

Home and Community Care (HACC) Program

Barwon South West Region Triennial Plan 2006-09



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1 Introduction

This document sets out how the Region will implement the Victorian Aged Care Minister's HACC priorities 2006-09 (see 'Victorian HACC Program Expenditure Priorities Statement 2006-09'). The aim is to set goals for service expansion and how to achieve them progressively over the three-year period by expanding HACC services where the demand is greatest and in line with strategic HACC directions. This document provided the basis for consulting with service providers and other stakeholders about the expansion of HACC services during 2006-09. This document has been adjusted in response to feedback and forms the basis of the *Barwon South West Region Triennial Plan 2006-09*.

The Region has analysed funding per capita (\$pcf), service provision, demographic data and research/evaluation reports to achieve funds equity across local government areas and drawn conclusions about how best to respond to the Ministerial Priorities. In summary the HACC priorities for 2006-09 are:

- To accelerate progress towards inter-regional equity
- Priority 1 – to expand HACC Basic services and social support (planned activity groups) taking into account broader Victorian service development directions
- Priority 2 – to implement strategies to enhance access to HACC Basic services by people from Culturally and Linguistically Diverse Backgrounds (CALD) and to expand social support (planned activity groups)
- Priority 3 – to enhance access to services by Indigenous people.

2 Consultation

In order to manage and support the HACC sector effectively, the Department engages a number of strategies to develop and sustain partnerships and to enhance sharing of local knowledge. These strategies enable the Department and HACC organisations to understand the needs of the HACC sector and to work together to develop services and implement changes that will better meet the needs of HACC clients.

2.1 General advisory and feedback mechanism already in place/planned to be put in place

In June 2005, BSW region held consultation sessions in Warrnambool and Geelong primarily about the new funding arrangements for HACC and service provider's views on possible priorities for the 2006–09 triennium. Previously, the region has maintained an Aged Care Advisory Group, which met four times a year and discussed Aged Care issues including HACC. This group was representative of a range of aged care service types. Unfortunately, this group has not proceeded and it is now time to establish a new mechanism for consultation and feedback that will suit aged care providers. The BSW region will facilitate this process in the first year of the triennium.

2.1.1 Processes undertaken to consult with the sector on the strategic intentions for the triennium

During June-July 2006, each region presented a 'Draft Regional Triennial Plan Consultation document' to the sector to seek critical appraisal on the proposed strategic intentions. The aim was to test the conclusions drawn by the Department, and change them where information had been overlooked or where additional information had been provided and therefore different conclusions were drawn.

A consultation session was held on:

Consultation	Date	Total number of attendees	Number of service providers	C'wealth representative in attendance
Geelong	13 July 2006	30	21	2

2.2 Outcomes of consultation

The Draft consultation document was circulated to all HACC providers in the region prior to the meeting and organisations were given the opportunity to provide written feedback if they were unable to attend the consultation. Participants at the consultation were also given the opportunity to provide written feedback after the meeting.

The Ministerial Priorities were presented to the participants and followed a detailed presentation on information used in developing the regional plan. Data included population changes in the older age groups, HACC share of population across the nine municipalities, HACC funding by activity, related services such as community and allied health as well as residential beds.

3 Joint Commonwealth/State commitment

Commonwealth/State matched growth in HACC service expansion is estimated to be \$55.9 million over the next three years, which is, \$17.4m in 2006-07, \$18.6m in 2007-08, and \$19.9m in 2008-09. This is subject to annual confirmation.

The indicative growth funding will be allocated via the revised equity approach outlined in 'Victorian HACC Program Expenditure Priorities Statement 2006-09'. That is:

- All regions will receive funding to maintain existing per capita funding levels, responding to population growth during the triennium
- Additional funding will be provided to five under funded regions (North & West Metropolitan Region, Southern Metropolitan Region, Eastern Metropolitan Region, Barwon-South Western Region and Gippsland Region) to move them to defined funding benchmarks over the triennium, thus moving them closer to equity.

Indicative allocations for each region are listed below:

Indicative Growth Funding Based on Estimates

Region	Growth 2006-07	Growth 2007-08	Growth 2008-09
Barwon SW	\$1,656,000	\$1,534,000	\$1,583,000
Grampians	\$651,000	\$661,000	\$654,000
Loddon Mallee	\$877,000	\$829,000	\$862,000
Hume	\$747,000	\$881,000	\$879,000
Gippsland	\$1,719,000	\$1,706,000	\$1,765,000
North West Metro	\$6,035,000	\$6,580,000	\$6,785,000
Eastern Metro	\$2,622,000	\$2,663,000	\$2,489,000
Southern Metro	\$3,085,000	\$3,452,000	\$3,315,000
TOTAL	\$17,392,000	\$18,306,000	\$18,332,000

4 Strategic Needs Analysis

4.1 Program influences

In developing proposals for HACC service expansion, the Regional Triennial Plan takes account that HACC operates in an environment influenced by the broader human services sector as well as initiatives within the HACC sector. Therefore in developing the Triennial Plan, the impact of both the broader human services sector and other HACC planning projects have been taken into account.

The Barwon South West Region has considered the place of HACC in the broader service system in the region. The distribution and availability of aged care residential beds and community health services are particularly relevant to the HACC target population across the region. Pressure in either of these service sectors can directly impact on the need and/or demand for HACC services among older people. Conversely, unmet need in the HACC system is likely to impact upon the need for these related services.

The region will also continue to monitor provision of inpatient medical treatment for ambulatory care sensitive conditions for older people in the region. The need for hospital admission for these conditions will be affected, in part at least by the availability of both community-based health services and HACC support services to help an older person remain in his/her own home while they receive the required health services in the community.

4.1.2 Victorian HACC Program Strategic Directions 2006-09

There are a number of HACC and Aged Care Assessment Service (ACAS) development projects that will be implemented during 2006-09 that will have a significant impact on local planning recommendations and developmental initiatives.

4.1.2.1 Decisions by Heads of Government (COAG) and renegotiation of the HACC Agreement

(i) Implementing 'common arrangements'

On 10 February 2006, the Council of Australian Governments (COAG) met and agreed to a commitment to implement strategies to enhance and simplify access points to community based services and to rationalise assessment by December 2007. Community Care Officials have established a cross jurisdictional working group to guide research and development of this "common arrangement" in eligibility and assessment. The outcomes from this working group will further inform service development in Victoria over the triennium.

Victoria's assessment framework is consistent with this commitment and will be the vehicle for implementing it in Victoria.

(ii) HACC Renegotiation

The revised HACC Agreement is likely to include a commitment by jurisdictions to develop and implement a more consistent approach to planning, quality assurance and financial accountability. Community Care Officials have established cross jurisdictional working groups to guide development of planning, accountability, information technology and management. The outcomes from these working groups will further inform service development in Victoria over the triennium.

(iii) HACC triennial planning

It is likely that the revised HACC Agreement will incorporate the concept of a triennial plan. Victoria's existing triennial planning process is consistent with these arrangements but there is likely to be a timing constraint as the national triennial process is likely to be implemented in year 2 of Victoria's triennial timeframe. Victoria will implement a transition timeframe to align with national ones.

4.1.2.2 Equity strategy

In 2006-09, the focus for funds distribution is on accelerating movement towards achieving equity. The aim over the triennium is to reach defined equity benchmarks for metro and rural regions. Over 2006-09 equity will be the *primary factor* to take into account in recommending allocations to local government areas (LGAs).

The impact of the equity strategy on funds distribution to regions is as follows:

- The equity model is a 3 year straight line model.
- Target per capita funding was entered into the model at year 3; the model then works back so that the quantum of funds required by each region to get to the target point can be determined.
- All regions will receive **population growth** funding to maintain existing per capita funding levels, taking into account growth in the target population.
- Those regions currently under their relevant benchmarks (all metro, Gippsland and Barwon South Western) will receive **equity** funding over and above population growth funding, to increase their per capita funding levels.

Regional Level

The basis for allocating growth to LGAs are determined at a regional level through the regional planning process and were the subject of the consultation. In 2006-09, the first consideration has been the relative equity position of LGAs and the distribution of growth dollars to progress towards intra regional equity. Once an equity strategy was proposed, allocation to priority was considered. Factors affecting regional equity planning are:

- The WREN has been replaced with Relative Resource Equity Formula (RREF) LGA allocations. This means that the RREF now operates at the LGA level. More variables are used to determine the size of the target population at LGA level.
- This change has occurred because there is now more confidence about the effect of the three variables, remoteness, aboriginality and ethnicity.
- The effect of the transition to RREF LGA is minimal on most LGAs. It is more logical to have the same formula to develop region and LGA weighted populations.

Changes from the consultation paper

The equity principles and approach are consistent with the consultation paper released in February 2006 but the illustrative figures for regional distributions vary from the distributions made.

Two main reasons for the difference are:

- **New population figures:** For the consultation paper, the RREF projections to 2009 were simplified projections for the purposes of illustration. Subsequent calculations of the RREF for each year from 2007 to 2009 used detailed projections for each of the component parts of the RREF. This produced estimates of HACC target population growth that were 5,000 greater per year, a total of 15,000

greater by 2009. This is the major reason why target population growth is now projected to absorb a higher proportion of total growth (58%) over the three year planning period.

- **The Full Year Effect (FYE) of 2005-06 growth funds is now factored into per capita funding.** The benchmarks in the consultation paper did not include 2005-06 growth funds so were too low. All metropolitan regions will now move to the current (end 2005-06) state average per capita funding level, and rural regions to the current rural average per capita funding level. Previously Hume was equal to the regional average per capita funding level so BSW and Gippsland will be moved to that level. Following the adjustments, Hume's per capita funding level is marginally higher than the rural average.

4.1.2.3 Active Service Model (ASM)

The aim of the ASM Project is to work collaboratively with HACC organisations to develop strategies to increase the Victorian HACC Program's effectiveness in maximising client independence through person centred and capacity building approaches to service delivery. The outcomes sought are:

- changes in the community's, workforce's and clients' perceptions of frail older people's functional capacity and the capacity of people with disabilities
- clients' functional capacity is improved or maintained such that their need for recurrent services is delayed or reduced.

The challenge for the HACC Program is to move from a 'dependency' model of service delivery where tasks are largely done for clients, to a restorative care and capacity building approach to meet clients' basic maintenance and support needs. Instead of assuming constant decline, the aim is to retain or improve clients' independence and self-efficacy thereby minimising the impact of functional decline on the person's capacity to live at home and participate in everyday social interactions. This might mean assisting a client to shower themselves rather than doing it for them, or introducing clients to lighter and easy to use cleaning equipment in preference to doing all the cleaning for the person, or making minor modifications to the home environment.

The HACC ASM initiative is a developmental service enhancement project to occur over a number of years. The approach will have implications for the full suite of HACC activities. During 2006-07, the Department's focus is on gathering information through research, pilot projects and consultation. This will inform an implementation plan which will come into effect for the 2007-09 period. One important direction for regions is to foster more coordinated and integrated practice between HACC funded In Home Support and Health Services (refer to section 5.3), particularly within the context of the implementation of the HACC Assessment Framework.

4.1.2.4 Assessment and Care Coordination in HACC

'The Strategic Directions in Assessment in HACC: Final Report' (December 2005) set the key policy directions for the development of the Assessment and Care Coordination Framework in the HACC program. These include:

- splitting assessment and care coordination into two separately funded activities
- using care coordination to assist CALD and Aboriginal organisations to carry out a key support, monitoring and bridging role to large mainstream assessment and service delivery organisations

- consolidating HACC assessment funds to designated organisations that have the appropriate workforce and infrastructure.

Over 2006-09 the HACC Program will:

- develop the HACC Assessment and Care Coordination Framework, including consultation with the funded sector
- ensure that the Framework incorporates the agreed 'common arrangements' that are part of the Commonwealth's community care reforms
- develop a funding formula for assessment, client care co-ordination and case management as three separate HACC activities
- define the function, roles and expertise required for client care co-ordination, incorporating the Culturally Equitable Gateways Strategy (CEGS) evaluation findings
- develop a process for formally designating organisations as assessment or care coordination organisations
- implement the Framework by working with organisations to promote an active and independent approach.

Regional planning will respond to the progressive implementation of the framework.

4.1.2.5 Review of respite, social support and carers

The community care sector has expressed the view that the HACC Program should allocate growth funding to social support and respite in the coming triennium. Ethno-specific organisations have stressed the role of social support as an entry-point into HACC services.

A Department wide policy on recognising and supporting care relationships is being finalised and will provide a framework for a coordinated and integrated approach to meet the needs of carers and the people for whom they care. The policy will be supported by action plans from relevant program areas. The carer policy and action plans are scheduled for completion in 2006. Equally, it will be important for the HACC Program to put into effect the principles in the DHS framework on recognising and supporting care relationships.

This task needs to be tackled in collaboration with other programs and other levels of government. For example, understanding the consequences of shifts in the demography and workforce structure of Australian society is important. These shifts seem to have an impact on women aged 40–65, who currently constitute a significant proportion of carers. An increasing proportion of women in this age group are in the paid workforce; it is also apparent that in many cases, they continue to take a caring role in relation to older relatives and/or disabled children. We need to identify and understand these and other trends and what they mean for a suite of services that have been in existence, relatively unchanged, for many years.

It is proposed to undertake a research and development project during the first 18 months of the triennium, leading to a funding strategy for respite and social support that will further inform regional developments in the out years of the Triennium. put into effect the principles in the Department Carers' Policy Framework.

4.1.2.6 Culturally Equitable Gateways Strategy (CEGS)

The objective of CEGS is to achieve a greater representation of people aged 65+ from CALD backgrounds among those using core HACC services primarily provided by Councils. Services targeted are domestic assistance, personal care, delivered meals, respite, property maintenance, and assessment.

To assess whether CEGS has been successful in achieving the above aim, an evaluation framework was developed to assist CEGS funded organisations to collect data that will facilitate the evaluation of CEGS. The evaluation of the Strategy is due to be completed in late 2006. The evaluation will inform decisions on the future of the Strategy. Regional planning will take account of CEGS developments and regional priorities to enhance access to core services by CALD groups.

4.1.2.7 Indigenous HACC Viability Funding Models Project

As part of a broader strategy aimed at developing HACC Program responses to the needs of Victorian Aboriginal communities, a consultancy project has commenced to consider the impact of small budgets and broad service provision expectations on Aboriginal specific organisations and examine a number of existing and proposed models of service provision that will provide options for funding services for Aboriginal communities that are more sustainable in the long term.

4.1.3 Regional response to address program developments

Regions and service providers will need to take into account implementation of a number of inter-connected service development initiatives including the HACC Assessment Framework, capacity building and restorative care approaches to delivering HACC services. In particular, years 2 & 3 will see a more strategic targeting of resources to meet the requirement of these service development projects.

4.2 Regional HACC profile

4.2.1 Profile of the region's HACC Services

The BSW region comprises nine councils being: City of Greater Geelong, Borough of Queenscliff, SurfCoast Shire, Colac-Otway Shire, Corangamite Shire, City of Warrnambool, Moyne Shire, Glenelg Shire and Southern Grampians Shire.

Within the nine LGAs, the Department funds 48 HACC providers. HACC providers are a diverse group and include:

• 9 Councils	• 2 bush nursing centres
• 1 Community Health Centre	• 14 non-government organisations
• 13 Health Services (hospitals)	• 5 Aboriginal specific organisations
• 2 residential aged care centres	• 2 CALD organisations

There are over 21,000 people receiving HACC services in the BSW region, of whom nearly two thirds are women and one third are men. Over 1 million hours of services were provided during 2004-05 (excluding meals), with total recurrent funding from the Department of \$33,110,270.

The services provided include:

	SG 1 Assessment	SG 2 Health	SG 3 In home support	SG 4 Social support	SG 5 Other
Clients	9,377	9,351	10,074	3,635	
Hours of service	13,606	49,167	147,291	167,348	
Men	24,986	84,058	321,562	319,880	
Women					
Funds	\$1,508,290	\$9,816,538	\$10,202,775	\$5,120,671	\$3,303,721
Percentage of total funds	4.5%	30%	31%	15%	10%

Note: Linkages & Transition funds are 10% of BSW total HACC budget.

Note: Definitions of Service Groupings:

- SG1 is **Assessment** and incorporates assessment, client care co-ordination
- SG2 is **Health** and incorporates allied health and nursing
- SG3 is **In home support** and incorporates domestic assistance, personal care, respite and property maintenance
- SG4 is **Social support** and incorporates planned activity groups and volunteer co-ordination
- SG5 is **Other** and incorporates delivered meals, flexible service response, service system resourcing

4.2.2 Preface to data considerations

To address the Strategic Ministerial Priorities, data has been gathered and analysed to provide an evidence-based approach to planning and funds allocation in anticipation of growth funds over the triennium, 2006-09. The focus of the examination has been on developing a picture of HACC service in the Region in terms of the relative funding levels (\$pcf), population demographics, and service supply and demand. This picture has been used to anticipate where the demand in HACC services will be greatest between 2006-09, and thus to assist in best targeting resources.

The data included a number of data sets (primary data) used by all the Region to develop each Regional Plan, as well as additional data available locally. The primary data included population, funding and service provision data.

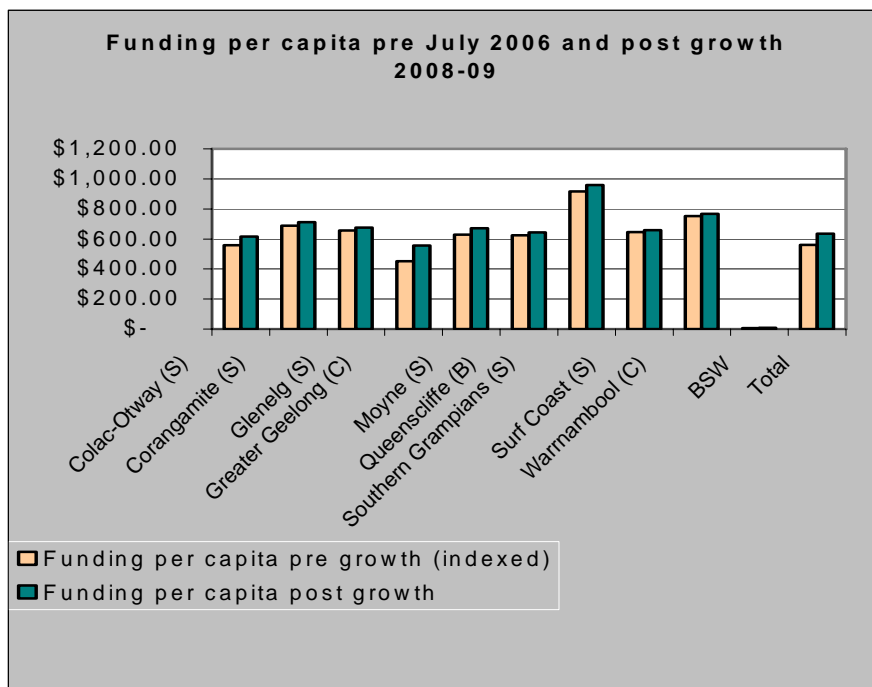
4.2.3 Population profile

In developing data to determine the relative HACC population, the Department uses the Relative Resource Equity Formula (RREF) to identify the relative need for HACC services across the nine regions in Victoria. The RREF is then used to allocate the growth funds between the regions.

The Department uses RREF-LGA to indicate relative need for HACC services at LGA level within each region.

LGA	RREF-LGA pop 2006-07	RREF-LGA pop 2007-08	RREF-LGA pop 2008-09
Colac-Otway (Shire)	3,758	3,825	3,893
Corangamite (Shire)	3,200	3,273	3,348
Glenelg (Shire)	3,684	3,786	3,890
Geelong (Greater Council)	34,754	35,676	36,615
Moyne (Shire)	2,485	2,510	2,536
Queenscliffe (Borough)	902	927	952
Southern Grampians (Shire)	3,307	3,348	3,390
Surf Coast (Shire)	3,218	3,326	3,435
Warrnambool (Council)	5,177	5,330	5,485
Total	60,486	62,001	63,544

4.2.4 Regional funding - \$pcf



LGA	Funding per capita pre growth (indexed)	Funding per capita post growth (2008-09)
Colac-Otway (S)	\$ 558.59	\$ 615.84
Corangamite (S)	\$ 688.02	\$ 712.53
Glenelg (S)	\$ 657.52	\$ 675.91
Greater Geelong (C)	\$ 451.52	\$ 557.29
Moyne (S)	\$ 629.76	\$ 670.72
Queenscliffe (B)	\$ 625.14	\$ 644.48
Southern Grampians (S)	\$ 916.79	\$ 959.45
Surf Coast (S)	\$ 646.83	\$ 658.45
Warrnambool (C)	\$ 752.26	\$ 766.80
BSW	\$ 6.73	\$ 8.44
Total	\$ 561.45	\$ 635.60

Regional service provision profile

The general picture in levels of HACC service provision per person in the HACC target population across the region is that Greater Geelong is under-resourced compared to the South West. Greater Geelong is particularly low on health services (even allowing for the data issue referred to below), and in home support, particularly domestic assistance. Funding for all HACC services per head of the HACC target population in Greater Geelong is around half the per capita figure for the LGAs in the South West.

Unfortunately, the \$pcf information for Geelong and SurfCoast is affected by some data problems and will be adjusted in the second year of the planning period once more accurate data is available. The data problems are for HACC health services, and relate to the provision of services by Barwon Health to residents of Greater Geelong and SurfCoast. This has affected the attribution of Barwon Health funding between the two LGAs. The issue has been rectified for 2005/06 and the necessary adjustments to the \$pcf figures for the two LGAs will be made in the second year of this HACC plan.

This data issue has the effect of artificially inflating the \$pcf figure for SurfCoast, but only makes a negligible difference to the \$pcf for Greater Geelong, due to the vast differences in HACC target populations between the two LGAs. Therefore Greater Geelong is still the stand out target for growth during the planning triennium.

4.2.6 Regional strategic directions informing HACC planning

BSW region considered several types of data to assess the relative needs for HACC services across region. Data was analysed at LGA level. The major sources of information used were:

- Distribution of HACC funding per head of the HACC population in each LGA (\$pcf). The HACC population is determined using a formula developed by the Department, and takes into account age, socio-economic, health, indigenous status and other factors which are likely to affect need for HACC services (RREF dataset);

- Provision of HACC services in LGAs, including information about client characteristics, patterns in service use, and geographic spread of services
- Population patterns, especially trends in the older age groups, including changes predicted during the planning period (population projections – based on 2001 Census data);
- Admissions to hospital among older age groups, which could have been prevented by earlier intervention, including provision of community based health and support services (Ambulatory Care Sensitive Care dataset);
- Availability of other community based health and support services (Distribution of community health services across the BSW region);
- Current availability of residential aged care services, including high and low care beds, and projections of beds required based on changes in the aged population during the planning period.

HACC Issues

Data about provision and use of HACC services in the region reveals that there are significant differences in the level of funding per head of the HACC population across the region. Generally, the South West sub region receives more funding per head of the HACC target population than the Barwon sub-region. Greater Geelong stands apart from the rest of the region with its relatively low per capita figure. Colac Otway also needs particular attention during the triennium to ensure its funding position is improved.

While there are genuine and historical reasons for some of the differences between LGAs in the region, it is clear that Greater Geelong needs to be the focus of growth funding during the 2006-09 planning period. The differences between Greater Geelong and other LGAs are even more striking given the large population in Greater Geelong. The HACC target population in Greater Geelong (nearly 35,000) is more than the HACC populations of the rest of the region combined. It is also much greater than the **total** population of all ages in each of the LGAs in the region.

In addition, a proportion of growth funding will be allocated to all LGAs to recognise growth in the HACC target population.

In analysing the data further, at the level of individual HACC service types, it is possible to focus on service types within LGAs and identify areas requiring attention. The data highlights the need for additional allied health, nursing, personal care and domestic assistance services in varying degrees across the BSW region

Other Issues

The population in the region is continuing to age, consistent with trends across rural Victoria as a whole. There will be increases in the 70+ population in the region ranging from 6% to 17% between 2006 and 2011. The breakdown of these figures between 70-74 year olds, 75-84 year olds and those aged 85+ shows a significant variation in rates of increase among these groups. There will be substantial increases in the 85+ population across all LGAs, reaching 38% in the City of Greater Geelong and SurfCoast. Given the large population numbers in Greater Geelong, the increase in the numbers of the older old population will present particular challenges to HACC services.

Other services, which form part of the service picture for older people in the region, include community health and aged residential care. The overall trend emerging from data available about these services also highlights the relative needs of older people living in Greater Geelong.

5 Data conclusions

Having evaluated information relevant to the needs for and use of HACC services in the region, the priority for the 2006-09 planning period is clear – the overwhelming need demonstrated by the analysis is for the majority of growth funding to be directed to Greater Geelong. The balance of the growth funding is to be allocated across all LGAs to recognise growth in population in all LGAs. The data analysis highlights the need for additional allied health, nursing, personal care and domestic assistance services in varying degrees across the BSW region

5.1 Equity

In addition to the significant difference between the relative levels of funding for Greater Geelong and the South West, the region has also taken into account other factors in assessing relative equity

- Size of the HACC target population in Greater Geelong,
- Rate of increase in the older population, especially among those aged 85 and over (38% growth to 2011),
- Current level of funding per head of the HACC population in health and in home support services (especially domestic assistance), and
- Availability of other services which can meet the needs of older people

By the end of the triennium the BSW region will have made significant gains in redressing the relative under-funding in Greater Geelong as well as recognising growth in the target populations in all other LGAs, maintaining their capacity to deliver services in their communities.

5.2 Funding priorities

The Region will allocate most growth funding to Priority 1 to continue re stocking basic services to improve responsiveness and to strengthen the HACC program's preventative, maintenance and support role. The region by focussing on HACC Basic services particularly domestic assistance, personal care, nursing and allied health, is providing the opportunity for HACC providers receiving growth funding, to embrace the Active Service Model to enhance their clients independence through person centred and capacity building approaches to service delivery.

5.2.1 Priority 1

The Region will target 95% of all growth funding to Priority 1; however there is an expectation that organisations receiving growth funds will be mindful of the need to continue to provide culturally relevant HACC services and comply with their HACC Cultural Action Plans.

Year 1 - Indicative allocations				
Local Govt Area (LGA)	Proportion of funds to priority 1	Proportion of funds to priority 2	Proportion of funds to priority 3	Total proportion of funds to priorities
Colac-Otway (S)	4%	0%	0%	4%
Corangamite (S)	2%	0%	0%	2%
Glenelg (S)	2%	0%	0%	2%
Greater Geelong (C)	78%	5%	0%	83%
Moyne (S)	1%	0%	0%	1%
Queenscliffe (B)	1%	0%	0%	1%
Southern Grampians (S)	2%	0%	0%	2%
Surf Coast (S)	2%	0%	0%	2%
Warrnambool (C)	3%	0%	0%	3%
BSW	0%	0%	0%	0%
Total allocated	95%	5%	0%	100%
Total Commonwealth-state matched growth				

5.2.2 Priority 2

The Region will allocate 5% of the overall growth funding to Priority 2 and be directed to CALD specific organisations specifically for planned activity groups (high) in line with the Ministerial Priority to enhance CALD access to planned activity groups.

Year 2 - Indicative allocations				
Local Govt Area (LGA)	Proportion of funds to Priority 1	Proportion of funds to priority 2	Proportion of funds to priority 3	Total proportion of funds to priorities
Colac-Otway (S)	2%	0%	0%	2%
Corangamite (S)	2%	0%	0%	2%
Glenelg (S)	2%	0%	0%	2%
Greater Geelong (C)	78%	5%	0%	83%
Moyne (S)	2%	0%	0%	2%
Queenscliffe (B)	1%	0%	0%	1%
Southern Grampians (S)	2%	0%	0%	2%
Surf Coast (S)	2%	0%	0%	2%
Warrnambool (C)	3%	0%	0%	3%
BSW	0%	0%	0%	0%
Total allocated	95%	5%	0%	100%
Total Commonwealth-state matched growth				

5.2.3 Priority 3

The focus under Priority 3 over the triennium is on improving the viability and capacity of Aboriginal organisations to better meet the needs of their communities. In Year 1 of the triennium all regions, head office and organisations will work together on the Viability Strategy, which may lead to targeted growth in the second and third years of the triennium. Therefore the region will await the outcomes of the Indigenous HACC Viability Funding Models strategy before allocating growth to this priority area.

However, the region proposes to develop an Access and Equity project to work collaboratively with Aboriginal organisations, the HACC Aboriginal Development worker and other HACC providers in the region to maximise access to HACC services not provided by Aboriginal organisations. This project will be developed later in 2006.

Year 3 - Indicative allocations				
Local Govt Area (LGA)	Proportion of funds to priority 1	Proportion of funds to priority 2	Proportion of funds to priority 3	Total proportion of funds to priorities
Colac-Otway (S)	2%	0%	0%	2%
Corangamite (S)	2%	0%	0%	2%
Glenelg (S)	2%	0%	0%	2%
Greater Geelong (C)	78%	5%	0%	83%
Moyne (S)	2%	0%	0%	2%
Queenscliffe (B)	1%	0%	0%	1%
Southern Grampians (S)	2%	0%	0%	2%
Surf Coast (S)	2%	0%	0%	2%
Warrnambool (C)	3%	0%	0%	3%
BSW	0%	0%	0%	0%
Total allocated	95%	5%	0%	100%
Total Commonwealth-state matched growth				

5.3 Service group priorities

Within each priority, the region proposes the following proportionate allocation to specific service groupings, these are only an indication and will be fully revised based on the outcome of projects already mentioned and any new data that may become available.

Service Groupings are:

- SG1 is **Assessment** and incorporates assessment, client care co-ordination
- SG2 is **Health** and incorporates allied health and nursing
- SG3 is **In home support** and incorporates domestic assistance, personal care, respite and property maintenance
- SG4 is **Social support** and incorporates planned activity groups and volunteer co-ordination
- SG5 is **Other** and incorporates delivered meals, flexible service response, service system resourcing

	Year 1	Year 1	Year 1	Year 2	Year 2	Year 2	Year 3	Year 3	Year 3
BSW	P1	P2	P3	P1	P2	P3	P1	P2	P3
SG1: Assessment				15%			15%		
SG2: Health	58%			42%			42%		
SG3: In home support	37%			30.5%			30.5%		
SG4: Social support		5%		5%			5%		
SG5: Other						7.5%			7.5%
Total	95%	5%		92.5%		7.5%	92.5%		7.5%

6 Service Development Grants (SDG)

There will be no new SDGs in 2006-07 pending the outcome of work that is being carried out centrally on the new HACC Assessment and Care Coordination Framework and the Active Service Model.

The BSW region proposes to then extend this work with a particular BSW regional focus on the implementation of the new HACC Assessment and Care Coordination Framework and the Active Service Model.