

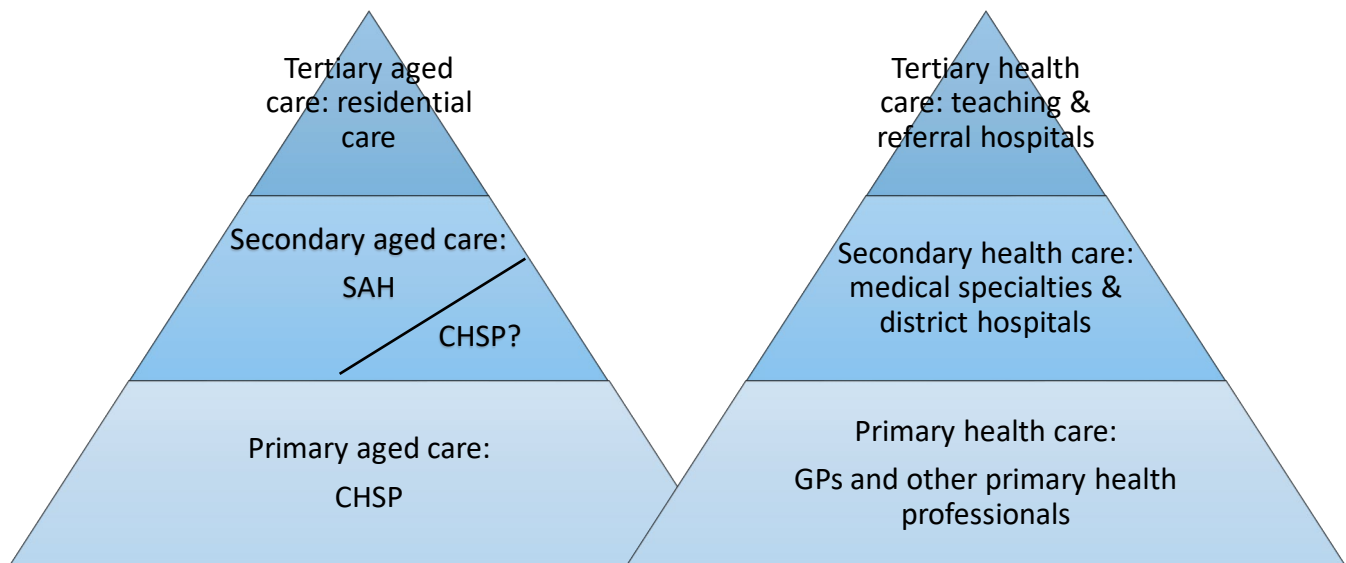
CHSP Alliance Position Statement on Coordination and Integration (April 2026)

The Commonwealth Home Support Program (CHSP) Alliance (the Alliance) is an alliance of organisations and individuals committed to advocating for the continuation, expansion and sustainability of CHSP as the primary tier of the aged care system. As the primary care tier, CHSP has a critical role in enabling older people to age in place.

Our vision for how the whole system fits together is set out in Figure 1. Primary Aged Care, with CHSP as its foundation, forms the first tier of an integrated three tier national aged care system.

At the same time, it will be seen that Primary Aged Care overlaps in Figure 1 with Primary Health Care. This is deliberate. Older people need their journey through aged care to be coordinated. At the same time, they need their aged care to be integrated with their health care. From the perspective of the older person and their family, the distinction between aged care and health care is arbitrary and not a distinction that makes sense or meets their needs.

Figure 1 Overall schema of the aged and health care systems



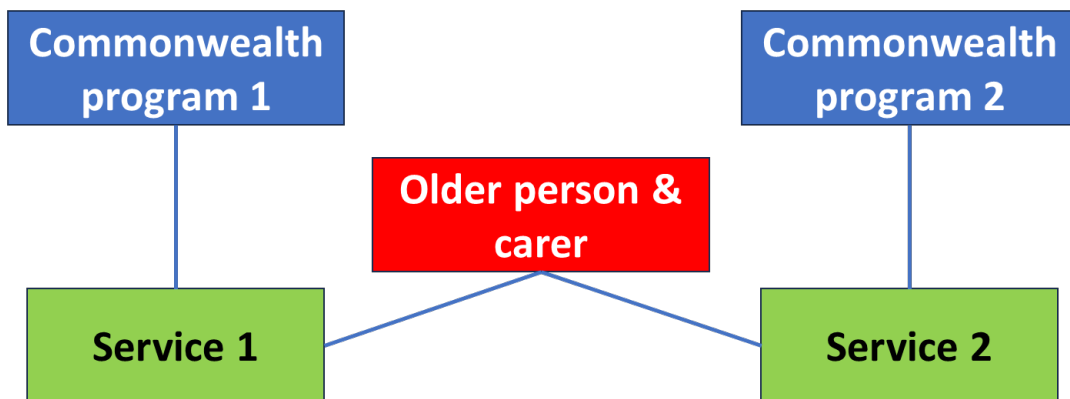
One of the reasons that has been given for the proposal to fold CHSP into the Support at Home (SAH) program is that folding CHSP into SAH will improve integration. The purpose of this position statement is to refute this claim.

The CHSP Alliance agrees that the aged care of older people needs to be better integrated. But we disagree that program amalgamation is the solution. While words such as ‘integration’ and ‘coordination’ are frequently cited as problems for aged care, they mean different things to different people. Nevertheless, they are real issues in the day-to-day life of people in receipt of aged care and, with the restructuring of aged care into their tiers, careful attention is required to ensure that this restructuring results in the older person experiencing aged care as a more integrated system.

Program integration versus person integration (integrated experience)

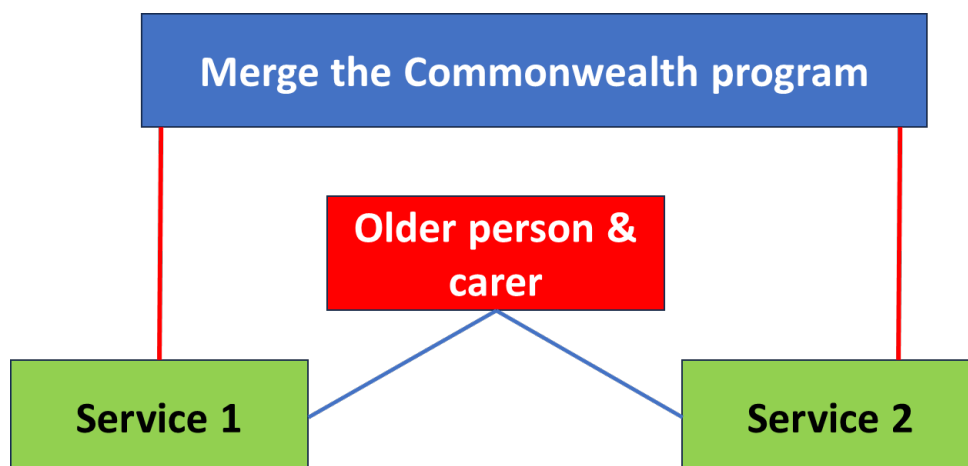
Figure 2 starts by putting the older person and their family at the centre of the aged care system. The challenge is this: this older person is living at home and is receiving two aged care services that are funded through two separate programs. How do we improve the integration of the aged care they are receiving?

Figure 2 *Program and person integration*



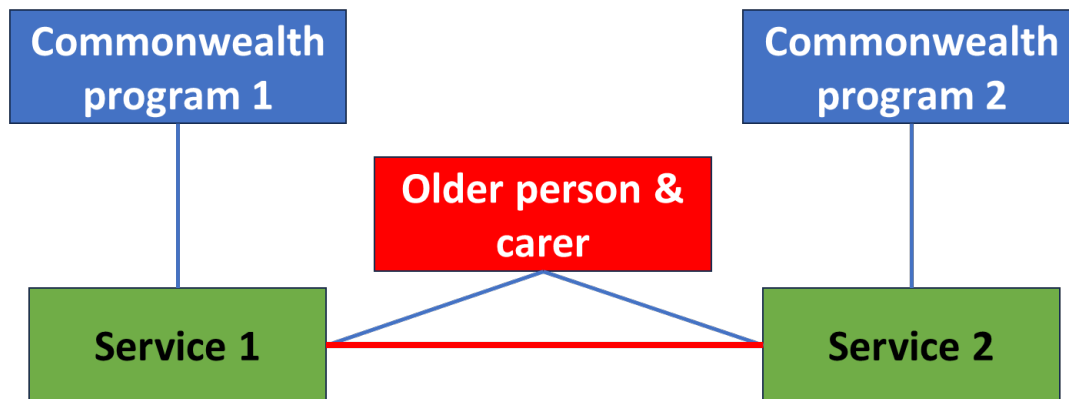
One option is by vertical integration. This is where the two programs are amalgamated with the goal of improving the integration of the services this person receives as shown in Figure 3. The assumption in vertical integration is that merging the two programs will result in a more integrated experience for the older person. The current proposal to fold CHSP into the Support at Home (SAH) program is based on assumptions about the impact of vertical integration.

Figure 3 *Vertical integration*



The other option is by horizontal integration as shown in Figure 4. This is where the focus is on integrating processes and sharing information between service providers to order that the person experiences more integrated services. Our proposal to create a new national primary aged care service is consistent with a focus on horizontal integration.

Figure 4 *Horizontal integration*



The international evidence on integration

There is a significant body of evidence on integration and the best ways to achieve it. Overall, the evidence is clear that vertical integration through program amalgamations does not significantly improve horizontal integration on the ground. The only evidence-based way to improve horizontal integration is horizontally.

What older people and their families need in a tiered aged care system

In short, older people and their families have two requirements:

1. **Smooth referral pathways between tiers of the aged care system (vertical integration)**

An older person typically moves between tiers of the aged care system only once or twice. The typical pattern is that a person will start in the primary aged care tier. They will then move to the secondary tier, move directly into the tertiary tier or they will die.

For movements from Primary Aged Care to another aged care tier to go smoothly, older people need:

- Explicit eligibility criteria for each tier.
- Well documented referral pathways that are understood by the older person as well as referral agents.
- With their consent or the consent of their decision-maker, the person’s information to go with them as they move between tiers. Older people should not have to ‘start again’ if they change tiers.
- Efficient referral systems that do not require the older person to be continually subjected to external reassessment as they move through the system if such reassessments result in them waiting unnecessarily for the services they need.

2. Improved integration of services across each tier of the aged-health system and between the aged care system and the health system (horizontal integration)

While an older person typically moves across tiers of the aged care system only once or twice, older people have an ongoing need for their care to be integrated between the providers who deliver their day-to-day aged care and health care.

For horizontal integration within primary care, older people need:

1. An integrated person-level aged care record setting out the older person's documented circumstances, needs, strengths, preferences and appetite for risk. This is a living document that is updated as the person's situation changes and, with appropriate consents, is available to the person, their carer, their primary aged care providers and their primary health care providers. This could be built as a new information module within 'My Aged Care'. But a better option is for the Australian Digital Health Agency to build it as a module within 'My Health Record' with capacity to upload a subset of information into My Aged Care. This capacity is necessary in cases where the person needs to change tiers.
2. Within their integrated aged care record, a comprehensive record of the services that the person is receiving, contact details and a module for providers to record progress notes, share information with other providers and make referrals.

What communities need in a tiered aged care system

The key element that is currently missing in Australia's aged care system is population needs assessment and service planning. While secondary and tertiary aged care is being left to the market, primary aged care cannot be left to the market. We envisage a primary aged care tier that has a **community**, and not just an individual, focus. This requires:

- **Population needs analysis** assessing and documenting current and future needs in response to demographic and other changes,
- **Planning** and, if necessary, **commissioning** the mix of services required in each region to meet the changing needs of older people,
- Ensuring services are geographically, financially and culturally **safe** and **accessible**,
- Investing in **capacity building**, helping older people build on their strengths and achieve their goals and engaging **volunteers** and **local communities** in the process.

Achieving an integrated primary aged care system will require integration mechanisms at the regional level. There are various ways that this could be achieved including regional aged care planning committees, expanding the role of the existing Primary Health Networks to include primary aged care planning, commissioning and service coordination or expanding the role of the existing CHSP Sector Support and Development program to take on this role.

The CHSP Alliance stands ready to work with the government to co-design how the new system should work once government makes a decision to proceed.