (e) Engage members of the Active Ageing Advisory Group and Disability Advisory Committee in community consultations.
11. The Project has included consultation with peak bodies including the Municipal Association of Victoria, Council of the Ageing, Victorian Council of Social Services, State and Federal Government Departments. The purpose of the consultation was to obtain high level advice on future directions, consider potential gaps in the new policy approach (vulnerable groups), discuss the role of local government in both services and in planning and to obtain any further clarity on policy directions.

### **Internal Consultation (One Yarra)**

12. Consultations about the reforms have been on-going with staff in the Aged & Disability Services Branch and will be extended during the external consultation and decision-making process. This will include further engagement with the Australian Services Union (ASU). A monthly ASU / Management meeting has been held since July 2016 as part of managing the roll-out of the National Disability Insurance Scheme (NDIS) and aged care reforms.
13. The Australian Services Union has written to all councils arguing the case that the Victorian home care system should be retained and urging councils to continue its commitment to home care.

### **Financial Implications**

14. The 2017 - 2018 Aged & Disability Services Branch budget provides for expenditure of \$6.8 million; with income of \$3.6 million (\$3.1 million Government Grants and \$0.5 million service user fees), resulting in a net cost to Council of \$3.2 million.
15. The Project focussed on financial analysis of CHSP services only (excluding Council funded community transport, disability services and community development and planning functions) and analysis of this financial data has been provided separately to Council as part of the confidential report received at its meeting on 19 December 2017.
16. The analysis demonstrated that the current government funding does not cover the cost of services and that Council will need to address this aspect as part of competitive neutrality considerations, and how it may optimise the financial efficiency of services post 2020. Further analysis of the financial implications of options will be presented to Council in 2018.

### **Economic Implications**

17. The CHSP reforms will re-direct funds away from being controlled by organisations and provide consumers / clients with more direct control. Many new providers have already been established, a number of existing providers are merging and it is evident that the market place is evolving in readiness for change.
18. The Project report notes that:
  - (a) There is a growing market of service providers in the metropolitan areas of Victoria with analysis of data on My Aged Care showing 155 unique organisations (including councils) providing one or more services. This includes organisations that provide either CHSP and/or Home Care Package services; and
  - (b) Experience from the NDIS roll-out shows that there were 650 registered providers in Victoria, with a further 280 providers with registration in progress at December 2016. A number of these are individual / sole traders and private companies.
19. It is highly likely that a competitive market will exist in Yarra for both CHSP and Home Care Packages services, with small-medium and national entities (sole traders, not for profits, for profits and councils) vying for market share.
20. There will be aggressive marketing to attract customers / clients. There is already evidence within the Home Care Packages area of special offers and start-up incentives being offered, which in turn will lead to a direct decline in the demand for services currently being offered by Council. In turn, the challenge of maintaining a fixed workforce in an environment where the volume of work and subsequent funding is not guaranteed will be significant.

## **Sustainability Implications**

21. There are no environmental implications at this point.

## **Social Implications**

22. Any change has the potential to impact on residents receiving services now and into the future. The following important considerations exist for consumers / clients:
  - (a) Clients, families and carers have continuity of quality, affordable, equitable and accessible care; and
  - (b) Clients have confidence in their provider to deliver quality care.
23. The reforms are transformational and there are a number of issues outside Council's control. As indicated in paragraph 40, changes to the Assessment process and introduction of My Aged Care reduce the 'local' nature of the new system and there is concern that important relationship and partnership arrangements will be disrupted through a competitive model. This may lead to unsatisfactory outcomes for some consumers / clients.
24. At another level it is argued that the national reforms are leading to a more equitable distribution of resources across the nation and consumers / clients will experience greater choice, control and flexibility in services.
25. Whatever option is selected, Council has a role to play in monitoring the impact of change and where relevant, ensuring the transition for clients is as seamless as possible. Council identified issues relating to access to My Aged Care for people from CALD backgrounds, people at risk of homelessness and people with mental health issues. A recent Commonwealth Government review has acknowledged many of these issues.
26. There are social implications for employees arising from the reforms with a likelihood that there will be greater casualization within the sector and by comparison to local government, a reduction in remuneration.
27. Council's current service model includes linking with specialist agencies such as Cohealth and Unison Housing to support vulnerable groups and this is a role that could be strengthened into the future.

## **Human Rights Implications**

28. The provision of community care services underpin human rights as enshrined in the United Nations Convention on the Human Rights of Persons with Disabilities (2006) such as Article 10 – the right to live independently and be included in the community.
29. An area of focus is the support of vulnerable people who may fall through gaps in the new service model. This has been identified as a potential issue across all areas of the reforms and will be included in discussions around Council's future directions – in terms of its advocacy role, its role as a funder or partner with local agencies that support vulnerable residents, and whether Council has a continuing service provision role.
30. The recently released Tune Report, which was undertaken on behalf of the Minister for Aged Care to assess progress on implementation of the reforms to date, included a number of recommendations that address access and equity issues for people from CALD backgrounds, special needs groups including Aboriginal people, and supporting people navigate the My Aged Care system.
31. Council has supported older people to access CHSP services through having consistently low service fees and by establishing partnerships with specialist agencies to provide services. Examples of this approach include the Yarra Space program with Unison Housing; the Café Meals program with Cohealth; Billabong Meals program;

CHSP grants to Neighbourhood Houses and CHSP grants to older persons' cultural groups. Each of these programs has attempted to reduce or remove barriers to access, to engage people in services and provide a flexible approach.

32. One of the roles that Council can play is in the area of community stewardship. While the Commonwealth Government has the ultimate responsibility for the CHSP program and ensuring it is accessible to all eligible residents, Council has in the past and could in the future maintain a strong advocacy voice for the community around aged care. Council's Aged & Disability Services Branch oversees a provider based Aged Services Network and Council has two key committees (Disability Advisory Committee and Active Ageing Advisory Group) that serve as important mechanisms for raising issues and seeking Council or government action.
33. Council has strong recognition within the community for its advocacy role and this reflects the notion of being an 'honest broker' with an independent voice. This role may take on increased significance in a reform environment that has a focus on competition. There is an opportunity to consider how this can be strengthened as the reforms progress. There may be some merit in the ability to play this role if Council did not seek to continue to be a provider under CHSP. To operate in both environments may lead to a perception of a conflict of interest.

### **Communications with CALD Communities Implications**

34. Communications with CALD communities will be addressed as part of the community engagement work to occur over coming months. It is important to ensure that new nationwide systems do not create barriers to entry and reduce access to culturally appropriate services.

### **Council Plan, Strategy and Policy Implications**

35. Council operates under the Local Government Act with a primary objective to "endeavour to achieve the best outcomes for the local community having regard to the long term and cumulative effects of decisions".
36. The reform process is enabling Council to consider and make strategic decisions about its on-going role, including service provision unencumbered by State or Commonwealth Government agreements or statutory requirements.
37. The Council Plan does not specifically provide a framework for decision-making on this issue. Beyond analysis of the Options there is also the need to consider and reflect on Council's position in this radically changed policy and service provision landscape. This includes Council's role as a service provider; funder; planner; facilitator and advocate. The community engagement process will also provide community feedback on its vision for ageing well in Yarra.

### **Legal Implications**

38. The Project includes preliminary advice on competitive neutrality. As a first step, the question of whether Council's role in CHSP meets the *significant business test* needs to be determined, and if so to undertake analysis in line with competition policy. It is expected that CHSP services would be regarded as a significant business – meaning that Council would need to undertake and comply with a *fully reflective cost analysis* and complete a *public interest test*. Option testing will also need to consider industrial issues and compliance with agreements entered into with the State and Federal Governments and contracted providers.

### **Other Issues**

#### Council's Role in Assessment Services

39. Under the former Home & Community Care (HACC) program, councils fulfilled the municipal role of undertaking home based assessments to determine eligible

resident's needs for HACC services (home care, personal care, respite, meals etc.). A separate entity, the Aged Care Assessment Service (ACAS), which operates at a regional level and is aligned to the hospital system, is responsible for undertaking more complex level assessments for entry into the Home Care Program (a care package that provides a case manager and a broader range of services and support than HACC and also for entry into residential care).

40. Council had a relatively autonomous role, with referrals coming directly to Council, and assessment staff utilising a standard assessment tool. Assessment outcomes could include referral for Council provided HACC services, referral for allied health services or linking to other local support (social support such as neighbourhood houses). This municipal based role has enabled assessment staff to be both in an excellent position to assist with the needs of residents (knowledge of local community supports, relationships with key staff etc.) and also to identify gaps in services and local issues.
41. The assessment service has worked hand in glove with Council's service delivery team to link residents with appropriate carers, transfer knowledge that will support quality care and act as an on-going support service to the service delivery and resident as needs change. Where necessary, they would also refer residents to ACAS for more complex assessments.
42. The national reforms have changed this model significantly.
43. Under the CHSP model, Council is now part of a seven council Regional Assessment Team (RAS). At present this operates on a virtual model with each council still retaining its assessment staff and assessments being undertaken on a municipal basis. However, referrals are now screened and referred to the RAS through the national My Aged Care (MAC) system and following completion of a more narrow based assessment, the outcomes are uploaded into the MAC system for re-direction to a service provider. At present that service provider is still primarily Council, however post 2020, the referral will be broadcast to a range of providers who can then nominate to contact the resident and offer services. If the resident has a preferred provider, they can request that the referral is only directed to that provider.
44. Under this model, the RAS (and Council) has been required to separate assessment and service delivery functions completely. This has included implementation of a Conflict of Interest policy and procedure; ensuring assessment officers do not access the service delivery client management system (only work with My Aged Care system); focus on assessment functions only (meaning they can't fulfil roles such as conducting a home based occupational health & safety check and discussing the best match of carer, preferred service times etc.) for Council's service delivery team; they are required to offer all available service provider choices. The assessment service now operates at arm's length from Council's service delivery team. In a number of respects this is similar to the ACAS model.
45. Under the RAS arrangement (in place till mid 2020), the assessment function is still occurring at a municipal level with locally based assessors employed by Council. The strengths relating to local knowledge of the service system; local relationships and the capacity to gain knowledge of local service gaps and issues is still relevant however the integration with service delivery is greatly reduced.
46. Post 2020, this could change again. The recently released Tune Report, which was undertaken on behalf of the Minister for Aged Care to assess progress on implementation of the reforms to date, included a recommendation that the government integrate the RAS and ACAS assessment workforces. Based on the roll-out in all other states, it is also known that the government has favoured a model of large region based assessment providers, separated from service providers (with providers selected through a tender process).



47. Beyond the assessment of individual needs, the assessment function plays an important gate-keeper role and where this occurs on a municipal basis with local staff, there is a strong argument that Council is well placed to undertake this role in the future. In a new system with multiple providers, it offers the potential to be part of an 'honest broker' role and to keep Council informed of issues such as barriers to service access; issues for hard to reach and vulnerable groups etc. Officers believe that referring residents to other service providers and linking services is better served with locally based understanding of the service system and being able to link people to people.
48. These views have been tabled with the Commonwealth as part of 'retaining the best of the Victorian model' by councils and the MAV, however it is still likely that the region based model, integrated with the ACAS will prevail.
49. The options for any future assessment function appear limited and if Council wished to continue in this role, it would most likely need to pursue a consortia model with other councils and an ACAS, possibly auspiced by a third party.

#### Linkages Case Management Program

50. Previous reports have also noted that the Linkages Case Management program provided in Victoria will cease by mid-2019. Council has operated this program which offers intensive case management to 25 people (19 people over 65 years of age and 6 under 65 years of age) under the HACC program. People under 65 are being transitioned to the National Disability Insurance Scheme (NDIS) and people over 65 are being transitioned to the Home Care Program across 2017 to 2019.
51. This has impacts for Council's service delivery function as much of the care provided to these clients is/was delivered through Council. Once a client transfers to the Home Care Program they will work with their new case manager to determine who provides services. Council has not actively pursued offering services to Home Care Package clients in the past due to several factors including the capacity to recover costs and the complexity of maintaining separate client data and reporting requirements. Where there have been gaps in service delivery (meals services; home maintenance and Willowview (social support)), Council has met this need.
52. The decision to cease the Linkages Case Management program in Victoria and merge it within the Home Care Program as part of the national reforms is consistent with the intent of the reforms. The national program operates an Australian-wide waitlist system.
53. In the future clients will 'select' and change their provider of choice. This however presents further challenges for Council's service delivery with the more flexible environment making it difficult to have surety on service / work volumes and the need to respond more flexibly. Council does have a strength where it maintains a suite of services as the option of a 'one stop shop' often serves clients well. A further factor in this equation is the 'price competitiveness' of Council's service.
54. The decision on the Linkages Case Management program is clear and it is now a case of managing the transition as best possible. Any decision to compete for service delivery under the Home Care Program is aligned to the broader decision on Council's role in the CHSP.

#### Relationship to the Home & Community Care – Program for Young People (HACCPYP)

55. With the introduction of the NDIS and to date the transition of around 101 of the 186 Council clients who were in receipt of services under the previous HACC PYP

program, a further challenge is presented in determining Council's role in this service. This program is funded by the State Government and a review is underway as to how it will be sustained into the future. The timelines and decision-making process is unclear. Any decision on the CHSP program needs to also consider the HACCPYP program.

#### Contract – Home, Personal and Respite Care Services

56. Since 1998 Council has maintained a dual provider model in delivering home, personal and respite care services. This means that a small In-House team coupled with a main contractor has provided services. The decision on the contracting of services needs to be factored into the options discussion and decision making process.

#### Demand for Services

57. As noted in the Aged & Disability Services Branch Service Review report – March 2017, demand for CHSP services has been steadily reducing over the past 10 to 15 years. This appears to reflect a number of factors including: demographic changes within Yarra, many older people ageing well, and increase in the availability of Home Care Packages, increased choices and the recent introduction of the NDIS.
58. The change in demand for services will impact on the sustainability of specific services such as Delivered Meals. In considering options for the future, size and scale is important in order to manage costs, provide a flexible service and to maintain quality.

#### **Options**

59. The Confidential Report provided an analysis of five options identified to date. It did not seek to reach a conclusion on a preferred option at this point. The analysis attempts to explain each option and document considerations across social, community, financial, workforce, market, organisational readiness and risk implications.
60. The analysis provides initial information, and a further expansion of the assessment criteria may need to be considered as part of future analysis, such as a more detailed assessment of quality and accessibility to ensure appropriate outcomes for clients and families.
61. The Options presented include:
  - Option 1 - Retaining service delivery within Council post 2020 on a business as usual basis.
62. This Option would see Council continue to be a provider of the full range of CHSP services (with Assessment service subject to separate consideration under all Options). The current model is based on a dual provider model (both In-House team and contractor delivering the services).
  - Option 2 - Retaining service delivery and optimising services by improving financial and service efficiency, including contracting options.
63. Under this approach Council would retain service provision as per Option 1 however it would also include optimising financial and service efficiency by reviewing employment and contracting arrangements; reviewing how services are delivered, and committing to a focus on marketing and information technology innovations. This could include moving to a full contracted arrangement.
  - Option 3 - Establishing an independent business with other partners.
64. This Option envisages Council establishing a new independent business, potentially with other partners to improve its capacity to compete in the market and provide more flexible services for consumers / clients.

Option 4 - Exiting all services and either winding down slowly or actively transferring the service to another party.

65. This Option is based on acknowledging that the reforms and policy decisions made at the national level are moving away from the provision of services by government and encouraging an open and competitive market and as such that Council's support of its community may be best achieved through other means. It also provides the option for Council to invest more broadly in community capacity building programs for older people

Option 5 - Discontinuing some services, transferring some services and remaining in some services.

66. The final Option considers a targeted approach that responds to gaps in the market; maintains a focus on special needs groups and / or continues with services that deliver on Council objectives. It also provides the option for Council to invest more broadly in community capacity building programs for older people and working with local agencies to support older people who may be vulnerable through targeted actions.
67. Having regard to the detailed information contained in the Confidential Report, it is the officer's view that Options 2 and 5 offer the most merit for further detailed investigation.

Other Options

68. Option 1 is not considered realistic given the new policy environment. Given the scale and nature of the reforms, it is suggested that Council will need to make an active choice about which role/s it will play in the future of any service delivery. A business as usual approach beyond 2020 would very likely lead to a poor outcome for Council and the community.
69. Option 3 would see a separation from Council, which would likely increase over time and there is concern about the capacity to achieve this within a relatively short time. Furthermore this option only creates an additional not-for-profit player in a mature market, and would not give Council any direct control over the service's capacity to respond to the needs of clients.
70. Option 4 provides the greatest opportunity to invest in other areas to support older residents in other ways. However it does mean Council would vacate the service delivery space and limit any direct support of vulnerable and specialist needs groups needing some or all CHSP services. These clients / customers would access other market providers.

**Conclusion**

71. The Project report provides an important input into Council's strategic decision making process regarding the aged care reforms and its future investment in supporting older people more broadly.
72. The decision making process is complex and requires further inputs including:-
- (a) Establishment of key directions coming out of the Positive Ageing Strategy (development underway);
  - (b) Outcomes of the community and key stakeholder consultation process (aligned to the Positive Ageing Strategy development process);
  - (c) Any further clarification that can be obtained from the Commonwealth Government on specific aspects of the system design (RAS; group funding;

support for system navigation especially for vulnerable and / or residents who need access support);

- (d) Further analysis and understanding of competitive neutrality; market capacity; demand for services; potential service gaps;
  - (e) Consideration of Council's unique model in providing CHSP services to its community and Yarra specific service trends; and
  - (f) Application of a socio-economic evaluation framework across the range of Options.
73. Additional consideration is also required regarding the HACCPYP program; Assessment service and Home Care contract (see Other Issues section of this report).
74. At this point, it would be useful to confirm Council's support for the proposed approach to further explore the options canvassed within this report, with a focus on options 2 and 5, and to confirm and key factors that Council would wish to better understand to assist in the decision making process. The Options are broad and each requires further detailed analysis.

## **RECOMMENDATION**

1. That:
- (a) Council note the findings of the Commonwealth Home Support Program Project as outlined in this report;
  - (b) Council authorise officers to conduct a detailed investigation of the potential risks and benefits of the options outlined in the report, with a particular focus on 2 and 5, and that this be presented back to Council for consideration and future decision on service delivery;
  - (c) Council notes the community engagement process to occur over February to March 2018 to seek community input into future directions in supporting older people living in Yarra; and
  - (d) Officers provide a further report in April /May 2018 on the outcomes of the community engagement process and progress on assessment of the range of Options.

## **COUNCIL RESOLUTION**

2. That:
- (a) Council note the findings of the Commonwealth Home Support Program Project as outlined in this report and Council reiterates its commitment to quality, public services;
  - (b) Council authorise officers to conduct a detailed investigation of the potential risks and benefits of the options outlined in the report, with a particular focus on 2 and 5, excluding Option 4, and that this investigation include stakeholder engagement including representative groups;
  - (c) Council notes the community engagement process to occur over February to March 2018 to seek community input into future directions in supporting older people living in Yarra;

- (d) Officers provide a further report in April /May 2018 on the outcomes of the community engagement process and progress on assessment of the range of Options; and
- (e) An appropriate summary of tonight's report and motion be made public.

**CONTACT OFFICER:** Adrian Murphy  
**TITLE:** Manager Aged and Disability Services  
**TEL:** 9205 5450