Home and Community Care (HACC) Program

Gippsland Region
Triennial Plan 2006-09

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1 Introduction

This document sets out how the Region has implemented 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. The consultation document has been adjusted in response to feedback obtained during the consultation process to form the 'Gippsland Region Triennial Plan 2006-09'.

The Region analysed funding per capita ($pcf), service provision, demographic data, 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 Aboriginal people.

2 Consultation

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 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 2006-07, the Department proposes an approach to strengthen the existing regional HACC network and consultative structure across Gippsland. The aim is to establish a formal regional and sub-regional network to enhance collaboration and consultation between HACC providers across the region and between HACC providers and the Department of Human Services. (Refer to the Gippsland Best Practice Network Terms of Reference for further details.)

There are a range of existing advisory mechanisms in the region the most prominent of which are: HACC Training Advisory Committee; HACC Managers Network; Eastern Victorian Bush Nursing Centre Network; Aboriginal HACC Network; and the HACC Transport Pilot Strategy. All provide a means of two-way communication between HACC providers and the regional office in regard to policy and practice issues. From time to time the region and central office organise specific forums to consult with the sector, for instance, HACC Planning Consultation, Assessment and other developmental initiatives.

HACC providers undertake an annual consumer satisfaction survey and the overall response has been positive in regard to the service being provided in Gippsland.

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 DHS, and change them where information had been overlooked or where a more sensible conclusion could be drawn from the available evidence.

The Department is willing to discuss proposals for growth or service development at any time through out the year and encourages all organisations to submit their ideas in written form.

Consultation sessions were held on the following dates:

Consultation	Date	Total number of attendees	Number of service providers	C'wealth representative in attendance
South Gippsland, Bass Coast	4 July '06	17	7	
East Gippsland & Wellington	5 July '06	15	9	
Baw Baw & Latrobe	6 July '06	17	7	2
Aboriginal Network	20 July '06	7	4	

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 that 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 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 into account the fact that HACC operates with in an environment influenced by the broader human services sector as well as initiatives within the HACC sector. Therefore when developing the Triennial Plan, the impact of both the broader human services sector and other HACC planning projects have been taken into account.

4.1.1 Broad influences

Care in Your Community (CinYC) sets out a framework for conducting area-based planning for the delivery of integrated community-based health care. It identifies three high level areas of need and sets out a structural framework for community-based health care, defined according to modes, settings and levels of care.

Planning trials aim to operationalise the planning framework identified in CinYC. This project will specifically focus on:

- testing the integrated area-based planning approach as set out in CinYC; and
- developing a detailed methodology for conducting area-based planning using the approach, which can then be adapted for use in other areas.

There are three integrated area based planning trials proposed under CinYC – two metropolitan and one rural. As the rural trial, the Gippsland project plans to take a broader approach to scoping and analysing the service system in line with rural policy initiatives, primarily *Rural Directions for a Better State of Health.*

The Gippsland Trial is expected to be region-wide and take approximately 12 months. A Project Manager has been appointed and the Gippsland Health Services Partnership will oversee the trial.

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 Active Service Model

The aim of the Active Service Model Project is to work collaboratively with HACC service providers 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 and those with disabilities' functional capacity
- 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 meeting clients' basic maintenance and support needs. Instead of assuming constant decline, the aim is to retain or improve clients' independence and self-efficacy thereby minimizing 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 all for them, or introducing clients to lighter and easy to use cleaning equipment in preference to doing all cleaning for the person, or making minor modifications to the home environment.

The HACC Active Service Model 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 and health services, particularly within the context of the implementation of the HACC Assessment Framework.

4.1.2.3 Assessment and Care Coordination in HACC

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 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.

4.1.2.5 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.

4.1.2.6 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.

The primary factor considered in planning for the next three years is the distribution of funds in an equitable manner. In comparison with other regions Gippsland has an equitable distribution of resources across Local Government Areas (LGAs). It is essential to maintain existing equity and continue to improve where possible. Equity will continue to be used to determine the distribution of CALD and Aboriginal funding and activity funding by LGA.

In addition to equity the following factors are also considered: HACC MDS; Chronic Disease Management Project in East Gippsland, Aged Care and Community Health Funding where it is relevant to HACC services. The Gippsland HACC Aboriginal 5 Year Plan has provided the principles and direction for allocation decisions to the Aboriginal Community.

4.2 Regional HACC profile

4.2.1 Profile of the region

In 2006, there are 38 HACC funded organisations in Gippsland. These organisations include hospitals, community health centres, bush nursing centres and a range of non-government organisations. The regional HACC budget is almost $25 million and the HACC Target population is 47,196.

Gippsland region is a large geographic area of 41,538 square kms and as a result distance is a significant barrier to regional meeting attendance. East Gippsland and Wellington cover a vast area and this has some impact upon service provision to remote or isolated parts of the region. However East Gippsland in particular has a large number of providers many of whom cover their local catchment and thus travel for service delivery is reduced as a result. This model is considered positive because it means that the organisations providing HACC service delivery are generally local and therefore in touch with their communities needs.

There are two ethno-specific organisations in Gippsland: Gippsland Multicultural Services based in Latrobe and Wellington, and the Italian Senior Citizens Centre based in South Gippsland. Both organisations provide a limited range of HACC services to the CALD population. Gippsland Multicultural Services also has a regional role as a resource and will assist other HACC providers to increase the quantity and quality of their service delivery to the CALD population.

There are two Aboriginal Community Controlled organisations that are currently funded to provide HACC services in Gippsland: Gippsland and East Gippsland Aboriginal Cooperative in Bairnsdale which is funded to service the whole region and Lake Tyers Health and Children's Services Association which provides services for the Lake Tyers Community in East Gippsland.

There are a number of generic organisations that are funded to provide specific services to the Aboriginal Community: Latrobe Community Health Service provides linkages across the region; Gippsland Lakes Community Health provides planned Activity Groups and nursing in the local catchment; Latrobe City Council provides services in Latrobe and Baw Baw Shire Council provides services to Baw Baw.

Over the triennium the Department intends to increase the number of Aboriginal Community Controlled organisations and generic HACC organisations that are funded to provide services to the Aboriginal Community to achieve a more equitable distribution of service across the region.

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. A major focus 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 DHS Regional Offices 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, DHS 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.

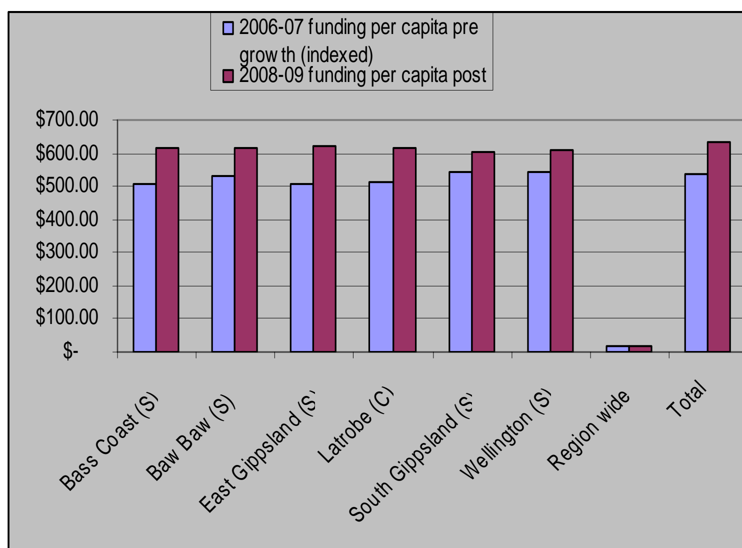
The Department uses RREF-LGA to indicate relative need for HACC services at LGA level within each region.

LGA	HACC Target 2005-06	RREF-LGA pop 2006-07	RREF-LGA pop 2007-08	RREF-LGA pop 2008-09
Bass Coast (S)	6,618	6,578	6,794	7,012
Baw Baw (S)	6,134	6,347	6,570	6,795
East Gippsland (S)	8,854	10,189	10,553	10,918
Latrobe (C)	12,083	11,934	12,246	12,560
South Gippsland (S)	4,866	5,036	5,185	5,335
Wellington (S)	7,065	7,112	7,301	7,491
Total	**45,620**	**47,196**	**48,648**	**50,112**

The most significant factor in HACC funding analysis is the change in population. Thus the HACC Target population has increased by 1576 or 3.45% for the region. There has been little or no change in most LGAs with Bass Coast and Wellington remaining almost the same, Latrobe has reduced by 1%, South Gippsland and Baw Baw have increased by 3.5%. However, East Gippsland has increased by 15%, which is a significant difference from 2005-06. The main reason for this is that the increase in the number of people in East Gippsland over 70 years of age was significant in this period. It is important to note that the expected trend over the remaining two years will not result in such a dramatic change because the population figures show a more consistent increase across the region.

4.2.4 Regional funding - $pcf

2006-07 growth funding per capita		
Funding per capita pre growth	Funding per capita post growth	Local Government Area
$ 508.66	$ 550.86	Bass Coast (S)
$ 531.46	$ 557.35	Baw Baw (S)
$ 506.07	$ 548.75	East Gippsland (S)
$ 511.10	$ 547.78	Latrobe (C)
$ 543.09	$ 568.98	South Gippsland (S)
$ 545.55	$ 571.44	Wellington (S)
$ 15.50	$ 17.41	Region wide
$ 536.52	**$ 572.94**	



Regional service provision profile

The relative levels of service delivery funds by activity and local government area were analysed on a $ per capita basis to identify equitable distribution by LGA. The state-wide rural average or above was utilised to determine the level of funding across Gippsland. This information was then compared to the 2004-05 MDS data to confirm whether additional funds are required or not.

This analysis showed that Gippsland required a considerable increase to the following activities over the next three years:

- Home care
- Personal care in all LGAs except Wellington. Latrobe LGA is particularly low in personal care but Latrobe City has indicated that there remains no demand for additional service. This issue needs to be further explored during the coming year.
- Nursing in all except South Gippsland LGA
- Allied health
- Assessment, although this activity will primarily be grown in years 2 & 3 pending the outcome of the state-wide strategic assessment project.
- Planned Activity Groups and Property Maintenance in all except Baw Baw.

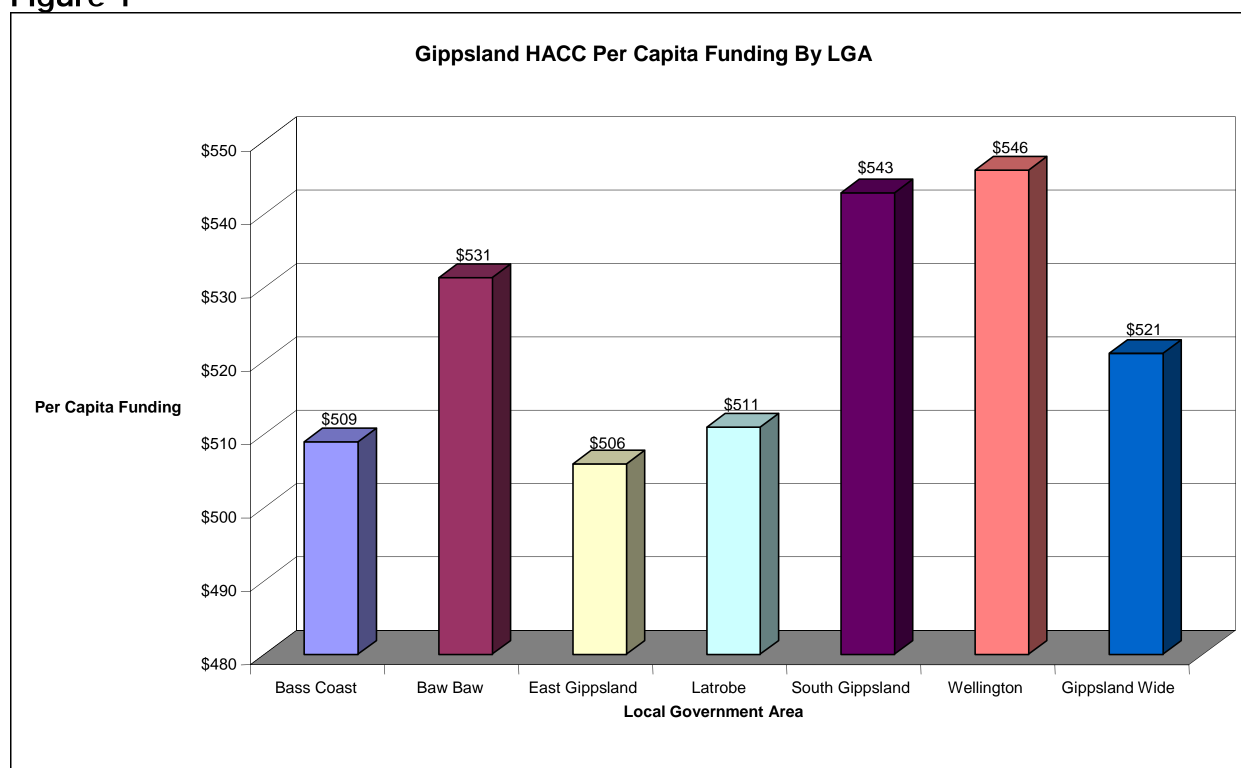
5 Conclusions From The Data

The data analysis reinforces the benefit of the equity approach used over the past three years and the Region proposes to continue with this strategy to implement the Victorian HACC priorities. In short, East Gippsland has had a significant increase in the HACC target population in comparison to all other LGAs and therefore will be a beneficiary of the equity approach along with Bass Coast and Latrobe in 2006-07.

5.1 Equity

Equity has been the primary consideration for the regional recommendations provided in this document. Figure 1 below provides an illustration of the current level of equity across Gippsland. It is important to recognise that the key factors influencing the level of equity between local government areas are changes to growth funding and variations to the ageing population. Note that the differences in this chart have been over emphasised due to the scale that has been utilised.

Figure 1



The '$ per Capita' is achieved by dividing the existing HACC funding allocations in each Local Government Area (LGA) by the Relative Resource Equity Formula (RREF). The regional HACC funding budget of almost $25M for 2006-07, was divided between LGAs according to existing service delivery on an LGA basis. Note that services delivered by organisations across LGA boundaries such as Interchange Central Gippsland, Latrobe Community Health Service Linkages Program, and Gippsland and East Gippsland Aboriginal Co-operative, are apportioned across the relevant LGAs.

The region-wide or average funding per capita for Gippsland in 2006-07 is $521. As illustrated, East Gippsland, Bass Coast and Latrobe have the lowest funding per head of eligible target population while Baw Baw, South Gippsland and Wellington are all above the regional average.

The key measure of the success in terms of the equalisation strategy is whether the range between the lowest LGA and the highest LGA is being reduced over time. Again this year there has been a reduction in the range from 2005-06 when the range between the lowest LGA and the highest LGA was $89 before equalisation. This year the range before growth is $40 with East Gippsland ($506) and Wellington ($546). After growth equalisation the range has been reduced to $23 for 2006-07. Three years ago the range was $177.

The equalisation approach used in Gippsland has been very successful to the extent that the 5% Deviation Model used in previous years is no longer applicable because all local government areas are now inside a 5% deviation range from the regional average.

This year the region will equalise those LGAs below the regional average using the following methodology. In 2006-07 the region has top sliced 25% of the regional growth budget and distributed it to those LGAs below the regional average. As indicated above, this will result in a reduction of the range to $23. In the following years, it is proposed that additional top slice be used to achieve ongoing equity. In 2007-08 a top slice of 35% and 2008-09 45%. This approach would reduce the range to $6 per capita after growth distribution in the third year.

Summary of allocation

Local Govt Area	Year 1 - Indicative allocations				Year 2 - Indicative allocations				Year 3 - Indicative allocations			
	Proportion of Funds to Priority 1	Proportion of Funds to Priority 2	Proportion of Funds to Priority 3	Total % of Growth to LGA	Proportion of Funds to Priority 1	Proportion of Funds to Priority 2	Proportion of Funds to Priority 3	Total % of Growth to LGA	Proportion of Funds to Priority 1	Proportion of Funds to Priority 2	Proportion of Funds to Priority 3	Total % of Growth to LGA
Bass Coast (S)	14%	0%	2%	**16%**	15%	1%	0%	16%	15%	1%	1%	16%
Baw Baw (S)	8%	0%	2%	**10%**	13%	0%	0%	13%	12%	1%	1%	14%
East Gippsland (S)	24%	0%	1%	**25%**	22%	0%	2%	25%	24%	1%	3%	28%
Latrobe (C)	19%	1%	6%	**25%**	21%	2%	5%	28%	23%	2%	2%	27%
South Gippsland (S)	5%	1%	2%	**8%**	6%	0%	1%	7%	5%	0%	1%	6%
Wellington (S)	4%	1%	6%	**11%**	6%	1%	4%	10%	7%	0%	1%	8%
Gippsland Region	1%	0%	5%	**5%**	1%	0%	0%	1%	0%	1%	0%	1%
Total allocated	**75%**	**3%**	**24%**	**100%**	**84%**	**4%**	**12%**	**100%**	**86%**	**6%**	**9%**	**100%**

5.2 Funding priorities

5.2.1 Priority 1

The Region is proposing to allocate most growth funding (73%) or $1.25 million to Priority 1 in the first year and increase this to 85% in the out years. The reason for this is the growing aged population and the need to further expand HACC basic activities to cater for the service needs of this cohort in a community setting.

The ministerial priorities allow for up 5% of the regional growth budget to be allocated on social support activities. Gippsland region is $22 per capita below the state-wide rural regional average for planned activity group. It would require more than $1million of PAG funding to make up this difference. Given that Gippsland is under funded for social support it is proposed to utilise 6% of the growth budget for social support activities in 2005-06 and to significantly increase this amount in the out years.

5.2.2 Priority 2

The Region has allocated approximately 3% or $52,000 of growth funding to Priority 2 in the first year and increase this to 5% or $80,000 in the out years.

Percentage of CALD Population per Local Government Area

LGA	**CALD Population 65 years +**	**Total Population 65 years +**	**CALD % Total Population 65 years +**
Bass Coast	314	5,529	5.6
Baw Baw	292	4,786	6.1
East Gippsland	310	7,243	4.2
Latrobe	1,302	8,636	15.1
South Gippsland	264	4,301	6.5
Wellington	250	5,619	4.4
Total	**2,732**	**35,844**	**7.6**

The above table shows the number of CALD aged 65 years and over in each LGA of Gippsland according to ABS 2001 Census. NB. Language spoken at home has been used as a proxy for cultural identification.

From the HACC MDS data it is clear that the highest representation of CALD HACC users is in Latrobe with all other LGAs having a moderate number of users. The key response under Priority 2 will be directed at activities that will enhance access to services for CALD people across all LGAs.

Planned Activity Groups (PAGs) have been identified as an entry point to HACC services for the CALD population. Service expansion to CALD PAG under priority 2 will accommodate increased awareness of HACC services for the CALD population, which may then lead to an increased CALD demand of HACC basic services.

The primary aim will be to increase the number of CALD consumers using HACC and the hours of service delivery across all LGAs, however, the above analysis indicates that particular focus must be an increase of consumer numbers in East and South Gippsland. In order to do this growth to CALD planned activity groups will be a priority as well as some CALD specific service provision hours for home care and personal care.

In addition the Ethnic Service Development Worker at Gippsland Multicultural Services will work closely with HACC providers to identify alternative ways of engaging with the CALD communities across the region. Further emphasis will be placed on Cultural Planning, in terms of setting specific targets for each organisation, to increase the number of consumers and the hours of services delivery for the CALD target group.

5.2.3 Priority 3

The Region will allocate approximately 18.5% or $317,000 of growth funding to Priority 3 in 2006-07 and around 10% for the out years. Funding will be distributed in all LGAs, however, the highest priority will be Bass Coast, Latrobe, South Gippsland and Wellington.

During the past year the region held a consultation with 17 representatives of HACC organisations across Gippsland to develop the Gippsland Home and Community Care (HACC) Aboriginal 5 year plan. The plan was a response to the Victorian ATSI Communities HACC Needs Analysis January 2005, which identified that when compared with the generic HACC population the Aboriginal community was under represented as consumers of the HACC Program.

The ATSI needs analysis conducted in 2005 indicated that there were considerably fewer Aboriginal HACC consumers and the range of services types that they received was more restricted than general HACC consumers.

The needs analysis showed that the Aboriginal community make up approximately 2% of the Gippsland HACC Target Group, however, they were only 1% of the HACC service users at that time.

In addition Aboriginal consumers were less likely to receive nursing and allied health services.

The Gippsland HACC Aboriginal 5 Year Plan has 3 key goals:

1. to increase access to HACC services for Aboriginal people
2. to develop reliable demographic, needs and services provision data, and
3. to develop strong partnerships between Aboriginal Community Controlled Organisations and generic HACC organisations.

It is hoped that by fostering collaborative working relationships between Aboriginal and generic HACC organisations that we will achieve much more in the next five years than we have in the last decade.

Throughout the triennium a major focus will be growth to Planned Activity Groups because PAGs have been identified as an entry point to HACC services for the Aboriginal and Torres Straight Islander population. In addition allied health and nursing will be a priority in all local government areas except East Gippsland where there is already a high level of Aboriginal funding. The exception to this is an identified need for allied health at Lake Tyers. East Gippsland will receive some Aboriginal allied health funding in the out years.

There are quite a number of relatively small allocations of funding for services to the Aboriginal population. These are generally allocations to generic HACC organisation that have substantial nursing and allied health programs and are able to integrate and sustain the service into the future.

5.3 Service group priorities

Within each priority, the region proposes the following proportionate allocation to specific service groupings where:

- 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

LGA Name	Priority	Year 1	Year 1	Year 1	Year 2	Year 2	Year 2	Year 3	Year 3	Year 3
Service Group		Priority 1	Priority 2	Priority 3	Priority 1	Priority 2	Priority 3	Priority 1	Priority 2	Priority 3
Bass Coast (S)	Assessment SG1				24%			20%		
Bass Coast (S)	Health SG2	53%		32%	45%			42%		
Bass Coast (S)	In home SG3	39%		13%	31%			30%		100%
Bass Coast (S)	Social support SG4	8%		55%		100%		8%		
Bass Coast (S)	Other SG5	1%							100%	
Baw Baw (S)	Assessment SG1	7%			23%			23%		
Baw Baw (S)	Health SG2	65%		100%	48%			56%		
Baw Baw (S)	In home SG3	25%			27%			19%		100%
Baw Baw (S)	Other SG5	3%			2%			2%	100%	
East Gippsland (S)	Assessment SG1	7%			25%			20%		
East Gippsland (S)	Health SG2	38%		100%	35%		50%	35%		50%
East Gippsland (S)	In home SG3	38%			38%		50%	44%		
East Gippsland (S)	Other SG5	12%			2%			1%	100%	
East Gippsland (S)	Social support SG4	5%				100%				50%
Latrobe (C)	Assessment SG1							25%		
Latrobe (C)	Health SG2	62%		100%				27%		70%
Latrobe (C)	In home SG3	32%						40%		23%
Latrobe (C)	Other SG5	5%							100%	7%
Latrobe (C)	Social support SG4		100%					7%		
South Gippsland (S)	Assessment SG1				41%			27%		
South Gippsland (S)	Health SG2	48%		88%				30%		68%
South Gippsland (S)	In home SG3	51%		12%	56%			40%		32%
South Gippsland (S)	Other SG5	1%			3%			3%		
South Gippsland (S)	Social support SG4		100%				100%			
Wellington (S)	Assessment SG1			36%	53%					
Wellington (S)	Health SG2	49%		18%	35%		50%			
Wellington (S)	In home SG3	25%		14%	11%		50%			
Wellington (S)	Other SG5	26%								
Wellington (S)	Social support SG4		100%	32%						
Region	Other SG5	100%		100%						

6 Service Development Grant

The 2005-06 Service Development funds were used to resource the regional Planned Activity Group Project. The final project report was received at the end of July 2006. Therefore in 2006-07 it is proposed that the $30,000 service development grant be utilised in response to the project recommendations. Proposals for 2007-08 and 2008-09 will be developed in time for the respective planning consultations.

Over the past two years the region has undertaken a transport project using the service development grant. This project concluded in July 2006 with an evaluation report, a summary of the project is attached below.

6.1 Gippsland HACC Transport Pilot Strategy

The project aimed to improve the coordination of community & health transport across Gippsland through the establishment of functional working partnerships between health and transport organisations and the implementation of innovative solutions to address an important community issue.

Project Objectives

- The project has established 3 sub-regional networks where local community transport providers join with existing health provider networks in order to sustain links with health services.
- A volunteer community transport policy and procedures manual was completed in order to assist organisations to meet legal and policy requirements and enhance compatibility across organisations.
- A volunteer insurance pilot commenced on 1 April 2006 and aims to identify the feasibility of incorporating community transport into the existing Department's funded agency insurance
- Pilot of a web-based booking system (Commtran) was completed in January 2006 and resulted in considerable enhanced coordination and efficiency of services and increased HACC transport data
- The project steering committee consisted of 3 government departments, Department of Victorian Communities, Department of Infrastructure and Department of Human Services (the lead). It also included three Transport Connections Project Officers, six HACC providers one from each Local Government Area, Red Cross Australia, Volunteers Australia and Latrobe Regional Hospital.
- The partnerships developed through the project at a regional and sub-regional level are likely to have substantial benefit to HACC and the general transport system in Gippsland.