

Home and Community Care (HACC) Program

Eastern Metropolitan Region HACC Planning and Funds Allocation 2005-06

Addendum to the Eastern Metropolitan Regional Plan,
2003-06

January 2006



Glossary of terms

Annual Plan	Victorian Home and Community Care Program Annual Plan 2005-06
CALD	Culturally and Linguistically Diverse
DHS	Department of Human Services
HACC	Home and Community Care Program
MDS	Minimum Data Set
RREF	Relative Resource Equity Formula
WREN	Within Region Estimate of Need

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Section 1 Addendum to the Regional Plan 2003-06

1.1 Purpose of the Addendum

The Regional Plan 2003-06 set goals for service expansion over the three-year period 2003-04 to 2005-06. The plan was based on an analysis of service provision and demographic data, research and evaluation reports of various stakeholders and information received during the consultation period held during the development phase of the Plan. The Plan proposed a number of measures to:

- Implement the Ministerial Priorities
- Redress funds inequity across local government areas (LGAs)
- Expand HACC services, paying attention to service mix
- Allocate growth funding to agencies.

The aim of the HACC Planning and Funds Allocation 2005-06 is to provide any rationale/basis for adjusting the Plan. This Addendum takes account of exact Commonwealth and Victorian government budget allocations for 2005-06, the most up-to-date data and unanticipated events. This addendum should therefore be read in conjunction with the Regional Plan 2003-06.

1.2 Consultation with the sector

During June 2005, the Eastern Metropolitan Region (EMR) presented a Draft Addendum to the sector. The Draft Addendum documented the basis for any adjustment to the proposals outlined in the Regional Plan 2003-06. DHS sought critical appraisal from the sector for each of the changed proposals through the consultation sessions or in writing.

The 2005-06 consultation also included a discussion about the next triennium's priorities 2006-09.

EMR held four consultation sessions:

Table 1: Consultation details

Consultation	Date	Total number of attendees	Number of service providers	C'wealth representative in attendance
HACC - Outer East PCP	28 June 2005	22	13	No
HACC – Inner East PCP	29 June 2005	30	26	No
CALD	30 June 2005	21	13	No
ATSI 2005-06	26 May 2006	4	2	No

There was little change from the intention and philosophy of the proposed EMR Annual Plan 2003-06. Allocations were based on estimates of the Commonwealth Budget offer for 2005-06 and a slightly adjusted WREN.

The Draft 2005-06 Addendum was tabled at HACC and CALD consultations. The sector endorsed 'Indicative Growth Allocations' for 2005-06.

The sector validated HACC Basic as a valuable priority throughout the 2003-06 triennium.

1.2.1 Indigenous Consultations

On 6 June 2005, DHS had a meeting with two elders from the Indigenous community and Indigenous HACC Program Coordinators from EMR Indigenous funded Community Service Organisations (CSOs). The elders and CSO's (Eastern Access Community Health and Yarra Valley Community Health Service) affirmed the continuance of Priority 1 (HACC Basic) activities into 2005-06.

Discussions were held on the best method to consult with the Indigenous community regarding the 2006-09 Ministerial Priorities. The meeting concluded with an undertaking by the elders and Eastern Access Community Health, Yarra Valley Community Health Service to facilitate a separate consultation process with Indigenous elders using a community capacity building approach.

This consultation will take place in August 2005. EMR will provide feedback to Central Office by 31 August 2005.

1.2.2 Advisory and Consumer Feedback Mechanisms

Advisory mechanisms currently in place in the Region

In order to manage and support the HACC sector effectively, DHS engages a number of strategies to develop and sustain partnerships and to enhance sharing of local knowledge. These strategies enable DHS and HACC agencies 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.

EMR regularly consults with the HACC sector, that is, CSOs and consumer organisations, through a range of forums:

- HACC Planning Forums
- The Eastern Transport Access Network (ETAN)
- EMR Training Advisory Committee
- Statewide HACC Training Committee
- Groups of service providers including local governments, community health centres and Planned Activity Group providers.

The following working groups have been established to address specific issues:

- Migrant Information Centre HACC CALD Network - the key advisory and consultative body in the Region in relation to CALD issues
- EMR CALD Strategic Plan Steering Group
- EMR Cultural Equitable Gateways Strategy (CEGS) Steering Committee
- Statewide CEGS Working Group Meeting
- EMR CALD Recruitment Project Working Group (Regional Development Grant)
- EMR Disability Respite Network
- Equity and Access Steering Committee
- Eastern Volunteer Recruitment Project
- EMR Transport Network
- Metropolitan Indigenous Australian HACC Network
- Gathering Place (Mullum Mullum) Steering Committee
- EMR Aboriginal Planning Reference Group
- EMR HACC Training and Advisory Committee

Consumer feedback mechanisms that are being used by services in this Region

Most HACC agencies in the Region have a consumer feedback mechanism. The larger agencies, particularly local governments, have a more formal customer satisfaction survey process. The other agencies have a mix of processes but most rely on their close relationship with the client and undertake a range of approaches:

- monitoring which clients participate and how the clients approach the activity
- seeking verbal feedback from clients
- encouraging clients to assist in planning for programs.

1.3 Data

Some changes were made to the data used to calculate the RREF and WREN populations in 2005-06, in line with DHS' commitment to make the figures as up-to-date as possible. New population projections for 2006 were sourced from the Department of Sustainability & Environment and new disability rates for persons aged 0-69 years were drawn from the 2003 Survey of Disability, Ageing & Carers, published by Australian Bureau of Statistics. Forward projections of Department of Veterans Affairs-eligible clients were advanced by one year, and the numbers of persons aged less than 65 years in residential care were also revised. Weights remained the same. The main effects of these changes were to increase the overall size of the HACC target population, and to show significant increases in the target population in certain (mainly outer-metropolitan) LGAs. Table 2 in Section 2.1 shows the revised RREF and WREN population figures.

1.3.1 Other

Consistent with the approach in 2003-04 and 2004-05 EMR looked at Minimum Data Set (MDS) data. EMR also looked at Quarterly Output Data Return (QODR). The QODR was implemented in 1999-00. It is a Victorian data collection set that will cease operation from 30 June 2005. MDS is a Commonwealth data collection set. It should be noted the variances between MDS and QODR actuals reported by CSOs of HACC Basic services were significant during 2003-04 and 2004-05. MDS reporting tended to be under target, while QODR was closer to target. This will have implications for planning into the 2006-09 triennium as MDS will be the sole collection method from 1 July 2005. MDS data is the key to measuring service provision and therefore collection and validation is critical.

2005-06 EMR allocations were based on the percentage of service provision of HACC Basic activities (Priority 1) identified in the 2003-06 Plan.

1.4 HACC budget

1.4.1 Service expansion – recurrent funding

The Victorian HACC budget for 2005-06 is \$377,734,091 million (full year effect), inclusive of indexation and growth. The HACC budget is comprised of Commonwealth and State funds allocated according to an agreed ratio and an additional Victorian contribution.

A new Regional HACC Planning and Funds Allocation will be prepared in 2006 for the 2006-09 triennium based on indicative growth allocations.

1.4.2 Joint Commonwealth/State commitment

Allocations on the basis of the RREF, for each region are listed below:

Table 2: Allocation to regions

Region	Growth 2003-04	Growth 2004-05	Growth 2005-06
Barwon-South			
Western	\$835,047	\$854,649	\$1,077,489
Grampians	\$509,922	\$524,690	\$652,135
Loddon Mallee	\$734,879	\$753,604	\$956,366
Hume	\$583,815	\$598,390	\$779,782
Gippsland	\$658,137	\$685,652	\$840,168
Western	\$1,295,727	\$1,353,730	\$2,001,392
Northern	\$1,720,255	\$1,756,788	\$2,734,380
Eastern	\$1,937,771	\$2,014,279	\$2,186,399
Southern	\$2,476,750	\$2,569,283	\$4,136,033
Statewide	\$435,751	\$600,000	\$1,033,999
TOTAL	\$11,188,055	\$11,711,065	\$16,398,143

Note: Growth allocations include those for the HACC Response Service

Section 2 - Unanticipated events/Latest Developments

2.1 Intra-regional equity

Table 2 shows the HACC needs weighted population (WREN) for each LGA and their relative share of WREN for 2003-04, 2004-05 and 2005-06.

Table 3: Comparison of WREN and WREN population

Local Government Area	WREN			WREN pop'n 2005-06
	2003-04	2004-05	2005-06	
Boroondara	14.18	14.04	13.42	17,8984
Knox	14.37	14.49	15.14	20,195
Manningham	10.64	11.28	11.58	15,442
Maroondah	10.74	11.11	11.30	15,073,
Monash	18.39	18.58	18.27	24,370
Whitehorse	17.99	17.17	16.60	22,146
Yarra Ranges	13.69	13.33	13.69	18,267
Total	100	100	100	133,391
RREF	18.10	18.19	17.76	

EMR examined the relative share of the recurrent base funding compared to WREN for 2003-04, 2004-05 and 2005-06. The LGAs of Knox, Maroondah, Monash and Whitehorse appear to be slightly under funded.

In 2003-04 EMR proposed to allocate funding to accelerate the movement towards equity across LGAs over the triennium. Table 9 does show some movement towards equity, but this movement does not appear to be reflective of the additional allocation decisions.

Movement towards equity is affected by population shifts as well as funding. Furthermore, service mix outcomes on the ground are affected by a variety of factors including local demand, local capacity and other funding support. Therefore, in 2005-06, EMR services recommend allocating growth according to the WREN proportions for Priority 1 provided by Councils and not taking additional measures to accelerate equity.

In relation to Nursing it was decided to distribute growth to the under resourced areas of Knox, Monash and Whitehorse. The factors that influenced this decision were WREN considerations and comments received from the consultations.

Allied Health allocations were determined according to the allied health budgets within each LGA when compared against the total regional allied health budget. The resulting relative share was then compared against the WREN share. The under resourced areas of Knox, Manningham and Whitehorse were allocated growth funds.

EMR is monitoring the HACC population shifts in the region. Note is being taken of the trends and the equitable share of the EMR HACC budget within LGAs particularly Knox.

2.2 Service development

In 2004-05 EMR funded a service development initiative to identify treat and monitor an early intervention footcare project to prevent clients from requiring extensive podiatry intervention. The funds manager for this project is Manningham Community Health Service.

In 2005-06 it is proposed to undertake a fixed term recurrent project from August 2005 to June 2006 to explore options and develop a possible service model for frail aged residents within the Neighbourhood Renewal Precinct of Ashwood and Chadstone.

The project will focus on the links between property maintenance, low maintenance gardens and volunteers to assist frail aged residents to remain living in their own homes and community. It will cost \$30,000.

The first phase of the project will build on the current learnings within the state and region to develop appropriate strategies/service models to be implemented in subsequent years.

The following table shows 2005-06 Regional Priorities for non-recurrent growth:

Table 4: Service Development Projects

Project Name	Outputs	Target Group	Indicative budget
Regional Development Grant – Ashburton Support Services	Report and possible service model	Frail Aged within the Neighbourhood Renewal areas of Ashwood and	\$30,000

2.3 Minor capital

Minor capital is allocated to agencies via a formula and in 2005-06 all agencies will receive a minimum of \$1,500. This is an additional \$500 minimum payment to offset the cost of the upgrade to HACC MDSv2.

In 2004-05 there were only a small number of agencies that applied to the discretionary pool. In the 2003-04 and 2004-05 years a discretionary pool was created using 20% of minor capital funds. Given the small number of applicants in 2004-05 it would appear that smaller HACC agencies have adjusted well to obtaining an annual minor capital sum via the formula. Therefore EMR will allow all of the minor capital funds to be distributed via the formula for the first time, during the 2005-06 funding round.

Maximising Transport Project

\$1.5 million was made available in 2004-05 towards the change-over cost of replacing ageing HACC client transport vehicles operated by larger HACC funded agencies. The funds were allocated through a statewide invited submission process. Table 5 outlines the allocation of the non-recurrent funds to this region.

Table 5: Vehicle changeover allocations

Agency	Type of Vehicle	Approved funding \$
MonashLink Community Health Service	Mini Bus	\$15,566
Eastern Access Community Health	People Mover	\$15,832
Eastern Access Community Health	Mini Bus	\$21,587
Wesley Mission Melbourne	Mini Bus	\$26,482
Eastern Health	Station Wagon	\$9,800
Manningham Community Health Service	Mini Bus	\$10,931
TOTAL		\$100,198

2.4 Other

In 2004-05 EMR funded a 6-month service development initiative to address EMR HACC CALD recruitment and retention issues. In June 2005, a project worker (based at the Migrant Information Centre) was employed to undertake a research-based project involving the 3 EMR Councils funded through the CEGS initiative. This project will enable the collection of data about the existing HACC CALD workforce that will inform future strategies for HACC CALD recruitment and retention. The City of Manningham is the funds holder for the project.

Section 3 – Recommendations to implement Ministerial Priorities

3.1 Recurrent growth allocations, 2005-06

Table 6: Indicative growth allocations by priority and LGA, 2005-06

2005-06	Priority 1 (including Training and HACC Response Service)	Priority 2 CALD	Priority 3 ATSI
Boroondara	\$ 254,524.41	-	-
Knox	\$ 466,121.88	-	-
Manningham	\$ 275,339.51	-	-
Maroondah	\$ 214,280.13	-	-
Monash	\$ 427,913.04	-	-
Whitehorse	\$ 444,547.10	-	-
Yarra Ranges	\$ 259,601.66	-	-
Region Wide	\$ 101,995.00	-	-
Grand Total	\$ 2,444,322.73	-	-

Note Priority 2 CALD: Funds have been allocated from funds distributed in 2003-04 to support the development and implementation of the EMR HACC CALD Strategic Plan. The Plan has been finalised and a determination on allocations will be made in August 2005. Available funding in 2005-06 to support the recommendations from the CALD Strategic Plan is \$81,680 (non-recurrent) and \$81,680 recurrent.

Note Priority 3 ATSI: Funds have been allocated from funds distributed in 2003-04 to increase homecare services across the EMR. In 2004-05 a 24-month pilot to develop this service was endorsed. The funds manager is Eastern Access Community Health working in partnership with the Gathering Place Steering Committee. This project is funded \$40,000 per annum. Further a recurrently funded Social Support program for Indigenous Elders was endorsed in 2004-05. The funds manager is Eastern Access Community Health working in partnership with the Gathering Place Steering Committee. This project is recurrently funded for \$35,000.

3.2 Priority 1

3.2.1 Recommended expansion of activities

Table 7: Indicative expansion of Priority 1 activities - 2005-06

Activity	Units	Funding
Home Care	41,718	\$1,063,809.00
Personal Care	16,896	\$ 492,687.36
Property Maintenance	3,650	\$ 135,415.00
Allied Health	2,978	\$ 223,022.42
Nursing Blair	2,732	\$ 184,765.16
Assessment & Care Management	-	\$ 204,485.00
SSR –Training	-	\$ 30,000.00
HACC Response Service	-	\$ 71,995.00
Nursing Non Blair	583	\$ 36,979.69
Total		\$2,443,159.10

3.2.2 Adjustments to recommendations

The proposed Priority 1 allocations are in accord with recommendations in the EMR 2003-06 HACC Planning and Funds Allocation with adjustments for indexation.

The EMR 2005-06 consultations generally provided positive feedback to the Priority 1 allocations throughout the 2003-06 triennium. The allocations were seen as an effective strategy.

3.3 Priority 2

Priority 2 is to increase the quantity and quality of 'HACC Basic' services for people from CALD backgrounds and develop new collaborative direct service delivery arrangements between mainstream, multi-cultural and ethno-specific organisations. Initiatives addressing Priority 2 were presented in the EMR Regional Plan, 2003-06.

The EMR Regional Plan 2003-06 identified the need to undertake a project to further our understanding of the CALD sector. Funds were distributed in 2003-04 to support the development and implementation of the EMR HACC CALD Strategic Plan. Consultants were engaged to undertake a HACC CALD Strategic Plan for the region that would increase understanding of the issues facing CALD communities and identify options to improve access to culturally relevant HACC service provision. The objectives of the EMR CALD Plan although synonymous with, preceded the statewide Cultural Equitable Gateways Strategy (CEGS).

The Plan has been finalised and a determination on allocations will be made in August 2005. Available funding in 2005-06 to support the recommendations from the CALD Strategic Plan is \$81,680 (non-recurrent) and \$81,680 recurrent.

Cultural Equitable Gateways Strategy

In 2003-04 the Honourable Gavin Jennings, Minister for Aged Care announced the CEGS Strategy. The statewide CEGS strategy aims to expand and improve the access and use of mainstream HACC Program services by people from CALD backgrounds.

In 2003-04 two Local Governments, Manningham and Monash were funded through the statewide initiative. In 2004-05 EMR funded Whitehorse City Council.

In 2003-04 two ethno specific organisations were funded in the east. The Lao Elderly Association were funded through the statewide initiative and the EMR funded Chinese Community Social Services Centre Inc (CCSSCI). CCSSCI were funded to complete an action research project in partnership with participating local governments and ethno-specific organisations CEGS funded within the EMR and across the metropolitan area.

EMR developed a regional CEGS framework in 2004-05. The framework aims to:

- Develop, consolidate and enhance genuine and effective partnerships
- Increase the understanding of the use of core HACC service by CALD communities
- Improve culturally sensitive assessment practice for CALD clients.

An evaluation of the Statewide CEGS initiative in 2006-07 will shape funding recommendations into the next triennium.

Consultations within the EMR provided positive feedback on the impact CEGS has made to strengthen CALD and mainstream partnerships.

Subject to positive evaluation, the EMR HACC sector endorsed the continuance of the CEGS Strategy throughout the 2006-09 triennium with a view to increase HACC Basic Services provision for HACC eligible CALD clients and to further strengthen partnerships.

3.4 Priority 3

Priority 3 is to increase the quantity and quality of HACC services for Aboriginal and Torres Strait Islander (ATSI) communities. Initiatives addressing Priority 3 were presented in the Regional Plan, 2003-06. Any adjustments to the original project recommendations are outlined below.

In 2003-04 the HACC program commissioned Phase 2 of the Victorian Indigenous Communities Needs Analysis. Consultants completed the EMR report in February 2005 and key recommendations from the report have been funded within the EMR. The two projects are:

- A recurrently funded (\$35,000) Social Support program for Elders to be located at the site of the Gathering Place to commence in 2004-05 financial year
- 24 Month Fixed Term (\$40,000 per annum) project to commence in 2004-05 financial year with provision being made within the budget for external evaluation of the project near completion. The evaluation of this project will inform decisions about ongoing funding.

Both of these projects are to be developed in partnership with the Gathering Place Steering Committee with Eastern Access Community Health as the funds holder.

3.5 Growth allocation to agencies in 2005-06

Table 8: Growth allocations to agencies in 2005-06

				Home Care	Personal Care	Property maint	Allied Health	Nursing Blair	Nursing Non-Blair	Assess't & CM	SSR
Priority	Allocation Method	Catchment	Name of Agency	Units	Units	Units	Units	Units	Units	\$\$	\$\$
1	Direct	Boroondara	City of Boroondara	6,550	1,658	460				22,086	
1	Direct	Knox	City of Knox	6,418	2,196	420				43,765	
1	Direct	Manningham	City of Manningham	4,656	2,438	308				18,374	
1	Direct	Maroondah	City of Maroondah	4,878	2,042	324				18,326	
1	Direct	Monash	City of Monash	6,848	3,950	660				32,195	
1	Direct	Whitehorse	City of Whitehorse	8,026	2,366	564				20,262	
1	Direct	Yarra Ranges	Shire Yarra Ranges	4,342	2,246	914				49,478	
1	Direct	Knox	Knox Community Health Service Inc				1,490				
1	Direct	Manningham	Manningham Community Health Service Inc				744				
1	Direct	Whitehorse	Whitehorse Community Health Service Inc				744				
1	Direct/ Invited	Knox, Monash	Royal District Nursing Service					2,732			
1	Invited	Whitehorse	MECWA						583		
1	Direct	Region	DHS - Eastern Metro Region								30,000
1	Direct	Region	Royal District Nursing Service								71,995
				41,718	16,896	3,650	2,978	2,732	583	\$ 204,485	\$ 101,995

3.6 Impact of growth on equity

The table and graph below provide a summary of the impact of the distribution of growth on equity

Table 9: Recurrent funding 1 July 2003 and 1 July 2006, compared to equity

LGA	Recurrent \$ 1/7/2003	% of recurrent funding, 1/7/2003	WREN 2003-04	Recurrent \$ + growth, 1/7/2006	% of funding, 1/7/2006	WREN 2006
Boroondara	\$11,040,406	17.7%	14.2%	\$11,555,543	17.3%	13.4%
Knox	\$6,925,946	11.4%	14.4%	\$7,762,442	11.6%	15.1%
Manningham	\$7,501,444	12.3%	10.6%	\$7,677,550	11.5%	11.6%
Maroondah	\$6,656,962	10.9%	10.7%	\$6,754,146	10.1%	11.3%
Monash	\$10,364,191	17.0%	18.4%	\$11,022,564	16.5%	18.3%
Whitehorse	\$8,985,490	14.7%	18.0%	\$10,075,861	15.1%	16.6%
Yarra Ranges	\$9,752,007	16.0%	13.7%	\$10,455,044	15.7%	13.7%
Region	\$0	16.0%	-	\$1,432,379	2.1%	-
Total	\$61,226,447	100.0%	100.0%	\$66,735,530	100.0%	100.0%

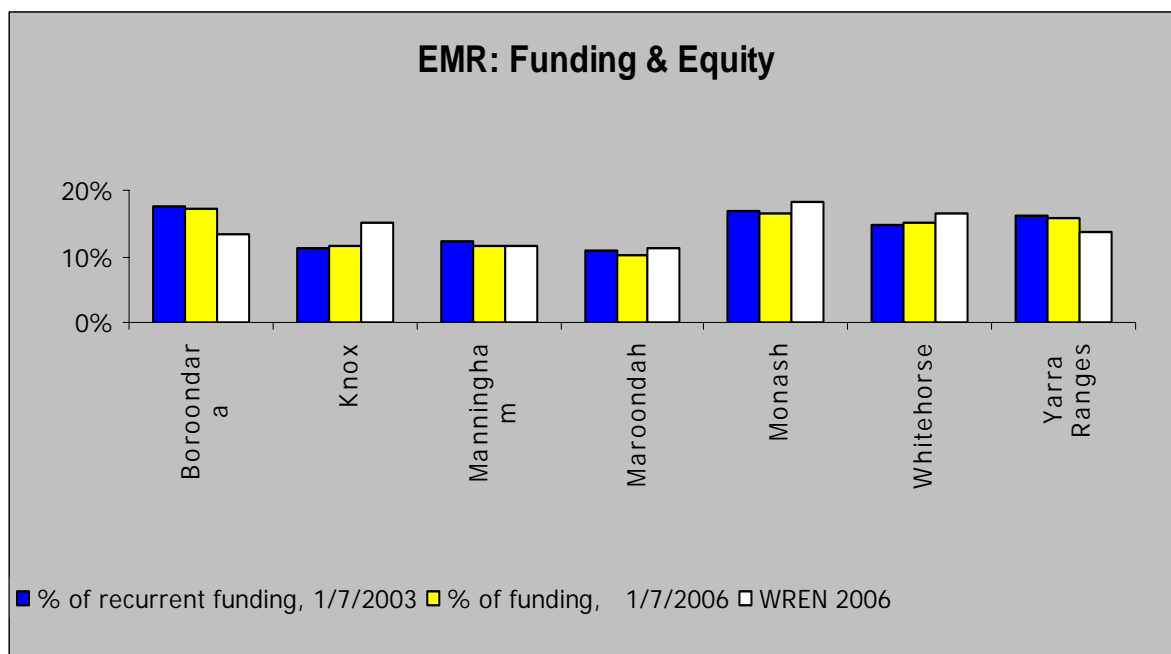


Figure 1: Recurrent funding 1 July 2003 and 1 July 2006, compared to equity