

Home and Community Care (HACC) Program

Grampians Regional Plan, 2003-06

Incorporating the 2003-04 Regional Plan required under
the *HACC Amending Agreement 1998*

December 2003



Glossary of terms

Annual Plan	Victorian Home and Community Care Program Annual Plan 2003-04
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and Linguistically Diverse
DHS	Department of Human Services
HACC	Home and Community Care Program
MDS	Minimum Data Set
Primary Data	Consistent data sets used by all regions
RREF	Regional Resource Equity Formula
VICACD	Victorian Indigenous Committee on Aged Care and Disability
WREN	Within Region Estimate of Need

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Section 1 – HACC Regional Plan 2003-06

1.1. Context of the Regional Plan

The Home and Community Care (HACC) Program is funded jointly by the Commonwealth and the State governments. The administrative framework of the HACC Program is documented in the *Amending Agreement, 1998*.

Since the inception of HACC in 1985, services have grown each year. The Agreement stipulates that the Commonwealth and the State Ministers jointly agree an Annual Plan specifying outputs to be provided in each region, including the mix, level and quality of services. After both Ministers approve the Annual Plan, the State Minister is mandated to allocate growth funds to agencies in accordance with the Annual Plan. The Annual Plan is comprised of information drawn from each of the nine Regional Plans. Victoria is accountable to the Commonwealth for its performance against the Annual Plan. Appendix A is the timeline for developing the Annual Plan for 2003-04.

1.2. Purpose of the Regional Plan

The Regional Plan has a three-year planning horizon, 2003-04 – 2005-06. The aim is to set goals for service expansion and plan to achieve them progressively over a three-year period. The objective is to expand HACC services where the demand is greatest.

DHS has analysed service provision and demographic data, research and evaluation reports of various stakeholders and information received during the consultation period, drawn conclusions and proposed a number of measures to:

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

These are the subjects of the present Regional Plan.

The Regional Plan will be adjusted as necessary each year during the triennium, taking account of exact Commonwealth and Victorian government budget allocations, the most up-to-date data and unanticipated events.

1.3. Consultation with the sector

During July 2003, each DHS region presented a *Draft Regional Plan* to the sector. The Draft Regional Plan documented all proposals and accompanying rationales. DHS sought critical appraisal from the sector on each of the proposals through the consultation sessions or in writing. 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. The Ministerial Priorities formed the framework for service expansion.

All HACC service providers, planners, and consultative groups for clients and carers were encouraged to contribute to the development of the final Regional Plan.

Please see Appendix B for a summary of the outcomes of consultation in the Region.

1.4. What is the HACC Program?

The HACC Program funds services that are targeted to frail older people, people with disabilities, and carers, providing basic support and maintenance to people living at home whose capacity for independent living is at risk, or who are at risk of premature or inappropriate admission to long term residential care. Services include Home Care, Respite, Allied Health, Nursing and social support services.

1.5. Characteristics of HACC service users in Victoria

The following data is derived from the HACC Minimum Data Set, 2002-03.

Numbers: Around 220,000 Victorians used HACC services during 2002-03. Of these, 67% were people aged 70-plus.

Ethnicity: Seventy-nine percent of HACC clients were born in Australia or other English-speaking countries. The other 21 percent came from over 140 different countries. Of these, the top 10 were Italy, Greece, Poland, Germany, Netherlands, China, Malta, Egypt, India and Sri Lanka.

Location: About 37% of clients live in the non-metropolitan regions of Victoria. Northern and Western metropolitan regions have the highest proportions of overseas-born people—more than a third of all clients. In the Eastern and Southern regions, the proportions are around 20%, and the five rural regions are all below 10%.

Living arrangements: 42% of clients live alone, 50% with their families, and 8% with other people. The proportion of clients living alone rises steadily with age (up to age 95). Among people aged 70-plus, more than half live alone, which is largely an effect of widowhood.

Housing: 79% live in owner-occupied dwellings, 8% in private rental and 7% in public rental. Only 2% live in a Supported Residential Service.

Carers: About half of HACC clients report that they have a family caregiver; where there is a carer, it is most likely to be a spouse (43%) or a daughter (24%).

Types of service: The most common HACC activities were Home Care, Nursing and Allied Health services. Home Care and Planned Activity Groups (PAG) accounted for 63% of total HACC hours. Attendance at a PAG was typically 4 hours per fortnight. Typical use of Home Care was 1–2 hours per fortnight.

Quantities: Over 90% of clients received a modest 0–14 hours per month, mostly from a single type of HACC service. By contrast, among the 6% of clients receiving 15–39 hours per month, nearly half were receiving 2–3 kinds of HACC service. Grampians and Loddon–Mallee regions appeared to have a somewhat greater proportion of high-use clients than the average. Statewide, less than 2% of clients received more than 40 hours per month.

Mix of services: Two-thirds of people received only one HACC service type. Of those receiving a mix, the most common combination was Home Care plus Property Maintenance.

Auspice type: Local councils provided some 84% of the 2.25 million hours of Home Care delivered in Victoria, and 80% of delivered meals. By contrast, ethno-specific and Aboriginal agencies are mainly involved in running Planned Activity Groups. The Royal District Nursing Service dominated in the provision of home nursing across metropolitan Melbourne. Community health centres were the site for delivery of most HACC Allied Health, particularly occupational therapy, physiotherapy and podiatry.

1.6. Better planning & funds allocation

DHS has actively responded to complaints from the sector that the HACC funding round processes were unnecessarily cumbersome and complex. After extensive consultation and detailed data analyses, the State Minister announced an administrative reform package, the *Better Planning and Funds Allocation for the Home and Community Care Program in Victoria*. The reforms aim to:

- Simplify the funding round processes
- Facilitate more equitable distribution of HACC funds across local government areas
- Increase consistency and transparency in funding decisions across the State
- Give greater certainty to providers.

The reforms were launched in April to be implemented from 1 July 2003:

1. Focused Ministerial Priorities for HACC growth funds

The priorities for the next three years focus growth funding where the demands are greatest. They are evidence based and were developed in consultation with the sector. The major benefit is that more predictable growth funds will be allocated in larger parcels, enabling more effective outcomes to be achieved. (See Section 2.)

2. Consistent three year planning

Instead of only planning growth funding for one year, there is a three-year planning horizon. This provides agencies greater certainty of funding, facilitating better workforce and service planning. In addition, consistent planning methods have been introduced across all regions, including a formula to guide intra-regional funds equalisation (the Within Region Estimate of Need or WREN). Regional Plans have been developed in consultation with the sector and document the rationale for all planning and funds allocation decisions, thus providing greater transparency.

3. More diverse means of funds allocation

Instead of allocating all growth funds through a submission process, funds are distributed directly to agencies, or via invited or advertised submission as appropriate. This means that where an agency is the only provider of services to be expanded, DHS negotiates directly with that agency about its capacity to grow the service. The result for agencies is significant savings in time and effort that can be devoted to meeting the needs of clients and carers.

4. Automatic allocation of minor capital

All service providers automatically receive an annual allocation for minor capital, without application or separate acquittal. This gives all agencies a fair portion of the minor capital funding and greater certainty of funding. Importantly, the inefficient submission and separate acquittal process have been abolished for minor capital.

5. More focussed research and development program

The HACC research agenda in 2003-04 is targeted at service evaluation, service development initiatives and practice-relevant research.

A detailed explanation and rationale of the planning and funds allocation framework can be found at <http://www.health.vic.gov.au/agedcare/hacc>.

1.7. HACC budget

1.7.1. Service expansion - recurrent funding

The Victorian HACC budget for 2003-04 is \$358 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. Funds available to expand services for 2004-05 and 2005-06 are subject to State and Commonwealth government budget decisions in those years so these are presented as indicative.

1.7.1.1. Joint Commonwealth/State commitment

Commonwealth/State growth in HACC service expansion is estimated to be \$35.3 million over the next three years, that is, \$11.2m in 2003-04, \$11.7m in 2004-05, and \$12.4m in 2005-06. This is subject to confirmation in 2004-05 and 2005-06.

Allocations on the basis of the Relative Resource Equity Formula (RREF), for each region are listed below:

Region	Growth 2003-04	Indicative Growth 2004-05	Indicative Growth 2005-06
Barwon-South Western	\$835,047	\$854,649	\$910,751
Grampians	\$509,922	\$524,690	\$567,157
Loddon Mallee	\$734,879	\$753,604	\$810,891
Hume	\$583,815	\$598,390	\$645,978
Gippsland	\$658,137	\$685,652	\$721,866
Western	\$1,295,727	\$1,353,730	\$1,466,073
Northern	\$1,720,255	\$1,756,788	\$1,828,373
Eastern	\$1,937,771	\$2,014,279	\$2,184,003
Southern	\$2,476,750	\$2,569,283	\$2,752,060
Statewide	\$435,751	\$600,000	\$550,000
TOTAL	\$11,188,055	\$11,711,065	\$12,437,152

Note: Growth allocations include those for the HACC Response Service

1.7.1.2. Victoria's additional commitment

Redressing funds inequity between regions

The Victorian Minister for Aged Care has allocated an additional \$1 million of unmatched Victorian funds to boost 'HACC Basic' services (see Priority 1 in Section 2.1) distributed as set out below:

- \$335,700 for Northern Metropolitan Region
- \$371,100 for Southern Metropolitan Region
- \$293,200 for Western Metropolitan Region.

This recognises the significant degree to which these regions have been underfunded compared with other Regions.

Improving services for people from culturally and linguistically diverse backgrounds

The Victorian Minister for Aged Care has committed an extra \$2.018 million to improving the responsiveness of local government HACC services to people from CALD communities.

The Culturally Equitable Gateways Strategy is for three years and has a number of components:

- Capacity building in local government assessment and care management - \$1,128,000
- Capacity building in large and established ethno-specific services - \$500,000
- Services for small and emerging communities - \$100,000
- Bilingual and multicultural staff recruitment by Migrant Resource Centres - \$150,000
- Leadership and sectoral development by the Municipal Association of Victoria and the Ethnic Communities Council of Victoria - \$140,000.

1.7.2. Research & development

The intention is to allocate nonrecurrent funds equivalent to 5% of growth funding to research and development in the HACC Program. Each region may allocate \$30,000 of this fund each year for 'local' initiatives. The remainder will be used to address statewide systemic questions. The statewide allocation for 2003-04 is \$1,693,844.

1.7.3. Minor capital

The intention is to allocate nonrecurrent funds equivalent to 1% of total HACC expenditure for minor capital. The allocation for 2003-04 is \$3,630,193. Each year agencies receive their share of the annual allocation according to the formula documented in *Better Planning and Funds Allocation for the Home and Community Care Program in Victoria*, Appendix 4.

Section 2 – Ministerial Priorities 2003-06

2.1. Introduction

As part of the *Better Planning and Funds Allocation for the Home and Community Care Program in Victoria*, the State Minister endorsed a strategic framework for 2003-06 to guide the allocation of HACC growth funds.

The framework differs from Ministerial priorities in earlier years in that it:

- Has a three year rather than one year outlook
- Has drawn wherever possible on demographic and service system evidence
- Explains the relationship between priorities for growth funds, and the strategic directions overall for HACC
- Has had the benefit of stakeholder input through the Departmental Advisory Committee on HACC.

For regional planning purposes, the key elements of the framework are as follows:

- **Priority 1** – Increase the supply and improve the responsiveness of ‘HACC Basic’ services and consolidate the ‘HACC Basic’ service system around the key local government and health sector providers.

HACC Basic activities are Home Care, Personal Care, Nursing, Allied Health, Delivered Meals, Property Maintenance, and Assessment and Care Management.

- **Priority 2** - 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.
- **Priority 3** - Increase the quantity and quality of HACC services for Aboriginal and Torres Strait Islander (ATSI) communities.

2.2. Evidence and rationale

Commonwealth and State governments increase HACC funding each year because the HACC target population is growing and there is a long-term commitment to expand the Program. However, provider and consumer groups contend that the growth funding is not keeping pace with the growth in demand. In this context, the Victorian Minister announced a strategic framework to guide the distribution of HACC growth funds for the coming triennium, 2003-06. The objective is to concentrate the growth funds where the demand is greatest.

There are two main reasons for the Ministerial Priorities:

1. Demographic projections show that the greatest growth in persons in need over the next three years is among frail older people, and ageing people with disabilities. During the same period the Victorian population younger than 55 years will grow slightly, and shrink in rural regions.
2. The need to strengthen the basic HACC system in order to balance service provision against growing demand, by: expanding core HACC services; strengthening HACC’s preventative, maintenance and support role; and improving people’s capacity to self manage in a better stocked and more robust system, rather than be required to seek ‘care packages’.

This does not imply any change to HACC eligibility or priority of access guidelines. Nor does it imply any intrinsic lesser value to those HACC activities not specified in Priority 1, that is, Respite, Volunteer Co-ordination, Planned Activity Groups and Linkages are all highly valued activities.

A detailed rationale for the Ministerial Priorities can be found in the *Better Planning and Funds Allocation for the Home and Community Care Program in Victoria*, Appendix 1, at <http://www.health.vic.gov.au/agedcare/hacc>

The following sections provide a summary of the demographic and service provision data underpinning the Ministerial Priorities.

2.2.1. What do the data tell us?

2.2.1.1. Priority 1

Projected changes in population and target groups indicate that growth in demand for HACC services will come predominantly from older age-groups. Not only does the rate of disability increase with age, but the rate of uptake of HACC services is also much higher among older persons, relative to the prevalence of disability. There are several reasons for the greater uptake of services among the aged:

- Increased frailty and vulnerability
- Reduced coping resources, including mobility, low income
- Living arrangements, eg. living alone, dependence on informal carers, which may affect the foregoing
- Chronic ill-health and deterioration of health status.

The figures in this section demonstrate the most significant increase in the HACC population will be in the 50-69 and 70+ age groups. Accordingly, the greatest pressure on the HACC service system is likely to be on those services that are accessed more heavily by these age groups, that is, HACC Basic in-home support and health care activities (Home Care, Personal Care, Nursing, Allied Health, Delivered Meals, Property Maintenance, and Assessment and Care Management).

Figure 2.1 shows the projected change in age groups between 2001-06. There are:

- Some reductions in the younger age groups
- Major increases in the 45-69 age groups
- Significant increases in the 75+ age groups.

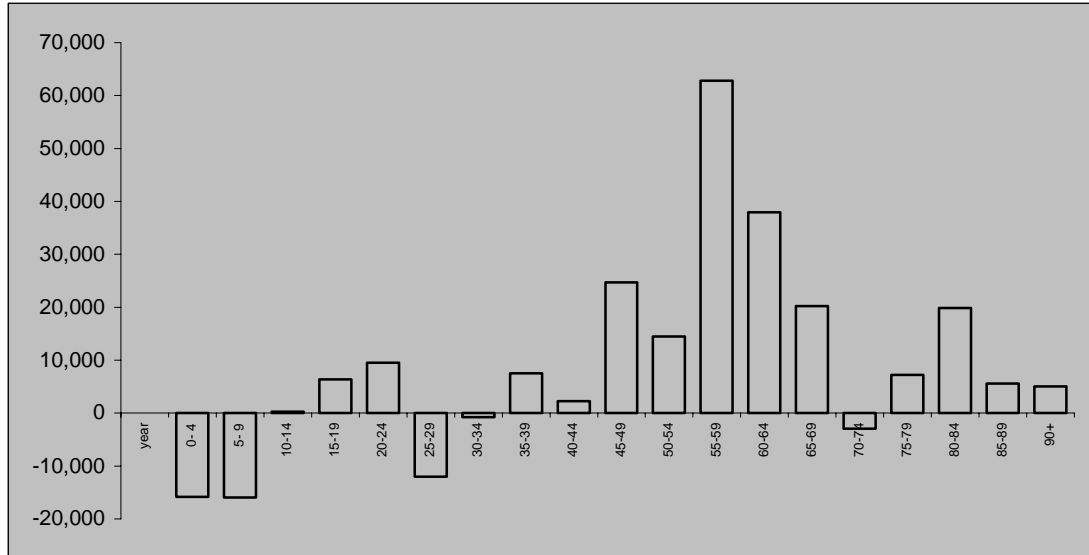


Figure 2.1: Changes in population groups 2001-06 Victoria
Source: Department of Infrastructure *Victoria In Future*

Figure 2.2 compares the population changes between rural and metropolitan regions. The projected changes show a more pronounced pattern in rural areas, with fewer rural residents expected under age 50 and a stronger increase in numbers aged 50+. Only four rural local government areas are projected to increase their overall number of persons under 50 years of age; all others will experience decreases of up to 15%.

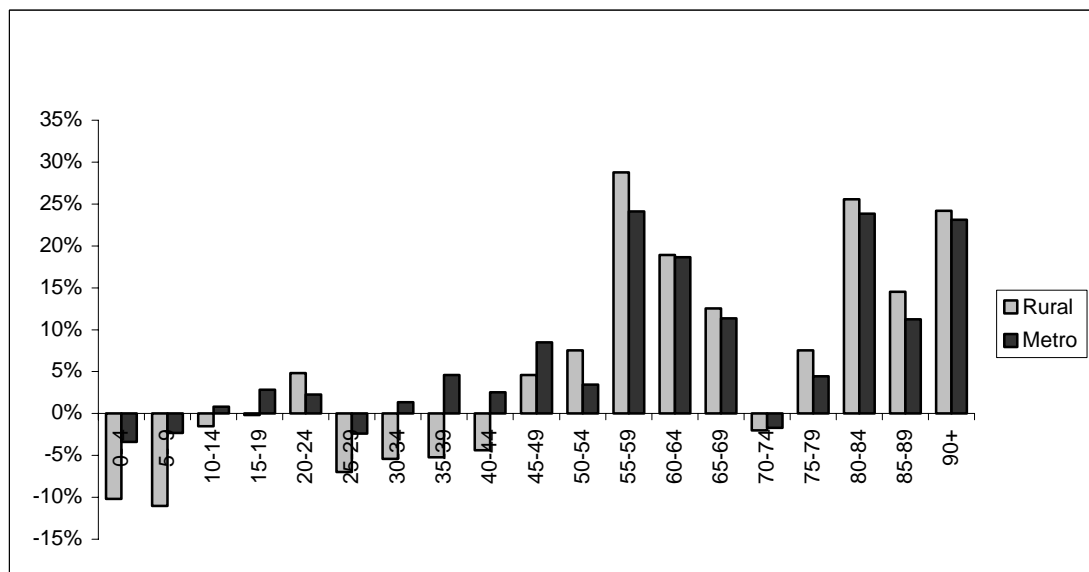


Figure 2.2: Comparison of population group changes: Rural and metropolitan regions
Source: Department of Infrastructure *Victoria In Future*

Figure 2.3 shows the changes between 2001-06 in the number of people in different aged groups with a disability. The figures are derived by applying the age-related disability rates from the 1998 Disability Ageing and Carers Survey which enables an estimate to be made of the likelihood of disability at different ages. The graph shows that the major growth in numbers of people with disabilities will occur in the 55-69 and 80-84 age groups. There will be negligible growth in numbers of people with disabilities below 55 years, and reductions in three age groups.

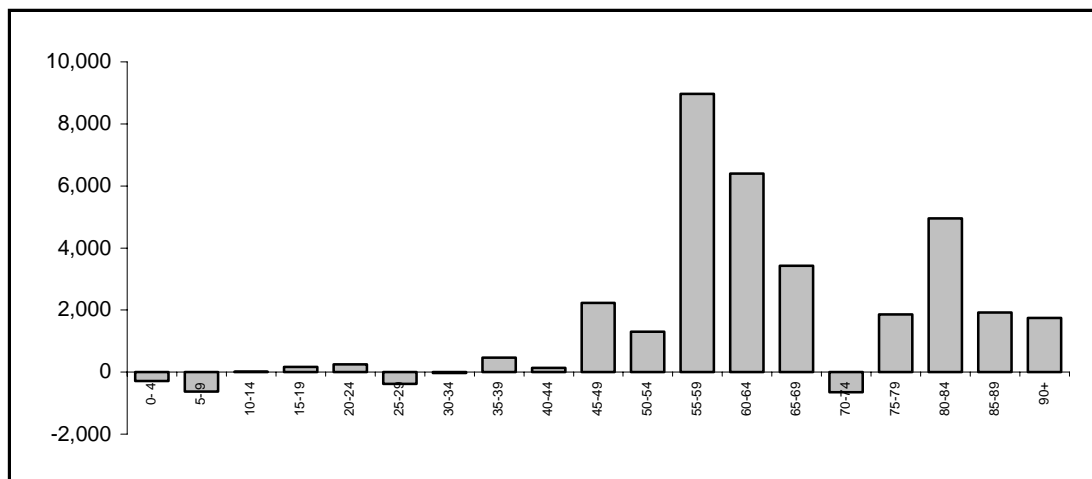


Figure 2.3: Changes in the estimated number of persons with a disability, 2001-06
Source: Department of Infrastructure *Victoria In Future* and 1998 ABS *Disability, Ageing and Carers Survey*

Clients aged 70 and over received 64% of all HACC service hours, with 18% to those aged 50-69 years and another 18% to those below age 50. The average client aged 70+ received more Home Care, Personal Care, Delivered Meals, Nursing and time in Planned Activity Groups than younger clients. Aged clients were more prevalent in those activities (Home Care, Personal Care, Delivered Meals, Property Maintenance) which constitute independent living support. With rising age the proportion of clients receiving more than one activity also increased. Over the last three years there has been significant expansion of funding to Planned Activity Groups, and this will be subject to evaluation. Growth for the years 2003-04 to 2005-06 will be concentrated on those activities in greater demand from the aged.

2.2.1.2. Priority 2

Culturally appropriate access to services for people with CALD background is a Ministerial Priority for 2003-06. Analysis of the HACC Minimum Data Set in conjunction with data from the 2001 population census, shows the current under-representation of clients with CALD background in most HACC activities: without taking account of age or differentials in disability rates, the rate of HACC clients per 1000 target population is almost twice (1.9 times) as high for English speakers as for persons who speak a language other than English at home. This differential steadily reduces with increasing age.

Importantly for the HACC 2003-06 triennial plan, the ratio of English speakers to speakers of languages other than English tends to be highest (that is, most unfavourable to speakers of languages other than English) for health care and independent living services, which have been accorded priority. Planned Activity Groups are the only activity type with a higher rate of participation by speakers of languages other than English than English speakers. Respite care is in a somewhat different category from other service types because of its atypical (for HACC) client age profile, with younger people with disabilities predominating. For older persons, receipt of Respite is more evenly spread across all language

groups.

Figure 2.4 shows the ratios of English speakers compared to speakers of languages other than English in the October – December 2002 quarter. The graph shows the relative under-servicing of clients speaking a language other than English at home by activity. A ratio of less than one would indicate a higher rate for clients speaking a language other than English than for English-speaking clients. In the most extreme instance, in every 1,000 persons in the HACC target group speaking a language other than English the number of Delivered Meal recipients was only one-fifth of the number of English-speaking meals recipients per thousand.

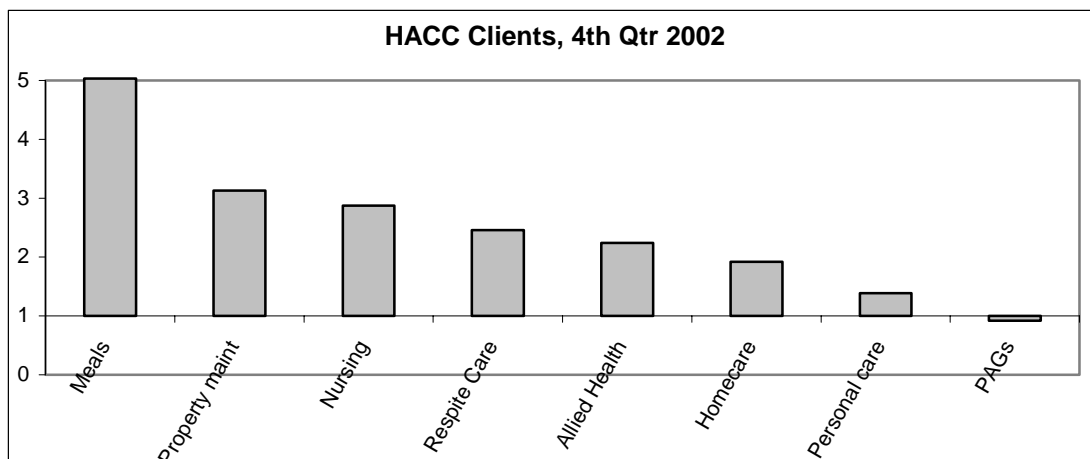


Figure 2.4: Ratio of rates of service provided to English/LOTE clients

Source: *HACC MDS December Quarter 2002 and 2001 Population Census*

Note: These relativities do not take account of possible differences in disability and need in the two population groups, and of course between different ethnic groups among non-English speakers.

For a more detailed data analysis of the CALD populations in Victoria and their HACC service usage, please see Appendix C, *Supporting Evidence for HACC Priority 2*.

2.2.1.3. Priority 3

ATSI communities suffer a much higher burden of ill health and premature death than other groups. HACC services are among the most critical in Indigenous communities where basic maintenance and support services are vital to frail older people, people with disabilities and their carers. The strategic objective is to ensure that an adequate quantum and range of HACC services is available to Victoria's Indigenous communities in culturally relevant and appropriate ways, including where services are provided by mainstream providers.

2.3. Putting the Priorities into action

2.3.1. Statewide strategies

During the 2003-06 triennium, Victoria is undertaking a range of strategies to improve the quality and level of HACC service delivery to frail older people, younger people with disabilities and carers, including:

Developing culturally responsive services

- Implementing a communication strategy about HACC services for people from CALD backgrounds.
- Undertaking a range of projects to enhance the cultural responsiveness of HACC Basic services.
- Building the capacity and responsiveness of HACC services for people from an ATSI background.

Investing in the HACC workforce

- Strategically influencing workforce development in Victoria to improve HACC funded agencies' access to a more diverse and adequate supply of trained, suitable staff who will provide consumers of HACC services with good quality services and continuity of care.

Improving the quality of services

- Supporting HACC funded agencies to implement the HACC National Standards Instrument, including the preparation of action plans focused on improving consumer outcomes.
- Promoting and sharing good practice across the HACC sector.

Effective program planning and evaluation

- Improving the systems supporting the collection and analysis of data to enable quality program planning, research and evaluation.

Targeting in the HACC program

- Undertaking work to develop and implement the Victorian HACC assessment framework to improve the quality and consistency of decision making about client need and access to services.

Funding and accountability

- Continuing to critically examine the costs of service delivery.
- Developing sustainable funding models and costings for services.

Investing in research and development

- Developing a clearing house for service development and research projects.
- Developing a forward research agenda including the impact of Victoria's cultural diversity on community, and opportunities of new technology for home care.

2.3.2. Regional strategies

Within the context of the Ministerial Priorities and the statewide initiatives, each region is responsible for developing local strategies to implement the Ministerial Priorities. These strategies are proposed in the following sections of the Regional Plan.

Section 3 – Regional context

3.1. Introduction

To address the Strategic Ministerial Priorities, data has been gathered and analysed to provide an evidenced based approach to planning and funds allocation in anticipation of growth funds over the triennium, 2003-06. The focus of the examination has been on developing a picture of HACC in the Region in terms of the population demographics, and service supply and demand. This picture has been used to anticipate where the demand in HACC services will be greatest between 2003-06, and thus to assist in best targeting resources. Section 3 describes the data that has contributed to the recommendations.

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:

- The Region's agency composition
- Planning and other data
- Population
- Service provision
- Funding.

In addition, the quarterly output and service provision target data was considered.

3.2. The Region's HACC sector

3.2.1. The Region's local government areas

The Region comprises the local government areas depicted in Figure 3.1.

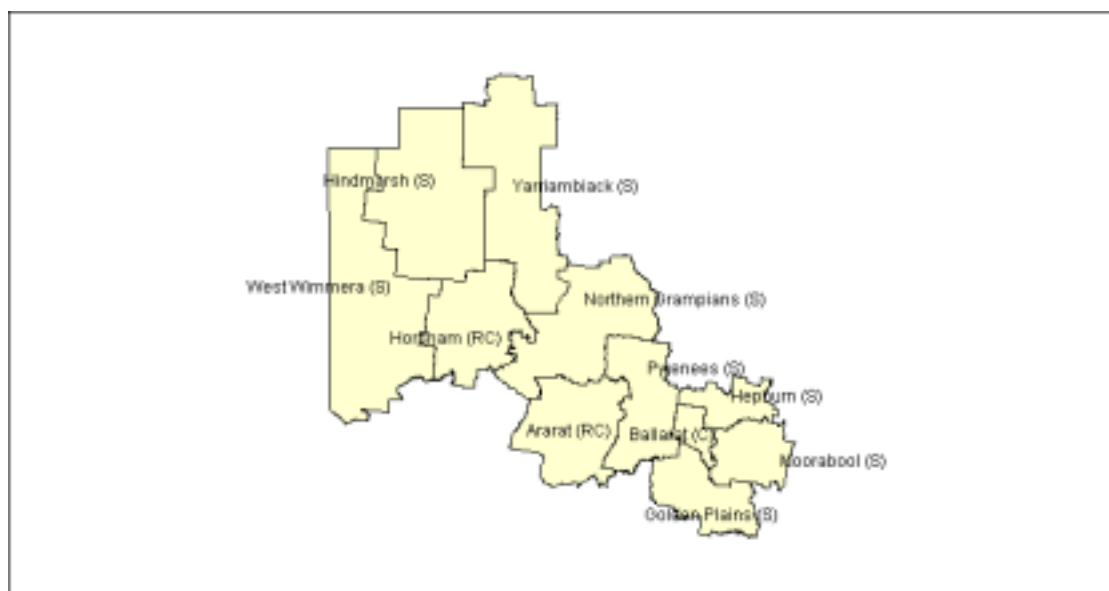


Figure 3.1: Local government areas in Region

3.2.2. The HACC sector

Within the 11 local government areas, DHS funds 46 HACC providers. HACC providers are a diverse group and include:

- 11 local governments
- 2 community health centres
- 14 hospitals
- 4 bush nursing centres
- 11 non-government agencies
- 1 CALD agency
- 3 ATSI specific agencies.

Appendix D is a list of HACC providers in the Region.

In addition to the 46 agencies, there are another 22 sites from which HACC services are provided. One agency provides services statewide, and four provide cross regional services.

95% of agencies have completed training and are beginning an assessment against the National Service Standards Instrument.

There are three primary care partnerships in the Region, providing a planning and co-ordinating support role in the primary care sector, including HACC.

3.3. How DHS communicates with the sector

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.

In Grampians there are HACC service provider networks that operate in Central Highlands, Grampians-Pyrenees and the Wimmera. The networks meet on a quarterly basis. Membership is open to all HACC service providers and meetings are well attended. The networks advise the Regional Office of service delivery/demand issues and develop collaborative approaches to challenges in their catchment areas.

3.4. The planning context

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

The planning process for HACC has been broadly influenced by the following initiatives/factors:

- Grampians Region is experiencing a population decline in rural areas although the aged proportion is increasing. Older people are moving off the land into rural cities such as Horsham. High population growth is occurring in the Shires of Moorabool and Golden Plains where housing is relatively affordable.

- Access to transport is an issue in much of the Region. The Grampians Pyrenees Primary Care Partnership has participated in a HACC funded project to develop an on-line availability system for volunteer transport. Two consortia, Wimmera and Golden Plains have been successful in obtaining funding under the Transport Connections initiative, reflecting the desire to look at transport in a more integrated and comprehensive way.

The planning process for HACC has been influenced by the following HACC initiatives/factors:

- Local governments are under increasing financial pressure and in some cases have taken steps to limit their contribution for funding shortfalls in HACC services.
- Early discharge practices and increasing numbers of high need patients remaining in their own homes has increased the demand for nursing services to be available seven days a week.
- The Small Rural Health Services initiative will instigate a move to an increased primary care presence, initially with the East Wimmera Health Service and potentially with other providers.
- The Hospital Admission Risk Program trial in Ballarat shows the potential for higher demand for district nursing services if adopted on a wider scale.
- Health professionals, particularly nursing staff and allied health practitioners, are difficult to recruit to the Wimmera. Funding for any of these positions needs to be sufficient, ie. full-time in order to attract staff to the area.
- An emerging trend is the difficulty in recruiting and retaining home care and personal care staff. While not yet widespread, some councils are investing considerably in training these workers only to have them move on to better remunerated work in the Aged Care sector.
- Personal Care is sometimes undertaken by District Nurses and reported as Nursing due to the inability to employ and/or deploy personal care staff.

3.5. Data

3.5.1. Population

The data in Section 3.5.1 builds a picture of the HACC population across the Region. This picture is important in helping to identify where the likely pressures will be on the service system over 2003-06.

3.5.1.1. Regional HACC population 2003-06

Table 3.1 and Figure 3.2 show the relative distribution across local government areas of the HACC target population in the Region.

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.

DHS uses the Within Region Estimate of Need (WREN) to indicate relative need for HACC services at a local government area level within each region. For a detailed explanation of the WREN, please see Appendix E.

Table 3.1 shows the HACC needs weighted population (WREN) for each local government area and the estimated proportion of that population over 70 years of age.

Table 3.1: WREN population and percentage of WREN that is 70+, 2003-06

LGA	2003-2004		2004-2005		2005-2006	
	WREN pop'n	% 70+	WREN pop'n	% 70+	WREN pop'n	% 70+
Ararat	1,942	60.9%	1,959	61.0%	1,973	61.1%
Ballarat	12,432	62.0%	12,605	62.1%	12,804	62.2%
Golden Plains	1,714	43.5%	1,767	43.9%	1,805	43.7%
Hepburn	2,388	59.8%	2,412	59.5%	2,440	59.1%
Hindmarsh	1,408	67.9%	1,416	67.9%	1,415	67.6%
Horsham	3,360	65.2%	3,420	65.6%	3,485	65.9%
Moorabool	2,970	50.9%	3,058	51.3%	3,152	51.7%
Northern Grampians	2,189	65.7%	2,198	65.4%	2,212	65.3%
Pyrenees	1,212	60.7%	1,227	60.8%	1,250	61.3%
West Wimmera	997	64.7%	1,009	65.1%	1,023	65.7%
Yarriambiack	1,940	73.9%	1,949	74.2%	1,957	74.5%
Total	32,554	61.4%	33,023	61.4%	33,516	61.5%

*Scaled to make the Victorian total equal the RREF base (unweighted) population

Figure 3.2 shows the estimated relative amount of change in the HACC target population by local government area on the 30 June each year. This is important in being able to identify where pressure on HACC services might be likely to ease or intensify over time.

It is clear from Figure 3.2 that the HACC target population is increasing over the three years, but that the amount of the increase is variable across local government areas. Where the first bar is higher than the second bar, the HACC target population is not increasing as fast in 2005-06 as in 2004-05. Where the second bar is higher than the first bar, the HACC population growth is accelerating.

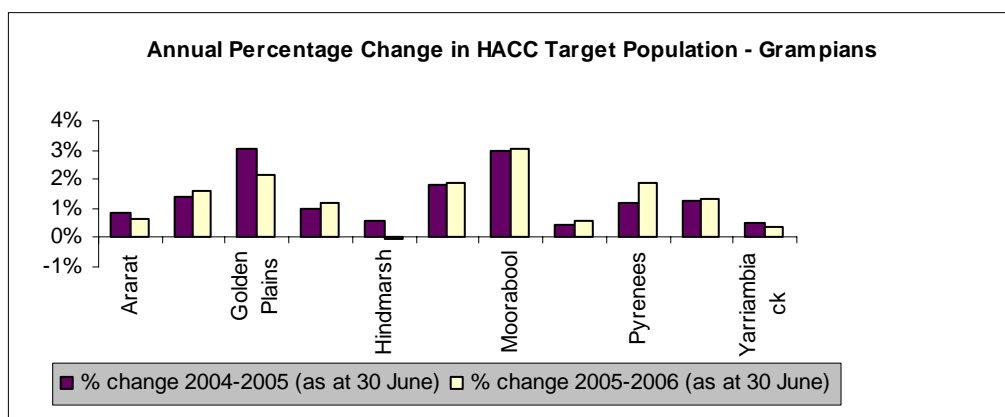


Figure 3.2: Annual percentage change in the growth in HACC target population by local government area

Source: Table 3.1, population as at 30th June in each financial year

3.5.1.2. Special needs populations

Having looked at the relative distribution across local government areas of the HACC target population, it is important to look at other population data that may indicate variable need for HACC services between local government areas. This is important in determining whether responses to enhance access to services for special needs groups should be targeted to particular local government areas.

Data about people from culturally and linguistically diverse backgrounds (CALD) is provided in Section 3.5.1.3. Data about ATSI is provided in Section 3.5.1.4.

3.5.1.3. Regional CALD population and languages spoken at home

Please refer to Appendix C, *Supporting Evidence for HACC Priority 2 - Appendix 3*, for a detailed breakdown of languages spoken home by local government area. Language spoken at home has been used as a proxy for cultural identification, as this is the best available indicator of the nature of service delivery required.

See Section 5.4 for a specific 'regional' description and analysis of CALD issues and priorities.

3.5.1.4. Profile of the Aboriginal and Torres Strait Islander (ATSI) population

Table 3.2 shows the distribution of the ATSI population in the Region.

Table 3.2: Experimental estimates of total Indigenous population

LGA	0-49	50-69	70+	Total
Ararat	56	7	1	64
Ballarat	750	68	14	832
Golden Plains	79	8	0	87
Hepburn	73	12	0	85
Hindmarsh	44	7	2	53
Horsham	182	14	2	198
Moorabool	134	14	1	149
Northern Grampians	103	7	0	110
Pyrenees	25	9	4	38
West Wimmera	8	4	1	13
Yarriambiack	37	9	4	50
Total	1,491	159	29	1,679

Source: Australian Bureau of Statistics 2001 Census ATSI-experimental estimates of Indigenous population.

Notes:

Experimental estimates of the resident Indigenous population are based on 2001 Census usual residence counts and make allowance for instances in which Indigenous status is unknown, and for net under-enumeration. Estimates are considered experimental in that the standard approach to population estimation is not possible because satisfactory data on births, deaths and migration is not generally available, and because of the intercensal volatility in Census counts of the Indigenous population.

Final experimental estimates for the Indigenous population are expected to be available in August 2003.

Indigenous Persons are Census respondents who identified themselves as being of ATSI origin.

3.5.2. Service provision

The focus of analysis of the service provision data is on identifying the relative levels of resourcing of each HACC activity in the Region. This will assist the development of recommendations for activity expansion in response to Priority 1.

Figures 3.3a – 3.9a below show the per capita service provision of 'Priority 1' activities by local government area. The per capita data is derived from the HACC MDS divided by the HACC target population (WREN) for each local government area. The line across the bars represents the rural average.

Figures 3.3b – 3.9b below show the per capita service provision of 'Priority 1' activities by local government area (for July 2002-March 2003 annualised). The per capita data was initially derived from activity targets/dollars divided by the HACC target population (WREN) for each local government area. Adjustments have been made using MDS to:

- Exclude non HACC funded services
- Exclude HACC funded services provided by Grampians providers to out-of-region clients
- Include HACC funded services provided by out-of-region providers to Grampians clients
- Allocate services provided across two or more local government areas according to reported usage
- Allocate HACC-type Nursing (previously Aged Care) according to HAAC Nursing.

The line across the bars represents the regional average. Figures 3.3a – 3.9b provide a picture of the relative levels of service across each local government area, and relative to the rural average.

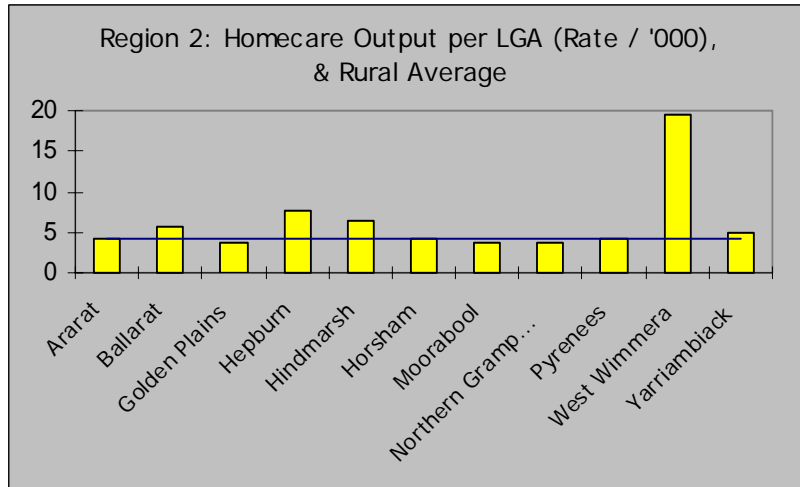


Figure 3.3a Hours of Home Care per 1000 target population

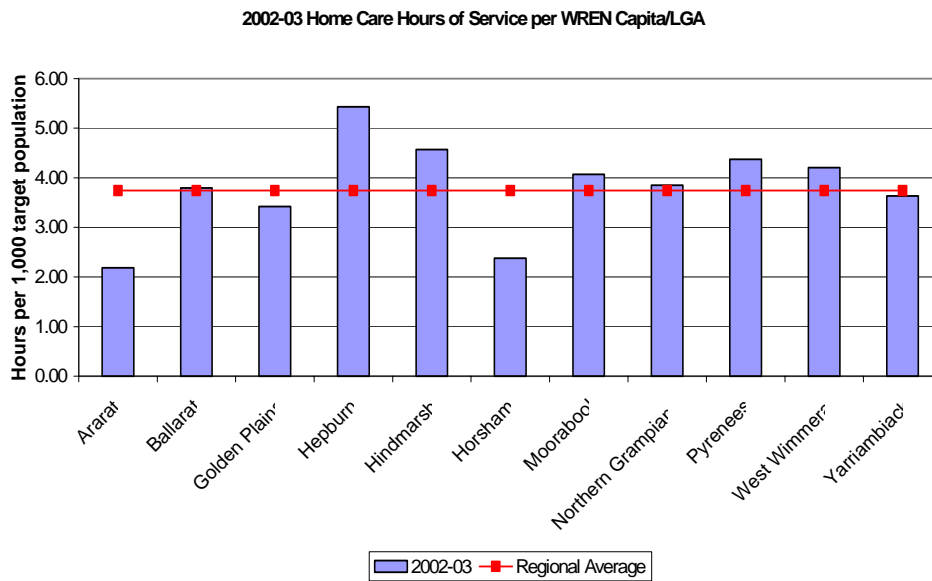


Figure 3.3b: Target hours of Home Care per 1,000 target population

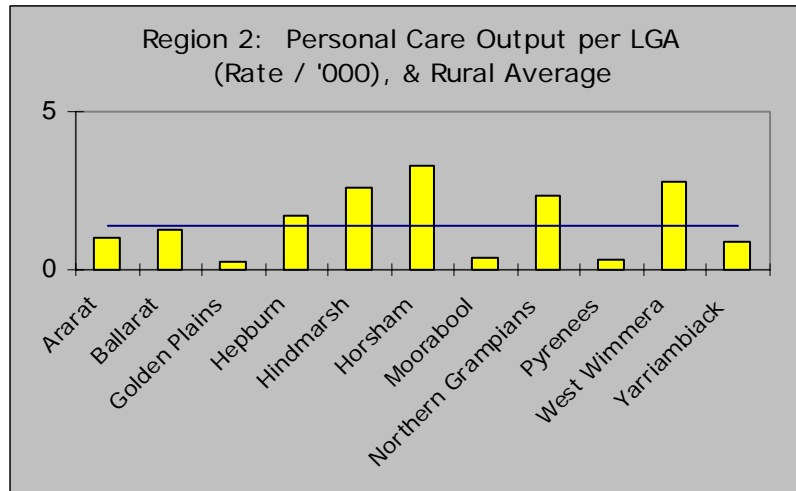


Figure 3.4a. Hours of Personal Care per 1000 target population

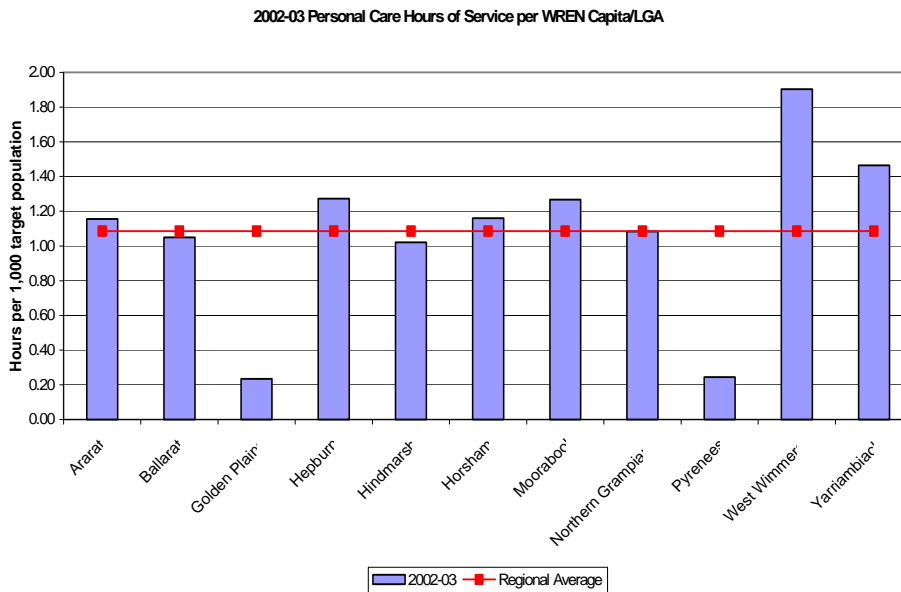


Figure 3.4b: Target hours of Personal Care per 1,000 target population

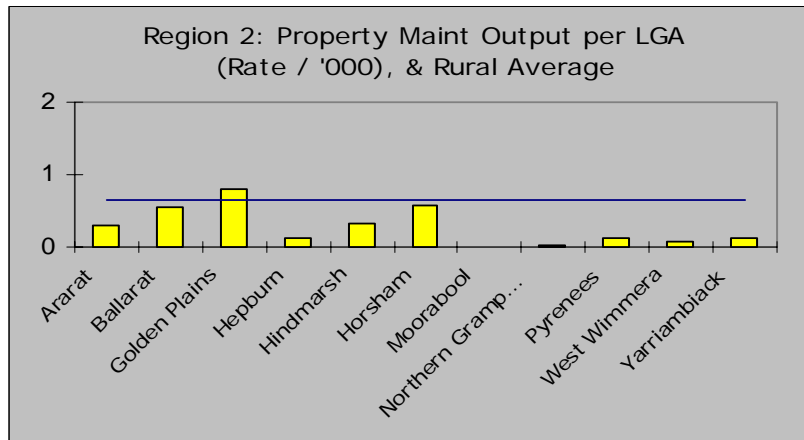


Figure 3.5a. Hours of Property Maintenance per 1000 target populations

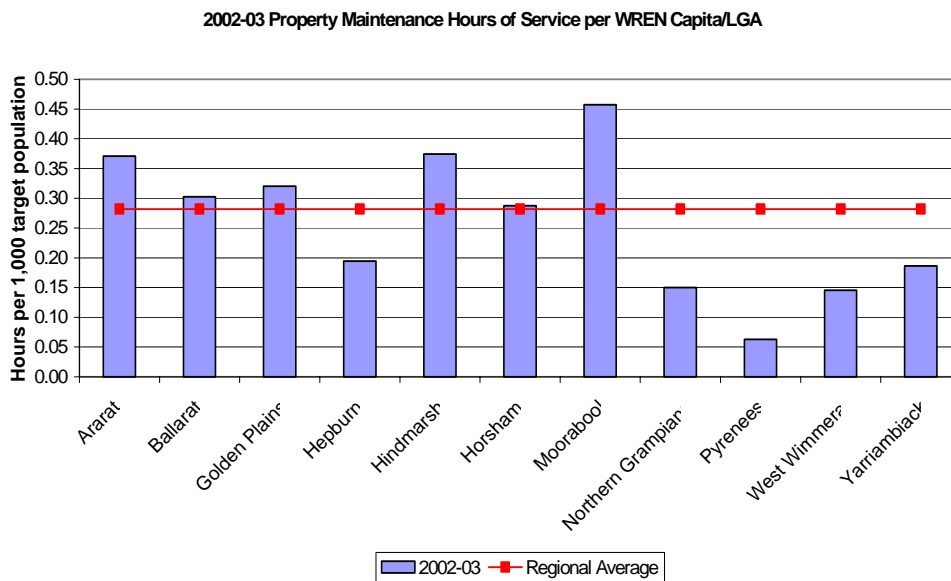


Figure 3.5b: Target hours of Property Maintenance per 1,000 target population

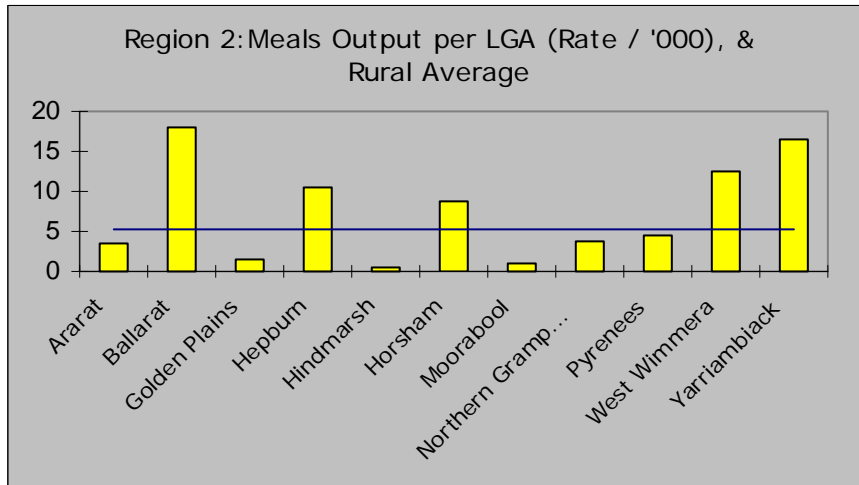


Figure 3.6a. Meals per 1000 target population

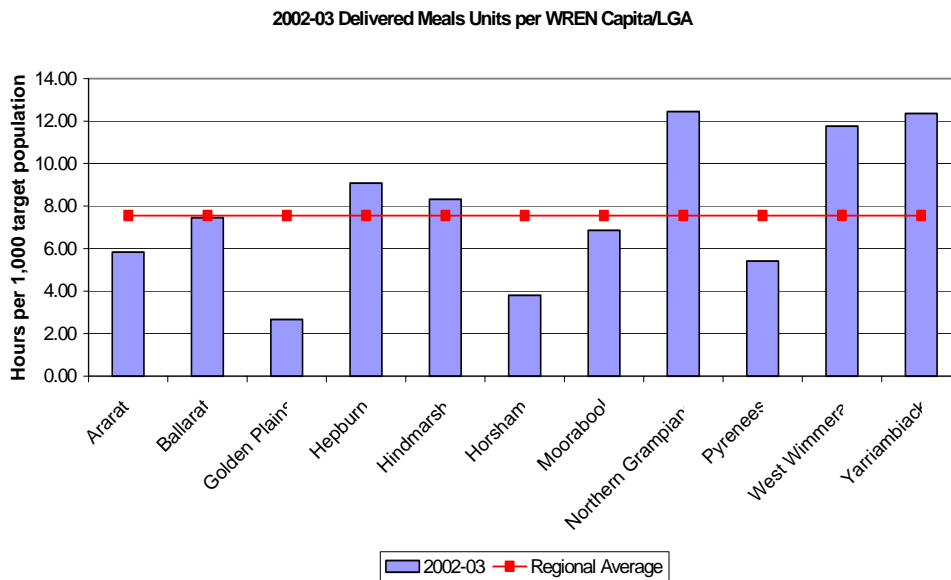


Figure 3.6b: Target Meals per 1,000 target population

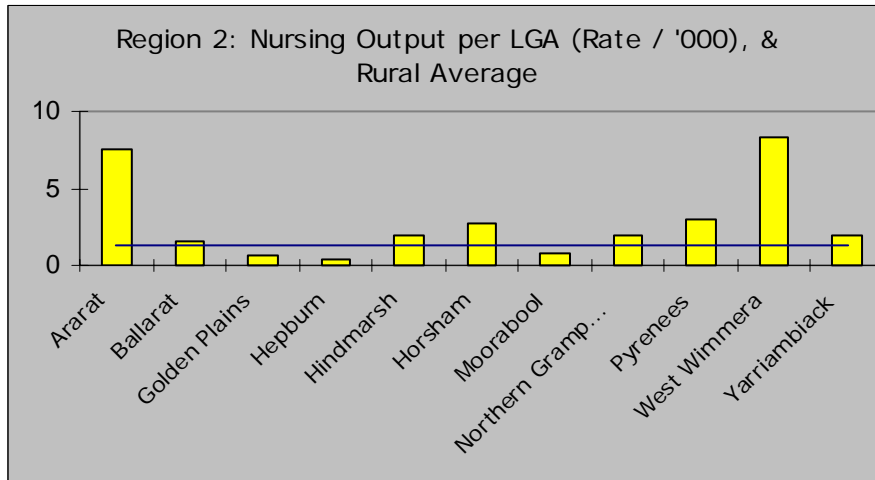


Figure 3.7a. Hours of Nursing per 1000 target population

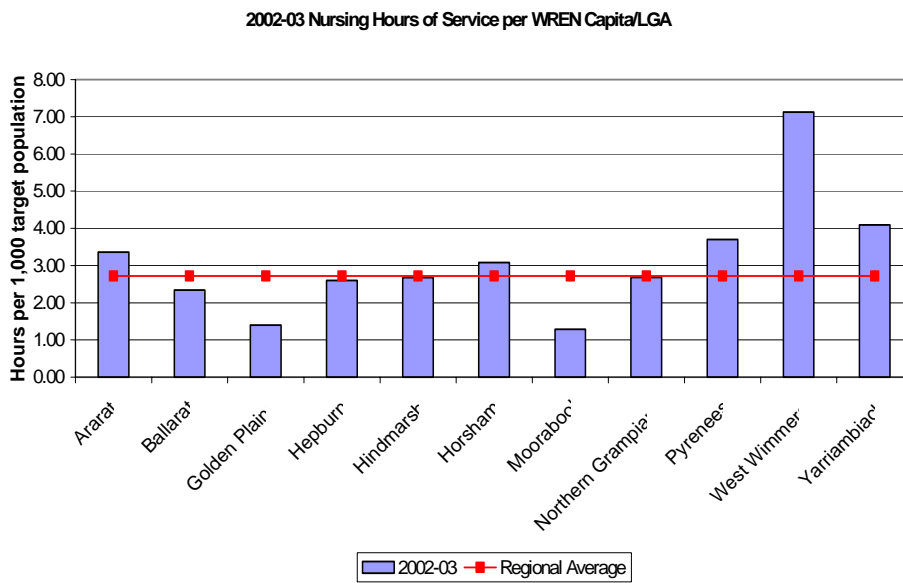


Figure 3.7b: Target hours of Nursing per 1,000 target population

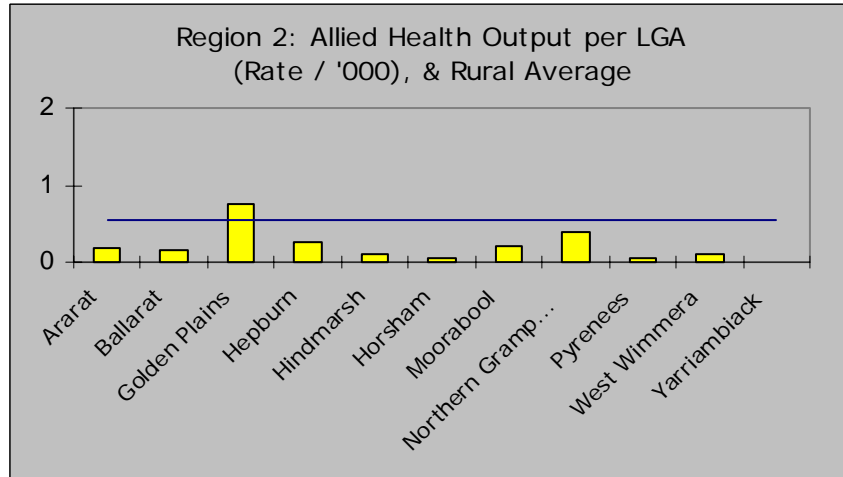


Figure 3.8a. Hours of Allied Health per 1000 target population

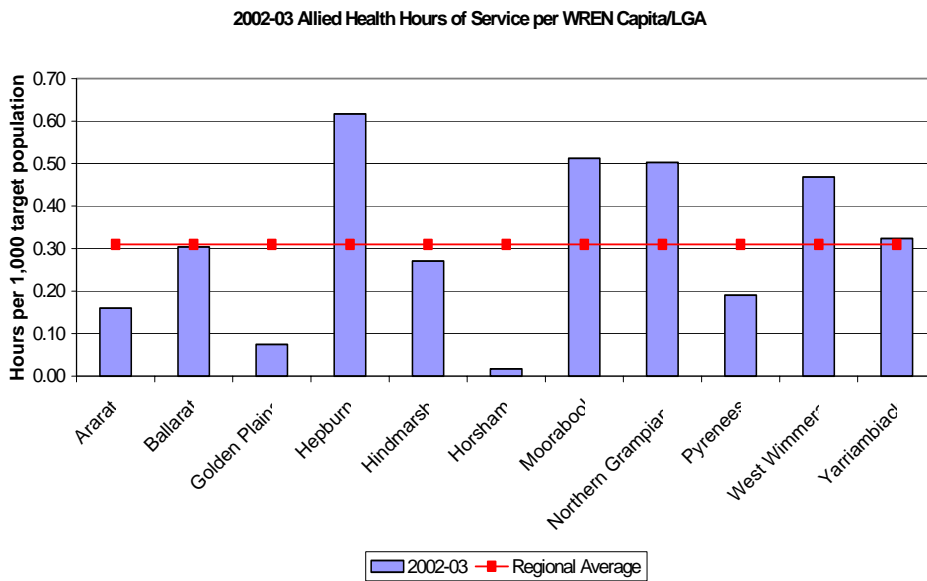


Figure 3.8b: Target hours of Allied Health per 1,000 target population

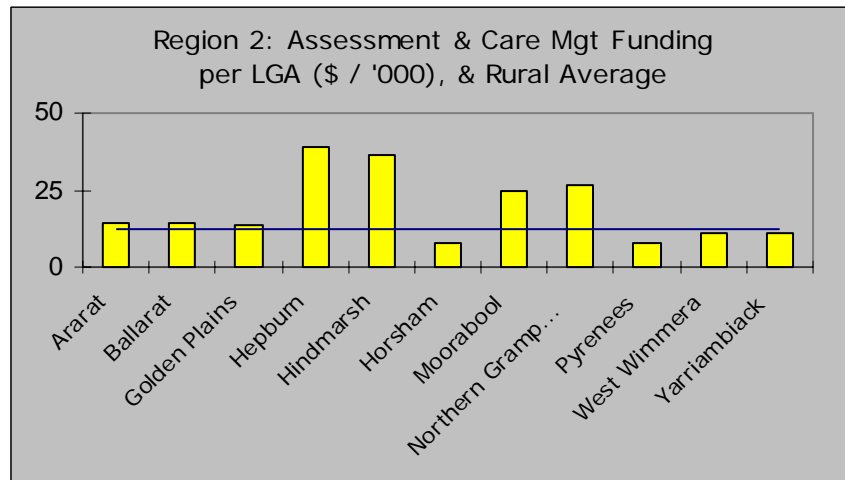


Figure 3.9a: Dollars of Assessment & Care Management per 1,000 target pop

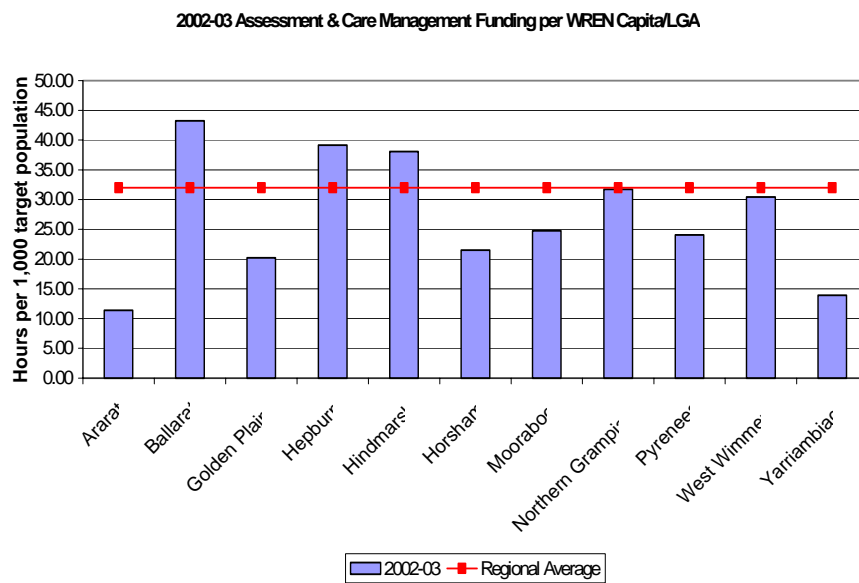


Figure 3.9b: Dollars of Assessment & Care Management per 1,000 target pop

3.5.3. Funding

To complete the picture of the Region, the proportion of the existing HACC recurrent funding has been compared to the proportion of the WREN population by local government area (see columns 4 and 5 in Table 3.3). The comparison provides a picture of relative HACC funds inequity between local government areas. This information is critical in determining how well the local government areas are resourced for HACC in relation to their relative share of the WREN population.

Table 3.3: Comparison of HACC recurrent funding with proportions indicated by WREN populations

LGA	Recurrent \$ 2002-03	Current \$ per capita	% of recurrent budget 2002-03	WREN 2003-04
Ararat	\$1,152,320	\$593	6.2%	6.0%
Ballarat	\$7,061,449	\$568	38.0%	38.2%
Golden Plains	\$537,585	\$314	2.9%	5.3%
Hepburn	\$1,486,896	\$623	8.0%	7.3%
Hindmarsh	\$857,622	\$609	4.6%	4.3%
Horsham	\$1,815,631	\$540	9.8%	10.3%
Moorabool	\$1,422,367	\$479	7.6%	9.1%
Northern Grampians	\$1,535,725	\$701	8.3%	6.7%
Pyrenees	\$587,389	\$485	3.2%	3.7%
West Wimmera	\$916,744	\$920	4.9%	3.1%
Yarriambiack	\$1,221,138	\$630	6.6%	6.0%
Total	\$18,594,867	\$571	100.0%	100.0%

Figure 3.10 shows the relative gap between the distribution of recurrent funding and the distribution of the HACC target population (WREN) 2003-06. This information has guided proposals about the application of growth funds for equalisation across local government areas.

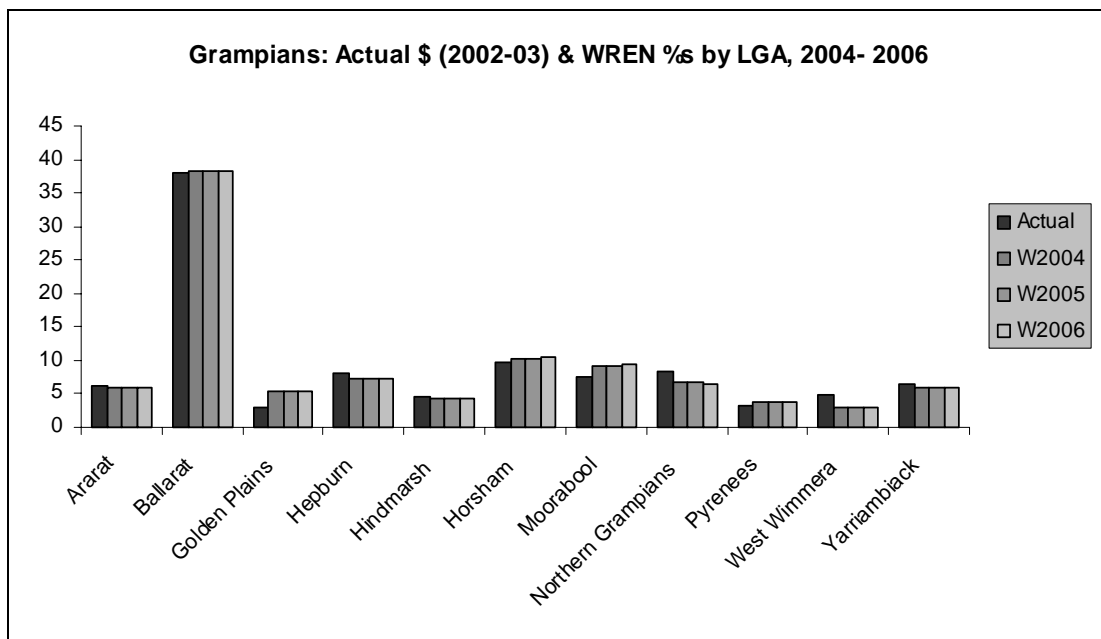


Figure 3.10: Proportion of actual recurrent budget (30 June 2003) and WREN population proportions 2003-06 by local government area

Section 4 - What do the data tell us?

Section 4 of the Regional Plan identifies the conclusions drawn from the data provided in Section 3.

4.1. Primary data analysis

The analysis of the primary data (population, service provision and funding shown in Sections 3.2 – 3.4) indicates that:

- Demand for Assessment and Care Management is most evident in Ararat, Golden Plains, Horsham, and Yarriambiack
- Ararat and Horsham show the strongest demand for Home Care in 2003-04. However, Ballarat has had to introduce a waiting list as resources from Home Care were transferred to Assessment and Care Management as a demand management strategy
- Personal Care is not utilised or reported consistently. In some instances, where Personal Care is undertaken by District Nurses, it is reported as a Nursing activity
- Property Maintenance is not reported in Moorabool, Northern Grampians, Pyrenees or West Wimmera
- Nursing is lowest in Golden Plains and Moorabool. HACC-type Nursing (previously provided by Aged Care and now incorporated into HACC) supplements services across the Region with the exception of Ballarat
- Allied health services do not exist in Horsham
- Many agencies are not meeting performance targets. This may be due to under-reporting, but more likely to staff recruitment and retention difficulties.

CALD

- CALD populations are clustered around Ballarat with smaller concentrations around Horsham, Ararat, Daylesford and Bacchus Marsh.

ATSI

- Indigenous organisations are located in Ballarat, Halls Gap and Horsham with small populations also in Dimboola and the local government areas of Moorabool and Hepburn
- There is particular demand for Home Care, Property Maintenance and Allied Health.

4.2. Additional information to supplement the primary data

The MDS data presented in Section 3.5.2 is that sent by agencies to the Department by the due dates. The Region has analysed anomalies in the data and adjusted certain items in response to late information on agency outputs.

The Region has also considered other data because the MDS information is limited because:

- Some agencies report all service provision, including non-HACC funded activity
- Activities provided by local governments are consistently over-reported in MDS reports as the data includes services funded by the local government contribution (from 0% to 21%)

- Some agencies are experiencing IT system issues that are being worked through
- Consistent data quality control issues are being addressed.

The additional data considered by the Region:

- Quarterly Output Collection data that demonstrates hours of service for the whole agency
- Notional allocations for Community Aged Care Packages. However, this was limited because there was not enough detail about where the packages were located. This data may help to identify where need for HACC services might be offset
- Distribution of aged care beds to identify alternative service options for HACC clients
- Distribution of regional health service funding to help review the need for Allied Health
- Reconfiguration of acute services that change the level of reliance on HACC services.

Analysis of this data did not change significantly the Regional picture for the purposes of funds allocation for 2003–04. However, it does indicate the further data compilation and analysis that is required for 2004–06.

4.3. Conclusion

DHS recommends the following broad directions for the HACC Program 2003-06. Detailed explanations about the specific proposals will follow in Section 5.

- Overall increase in Assessment and Care Management over the three years alongside closer examination of current and future usage in the non-government sector
- Overall increase in Home Care over the three years
- Further examination of Personal Care and the nexus with Home Care and/or Nursing
- Explore future demand for Property Maintenance
- Confirm Nursing and Allied Health splits for services provided across local government area boundaries
- Extension of nursing services for evening/weekend usage across the Region
- Under the Small Rural Health Services initiative, the four Bush Nursing Centres (Elmhurst, Harrow, Lake Bolac and Woomelang) receive growth funding equivalent to 1.5% of their current budget. Additional resources from an alternative source to assist with administration are currently being considered
- Resource Allied Health where not available
- Implement communication strategy across the Region and a meals initiative in the Central Highlands for the CALD community
- Increase the Aboriginal Cooperative's capacity to provide basic HACC services to elders in their communities
- Explore access to HACC services for Indigenous communities in Dimboola and the local government area of Moorabool.

Grampians HACC Regional Plan 2003-06
(incorporating *HACC Planning and Funds Allocation 2003-04*)

Priority	Strategy	Timeframe	Strategy Description	Anticipated Outcome
1 & 2	Assessment and Care Management	2003-04	Expand Assessment & Care Management Golden Plains, Ararat, Horsham, Yarriambiack, Moorabool to address inequity.	Capacity to review and reassess and institute demand management strategies.
1		2004-05 and 2005-06	Expand Assessment & Care Management in all local government areas over the 2 year period with additional emphasis on growth in Golden Plains & Moorabool.	Management of increasingly complex and older clients.
1 & 3	Home Care	2003-04	Expand Home Care in Ararat, Ballarat, Golden Plains, Horsham, Moorabool & Northern Grampians.	Reduction of waiting list in Ballarat. Increase frequency of service to existing clients.
1 & 3		2004-05 and 2005-06	Expand Home Care across all local government areas over the 2 year period with continued emphasis on Ballarat, Golden Plains, Horsham & Moorabool.	Reduction of waiting list in Ballarat. Prevention of waiting lists elsewhere.
1	Personal Care	2004-05	Expand Personal Care in Golden Plains.	Complement home care and nursing services.
1		2005-06	Expand Personal Care in Golden Plains & Ballarat.	Complement home care and nursing services.
1 & 3	Property Maintenance	2003-04	Expand Property Maintenance in Ballarat, Northern Grampians, Horsham & explore future demand in other local government areas.	Enable medium needs clients to receive Property Maintenance.
1	Nursing	2003-04	Expand nursing in Golden Plains, Ararat, Moorabool & Pyrenees	Hours of service extended. Full geographic coverage.
1		2004-05	Expand Nursing in Golden Plains, Moorabool & Hepburn.	Hours of service extended. Full geographic coverage
1		2005-06	Expand nursing in Golden Plains, Moorabool & Ballarat.	Hours of service extended. Full geographic coverage
1	HACC Response Service across Reg	2003-06	Increase is proportional to reallocation of Personal Alert Victoria (PAV) units (funded by Aged Care)	Increased client numbers across Region. More service provided
1 & 3	Allied Health	2003-04	Expand Allied Health in Golden Plains, Horsham & West Wimmera.	Establish an Allied Health presence in Golden Plains and Horsham. Expand services in West Wimmera (Harrow), Pyrenees (Avoca/Beaufort) and Horsham.
1		2004-05	Expand Allied Health in Golden Plains & Pyrenees	
1 & 3		2005-06	Expand Allied Health in Golden Plains. Ballarat & Horsham.	
3	Flexible Service Response	2003-06	Increase Flexible Service Response in Northern Grampians	Improve the capacity of Budja Budja Aboriginal Coop to respond to the needs of the community.
2	Flexible Service Response	2003-06	Provide Flexible Service Response in Ballarat	Establish a multicultural meals service.
1	Service Development Grants	2003-04	Determine improved service delivery models for Delivered Meals in Horsham & Golden Plains.	Increase the effectiveness of food services.
2	Service Development Grants	2003-06	Develop and implement a multicultural communication strategy for the CALD population.	Improve access for the CALD community.
2	Service Development Grants	2003-04	Develop a partnership between cultural organisations and mainstream friendly visiting schemes in Ballarat.	Improve access to social support services for the CALD community.

Section 5 – Regional recommendations to implement Ministerial Priorities 2003-06

5.1. Introduction

Drawing on the data analyses and conclusions documented in Sections 3 and 4, this section details DHS' recommendations to address the Ministerial Priorities 2003-06 and to implement the *Better Planning and Funds Allocation* processes.

Broadly speaking, the recommendations address the following questions:

- What do the data tell us?
- Do the data need supplementing? If so, what with and how?
- Is there funds inequity between local government areas? If so, does it need to be redressed? Why? How?
- What is the proposed growth allocation for each local government area?
- What are the special needs in the Region? How will Priorities 2 and 3 be met?
- What Priority 1 activities should be expanded in each local government area
- What funding allocation method should be employed for each activity / bundle of activities?
- What service development issues should be addressed over the next three years? How?

5.2. Recurrent allocations

Tables 5.1a-c identify the recommended recurrent growth allocations to the Region and local government areas for Priorities 1–3. The recommendations reflect the overall planning goals for the Region. It is important to note that the recommendations for 2003-04 are detailed, while those for the out-years are subject to change when the Regional Plan is adjusted for those years.

Recommendations for Priorities 1-3 tally to these allocations, and are the subject of the remainder of Section 5.

Table 5.1.a: Recommended recurrent growth allocation by priority and local government area, 2003-04

2003-04	Priority 1 (including Training and HACC Response Service)	Priority 2 CALD	Priority 3 ATSI
Ararat	\$ 45,518	\$ -	\$ -
Ballarat	\$ 74,907	\$ 9,000	\$ 16,687
Golden Plains	\$ 93,274	\$ -	\$ -
Hepburn	\$ -	\$ -	\$ -
Hindmarsh	\$ -	\$ -	\$ -
Horsham	\$ 142,896	\$ -	\$ 16,287
Moorabool	\$ 54,344	\$ -	\$ -
Northern Grampians	\$ 4,888	\$ -	\$ 9,977
Pyrenees	\$ 12,572	\$ -	\$ -
West Wimmera	\$ 5,024	\$ -	\$ -
Yarriambiack	\$ 7,703	\$ -	\$ -
Region Wide	\$ 16,848	\$ -	\$ -
Total	\$ 457,972	\$ 9,000	\$ 42,950

Table 5.1.b: Recommended recurrent growth allocation by priority and local government area, 2004-05

2004-05	Priority 1 (including Training and HACC Response Service)	Priority 2 CALD	Priority 3 ATSI
Ararat	\$ 25,050	\$ -	\$ -
Ballarat	\$ 100,200	\$ 12,000	\$ 15,712
Golden Plains	\$ 142,823	\$ -	\$ -
Hepburn	\$ 24,339	\$ -	\$ -
Hindmarsh	\$ 5,010	\$ -	\$ -
Horsham	\$ 12,525	\$ -	\$ 10,510
Moorabool	\$ 113,284	\$ -	\$ -
Northern Grampians	\$ 5,010	\$ -	\$ 5,144
Pyrenees	\$ 25,712	\$ -	\$ -
West Wimmera	\$ 5,010	\$ -	\$ -
Yarriambiack	\$ 5,010	\$ -	\$ -
Region Wide	\$ 17,351	\$ -	\$ -
Total	\$ 481,324	\$ 12,000	\$ 31,366

Table 5.1.c: Recommended recurrent growth allocation by priority and local government area, 2005-06

2005-06	Priority 1 (including Training and HACC Response Service)	Priority 2 CALD	Priority 3 ATSI
Ararat	\$ 11,000	\$ -	\$ -
Ballarat	\$ 151,480	\$ 15,000	\$ 16,104
Golden Plains	\$ 108,645	\$ -	\$ -
Hepburn	\$ 11,000	\$ -	\$ -
Hindmarsh	\$ 11,000	\$ -	\$ -
Horsham	\$ 71,985	\$ -	\$ 10,772
Moorabool	\$ 91,452	\$ -	\$ -
Northern Grampians	\$ 11,000	\$ -	\$ 5,235
Pyrenees	\$ 12,835	\$ -	\$ -
West Wimmera	\$ 11,000	\$ -	\$ -
Yarriambiack	\$ 11,000	\$ -	\$ -
Region Wide	\$ 17,650	\$ -	\$ -
Total	\$ 520,047	\$ 15,000	\$ 32,111

5.3. Priority 1

Priority 1 is to increase the supply and improve the responsiveness of 'HACC Basic' services and consolidate the 'HACC Basic' service system around the key local government and health sector providers.

For Priority 1, the following questions are addressed, and recommendations made:

- Should funds equalisation be applied?
- What should be recommended in order to best meet the needs of the HACC target population?

5.3.1. Funds equalisation or not?

The decision to top slice a portion of funding from the regional growth allocation to redress HACC funds inequity is recommended on the basis of regional data in Section 3.5.2 and the discussion in Section 3.5.3 and Section 4. Specifically, funds equalisation across local government areas has been recommended for the following reasons:

- Golden Plains Shire and Moorabool Shire have experienced rapid population growth in recent years and will continue to do so. HACC funding has not kept pace and to apply the WREN without adjustment would increase the relative inequity in funding
- It is anticipated that Ballarat City will experience significant population growth in the HACC target group in the years 2004-05 and 2005-06 and that HACC funding will not keep pace with demand.

The local government areas that will benefit from funds equalisation are:

- Golden Plains Shire
- Moorabool Shire
- Ballarat City.

The local governments of Hepburn, Hindmarsh, Northern Grampians, West Wimmera and Yarriambiack receive recurrent base funding in excess of their WREN proportion. Additional funding will only be allocated to local and specific areas of need and to assist with additional services for the "old old".

5.3.2. Proposed expansion of activities – Priority 1

Following the data analysis and conclusions described in Sections 3 and 4, the following activities have been recommended for expansion.

Additional resources for Assessment and Care Management are required in the local government areas of Ararat, Golden Plains, Horsham, Yarriambiack and Moorabool. Within the Rural City of Ararat there is an inequity in the distribution of funding. The activities of Assessment and Care Management and Home Care require further growth than indicated by the WREN to bring them up to a relatively equitable level.

Regional data for Pyrenees also indicates significant need although this has not been flagged in earlier discussions. Requirements for this local government area will be further investigated. The Ballarat local government area has recently moved resources from Home Care to Assessment and Care Management in order to better manage demand.

Smaller amounts of funding for Assessment and Care Management currently rest with a number of nursing services. The appropriateness of retaining the funding in this activity will be looked at: at least one agency has identified that these funds are better placed in the Nursing activity.

Funding for Home Care will be boosted in Ararat, Ballarat, Golden Plains, Horsham, Northern Grampians and Moorabool. However, it is recommended that all local government areas receive increased Home Care funding over the three years.

A specific service gap exists in the Rural City of Horsham in that there are no HACC funded Allied Health services. Unlike some of the surrounding rural communities, Horsham has not benefited from alternative sources of funding for allied health such as the Commonwealth Regional Health Service initiative. Sufficient growth funds need to be deployed in Horsham to ensure that an allied health practitioner can be recruited.

A small amount of Allied Health will be allocated to the local government area of West Wimmera to complete an initiative to provide Allied Health to the Harrow community. The allocation of allied health funding to Golden Plains will be phased in over the triennium.

More nursing hours will be funded in Golden Plains and Moorabool as part of the move towards equity. Within the local government area of Pyrenees it has been suggested that although funded over the WREN proportion, and well above the regional average, the northern end of the Shire around Avoca is comparatively under serviced. Accordingly, it is recommended that some funds be directed to that community.

The district nursing services provided by Aged Care funding will be consolidated with HACC funded services in 2003-04. The Region has considered the consolidated funding to assess a more realistic level of service provision. Ballarat is the only local government area that remains unchanged: all other local government areas show increases in the levels of service provision, most significantly in the local government areas of Hepburn, Hindmarsh and Yarriambiack.

A factor not yet fully identified, is the level of access to evening and weekend district nursing services. While the local government area of Ballarat has a 24 hour, seven day a week service, many smaller rural communities have no or limited access to out of hours nursing services.

It is recommended that Personal Care funding not grow in 2003-04 but future allocations be made to Ballarat and Golden Plains. However, the picture of Personal Care service provision across the Region is not clear. For example, the apparent lack of Personal Care in Pyrenees requires further discussion with Council and Nursing service providers.

At this stage it is recommended to increase funding for Property Maintenance minimally. Again, more knowledge of the demand for Property Maintenance is required.

It is recommended to not increase Delivered Meals. Because of the concomitant contribution required from local government as provider, Delivered Meals does not lend itself to a simple demand model. It is noted that there is currently a joint project with DHS and the Municipal Association of Victoria to look at food services across Victoria.

The service expansion recommended in each local government area is depicted in Appendix F.

Grampians HACC Regional Plan 2003-06
(incorporating *HACC Planning and Funds Allocation 2003-04*)

The service expansion recommended in each local government area is summarised in the tables below, that is, recommended expansion in activities during 2003-06. It should be noted that Priority 1 expansion targets the whole HACC population.

Table 5.3.2.a: Recommended expansion of Priority 1 Activities, 2003-04

Activities	Units	\$
Home Care	6,154	150,404
Property Maintenance	200	7,110
Allied Health	1,420	101,913
Nursing	1,684	105,557
ACM	-	71,029
Flexible Service Response	-	5,112
SSR Training	-	6,348
SSR HACC Response Service	-	10,500

Table 5.3.2.b: Recommended expansion of Priority 1 Activities, 2004-05

Activities	Units	\$
Home Care	7,800	195,390
Personal Care	948	27,151
Allied Health	500	36,780
Nursing	2,540	163,652
ACM	-	41,000
SSR Training	-	6,851
SSR HACC Response Service	-	10,500

Table 5.3.2.c: Recommended expansion of Priority 1 Activities, 2005-06

Activities	Units	\$
Home Care	4,100	105,247
Personal Care	1,000	29,360
Allied Health	600	45,240
Nursing	3,000	198,150
ACM	-	124,400
SSR Training	-	7,150
SSR HACC Response Service	-	10,500

5.3.3. Allocation process, 2003-04

The funding allocations recommended below are in accordance with DHS' *Purchasing and Funding e-guide*. There was broad agreement with the proposals from the sector: a small number of suggested amendments are discussed in more detail in Appendix H.

Catchment	Name of Agency	Allocation Method	Home Care (hours)	Property Maint. (hours)	Allied Health (hours)	Nursing Blair (hours)	Nursing Non Blair (hours)	Assessment & Care Management (\$)	Flexible Service Response (\$)	Service System Resourcing (\$)
Ballarat	Ballarat District Nursing	Direct								\$6,348
Moorabool	Moorabool Shire Council	Direct	180					\$16,000		
Moorabool	Djerriwarrh, Ballan & District Soldier's Memorial BNH and Hostel Inc.	Invited				540				
Golden Plains	Golden Plains Shire Council	Direct	500					\$20,000		
Golden Plains	Hesse Rural Health Service, Ballarat District Nursing and Health Care, Beaufort and Skipton Health Service, Ballan Soldiers Memorial Bush Nursing Hospital	Invited			150	800				
Ararat	Ararat Rural City	Direct	1,000					\$15,000		
Ararat	Elmhurst Bush Nursing Centre Inc	Direct					40			
Ararat	Lake Bolac Bush Nursing Centre Inc	Direct					60			
Ballarat	Ballarat City	Direct	2,774	200						
Horsham	Wimmera Health Care Group	Direct			1,200					
Horsham	Horsham Rural City	Direct	1,500					\$15,000	\$5,112	
Nth. Grampians	Northern Grampians Shire	Direct	200							
Pyrenees	Maryborough and District Health Service	Direct				200				
West Wimmera	Harrow Bush Nursing Centre Inc.	Direct			70					
Yarriambiack	Yarriambiack Shire Council	Direct						\$5,029		
Yarriambiack	Woomelang Bush Nursing Centre Inc	Direct					44			
Region	Ballarat District Nursing (HACC Response Service)	Direct								\$10,500
Total			6,154	200	1,420	1,540	144	\$71,029	\$5,112	\$16,848

5.4. 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.

5.4.1. Introduction

The initiatives addressing Priority 2 over 2003-06 are presented below. The regional strategy is:

- Developed with reference to the statewide strategy co-ordinated by DHS Central Office and outlined in Section 1.7.1.2
- Based on an analysis of the data and information about the CALD communities in this Region.

Census data shows that the Region has the most homogenous population with an estimated 96.72% of the total population speaking English in the home and 96.6% of the over 65's speaking English in the home. Those people from a CALD background and over the age of 65 are predominantly from the Netherlandic, Italian, German and Polish-speaking backgrounds with smaller populations speaking Croatian, Greek, Latvian, Hungarian and Ukrainian at home. This reflects the CALD population in the State, albeit with very small numbers.

Ballarat is the major locality for the CALD population with smaller concentrations in the local government areas of Horsham, Ararat, Hepburn and Moorabool. Numbers are very small in the other rural areas, e.g. Yarriambiack has three Dutch, three German and three Italian-speaking people over the age of 65.

New migrants are also small in number and tend to settle in the east of the Region, within two hours drive of Melbourne. This mirrors general population trends in the Region with growth in Ballarat, Moorabool, Golden Plains and Hepburn and population decline in the Wimmera.

The Australian Institute of Health and Welfare(AIHW) 2001 Projections of older immigrants indicate that numbers will decline in the decade 2001-11 and then increase slowly.

The small numbers of the CALD population pose quite different problems for HACC service providers in Grampians. Rather than developing services for cohesive and well-defined CALD communities, agencies have to be alert to providing responsive services for what may be only two or three individuals at any one time. The fewer numbers also increase the likelihood of social, geographical and cultural isolation.

The key issues for the CALD community are:

- Lack of information about services. In response to questions about access to HACC services, the common reply has been "What services?"
- Limited access to culturally appropriate meals
- "Hidden communities" with individuals not identified in census or service usage data but living in the more isolated areas
- Reversion to the language of birth by people in the early stages of dementia
- Alternative models for language/interpreting services for situations where a telephone service is not appropriate.

There has been no capacity within the CALD community to demand or develop ethno-specific services other than social clubs: even a multicultural approach has been very recent with the inception of the Ballarat Regional Multicultural Council (BRMC) in December 1999. The social and cultural associations have played an important role for their communities, and continue to do so. There is the potential to work with the associations and Ballarat Regional Multicultural Council to develop a community meals program.

A small number of projects have been undertaken to enhance access to services for the CALD community. The HACC Multicultural Officer has been working with service providers in the past year to develop cultural action plans. A Telelink service for the CALD community was piloted as a joint initiative between Ballarat and Bendigo and was formally established as two separate services on 1 July 2003. Most recently, the focus for the Regional Access and Equity worker has shifted to the needs of the CALD population, which will enable much planning and development work to be completed within existing resources.

5.4.2. Project proposals

The proposed regional projects for 2003-06 are:

- In the context of the recommended statewide CALD communication strategy, a communication strategy will be developed for the Region. It will include assistance with translation materials, media exposure and an event such as a Health and Welfare Expo. The Regional Access and Equity worker will undertake the research, planning and development for the strategy over a two year period. Initial costs associated with the implementation of the strategy are sought as a service development grant.
- A meals strategy will be developed in the City of Ballarat with Ballarat Regional Multicultural Council, the Polish Club, the Italian Club and Ballarat City Council.

The HACC Multicultural Officer and the Regional Access and Equity worker will work with council to enhance the delivered meals service for the CALD community. There is no cost associated with this part of the project.

Additionally, centre-based meals will be provided weekly. To improve access, transport costs will be negotiated with Uniting Care Ballarat. The community meals will be also be a gateway for the provision of HACC information and services. This project will take place over three years at an initial cost of \$9,000 per annum increasing to \$15,000 per annum through Flexible Service Response.

- Ballarat Regional Multicultural Council and the Access & Equity worker will develop a partnership model between existing HACC service providers of friendly visiting schemes and cultural organisations.

5.4.3. Allocation process, 2003-04

The funding allocation recommended below is in accordance with DHS' *Purchasing and Funding e-guide*. There was broad agreement from the sector.

Catchment	Name of Agency	Activity (Units or \$ for block funded)
Ballarat	Ballarat Regional Multicultural Council Inc (direct allocation)	Flexible Service Response (\$9000)

5.5. Priority 3

Priority 3 is to increase the quantity and quality of HACC services for Aboriginal and Torres Strait Islander (ATSI) communities.

5.5.1. Introduction

A brief analysis of ATSI communities and the issues that have been prioritised for 2003-06 is provided in Section 3.5.1.4. It should be noted that the ATSI recommendations have been developed via a two-pronged process:

- The development of statewide program/service development projects through the Victorian Indigenous Committee on Aged Care and Disability (VICACD)
- The development of recommendations for local service expansion and development through the local Networks in partnership between DHS regional offices and local communities.

5.5.2. ATSI statewide directions for service development

In 2002-03, VICACD identified four themes for Statewide and cross regional ATSI projects. They were:

- Workforce development
- Data
- Organisational capacity
- Lack of access.

During 2002-03, HACC initiatives to address these priorities included:

- ATSI Training Initiative to provide accredited training in Certificate III in Community Services (Aged Care) to HACC workers in Aboriginal agencies
- Groups of workers in Loddon Mallee and Hume Regions have completed their training with the metropolitan group to finish their course in October 2003
- A project delivered by Victoria University to assist Aboriginal agencies to develop and implement a strategy to improve their capacity to meet data reporting requirements and to improve the quality of their data
- ATSI HACC Policies and Procedures Project to develop policies and procedures manuals to support agency-level implementation of the Victorian HACC Program Manual

- ATSI Needs Analysis Project in Loddon Mallee, Hume and Western Metropolitan Regions, and in selected areas of Barwon-South Western and Grampians Regions, has identified the service needs of Indigenous people in these areas and made recommendations for consideration in the development of the regional plans
- ATSI Communication Strategy Project developed and implemented strategies for communicating information about HACC services for Indigenous people via brochures and posters at main points of entry to the service system.

On 10 April 2003, VICACD proposed building on this service development work to support ATSI communities over the next three years. The focus proposed was:

- Implementing workforce development strategies
- Improving understanding, and collection and use of data
- Enhancing organisational capacity.

VICACD members consulted with their regional networks about these service development proposals and reported back to VICACD on 19 June 2003.

The areas of service development considered the highest priority during the 2003-06 triennium related to enhancing organisational capacity:

- Continuation of the ATSI Training Initiative: New groups of workers to commence training will receive training in Certificate III in Home and Community Care. Co-ordinators and managers will be offered a choice of Certificate IV in Aged Care, Service Co-ordination (Ageing and Disability) or Frontline Management (at Certificate IV or diploma level) or another diploma course
- A strategy for introduction of the Service Co-ordination Tool Template (ScoTT), and delivery of training for assessment officers
- Consideration of strategies for recruitment and initial training of new entrants to the HACC workforce (eg. the Structured Training and Employment Program, STEP) in conjunction with training providers
- Improving understanding and use of data through the development of a proforma for 'regional reports' to VICACD and DHS
- Strengthening the planning capacity of VICACD through their analysis of the 'regional reports' and other information/data to inform statewide service development decisions.

The next step is for DHS, in consultation with VICACD, to develop a workplan for the triennium, and project briefs to implement the above tasks. It is expected that further service development projects will be proposed each year when the Regional Plans are adjusted.

In addition, VICACD proposed that it should review and redefine its role as the key point of consultation for DHS on ATSI HACC issues in Victoria. The review would include consultation with VICACD and regional network members and DHS central and regional office staff to develop documentation establishing effective processes for the operation of the networks. VICACD has also identified a need for the document to incorporate a three-year strategic plan for the triennium in order for VICACD to be proactive in setting its own agenda.

Other issues referred to each Network for local consideration and action as appropriate were:

- The need to increase the cultural awareness of mainstream agencies to enhance access of ATSI people to mainstream services
- The management of cross boarder service provision
- Planning for seasonal changes in population.

These issues were referred back to each local network for consideration in their planning process.

5.5.3. ATSI sector

Nearly half of the Indigenous population in Grampians is located in Ballarat with other significant communities in the local government areas of Horsham, Northern Grampians and Moorabool. Numbers are sparse in the more rural parts of the Region.

A broad range of Indigenous-specific services are provided from the Ballarat and District Aboriginal Cooperative and Goolum Goolum Aboriginal Cooperative, Horsham. These two cooperatives receive funding from State and Commonwealth Departments' for Health, Welfare, Justice, Education and Training programs for their communities.

The newly established Budja Budja Aboriginal Cooperative in Halls Gap has been operating for 12 months and provides health services to the whole community, including a small number of Indigenous people, with Commonwealth Regional Health Service funding channelled through Stawell Regional Health Service.

The Aboriginal Cooperatives also provide 'drop-in' services to a transient population.

The major issues that Indigenous communities are grappling with are those of alcohol and drug use, juvenile crime and family violence. Although the focus is very much on younger people, these issues do cross over into the HACC target group and also have implications for HACC services in the future.

Although relationships between Indigenous communities and mainstream agencies have reputedly improved since the inception of the Koori Services Improvement Strategy, the impact seems to be greatest with younger Indigenous people. Analysis of responses to the MDS shows that very small numbers of Indigenous people access HACC services from mainstream agencies. While this may be a data collection error, it could also be due to the agencies' lack of cultural sensitivity and older people's distrust of government or official authorities.

Within the HACC target group, it is predicted that over the next three years the needs of the ATSI community will be affected by the following factors:

- Increased ageing of the community
- Chronic conditions and diseases occurring at an earlier age arising from generally 'poorer' health and wellbeing.

The key issues for the ATSI community are:

- Access to transport
- Staff recruitment and training
- Increasing demand for Home Care, Allied Health and social support
- Improving relationships with discharge planners/Hospital Aboriginal Liaison Officers in the acute sector.

A number of projects have been undertaken to enhance access to services for the ATSI community. The following initiatives have been taken into account in developing a response to Priority 3.

- A Grampians Aboriginal Services Plan is currently being completed
- A needs analysis has been completed for Budja Budja and Goolum Goolum.

5.5.4. Expansion of services

Based on information in Sections 3 and 4 (particularly the ATSI data in Section 3.5.1.4 and Section 4.2) the following activities have been recommended for expansion.

The following initiatives are recommended:

- Increase Home Care by 200 units, Property Maintenance by 130 units and Allied Health by 100 units in the local government area of Ballarat
- Increase Home Care by 300 units, Property Maintenance by 50 units and Allied Health by 100 units in the local government area of Horsham
- Provide 140 units of Property Maintenance and increase Flexible Service Response by \$5,000 in the local government area of Northern Grampians.

Two further issues were raised, that is access to HACC services by Indigenous communities in Dimboola and the local government area of Moorabool. These will be explored during the course of the year.

5.5.5. Service development initiatives

DHS is working closely with the Indigenous Aged and Disability Advisory Network to identify service development needs

5.5.6. Allocation process, 2003-04

The funding direct allocations (Priority 3) recommended below are in accordance with DHS' *Purchasing and Funding e-guide*. The proposals were agreed to.

Catchment	Name of Agency	Activity (Units or \$ for block funded)
Ballarat	Ballarat and District Aboriginal Co-operative Ltd (direct allocation)	Home Care (200 hours) Property Maintenance (130 hours) Allied Health (100 hours)
Horsham	Goolum Goolum Aboriginal Co-operative Ltd (direct allocation)	Home Care (300 hours) Property Maintenance (50 hours) Allied Health (100 hours)
Northern Grampians	Budja Budja Aboriginal Co-operative Ltd (direct allocation)	Property Maintenance (140 hours) Flexible Service Response (\$5,000)

5.6. Impact of Priorities 1-3 recommendations

It is anticipated that the expansion of services for Priorities 1-3 will:

- Assist in redressing HACC funds inequity between local government areas
- Boost the HACC Basic system
- Improve the balance of activity level across the Region
- Improve the responsiveness of services to people from CALD backgrounds
- Increase the quality and quantity of services to Indigenous people.

Overall, the percentage increase for each activity is summarised in the graph below.

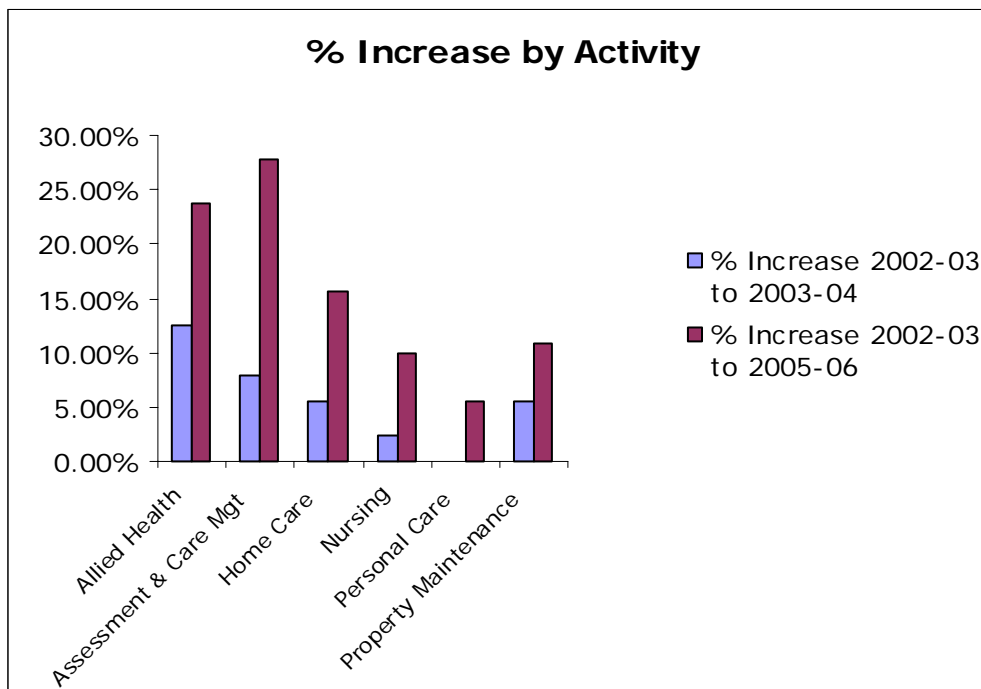


Figure 5.1: Percentage increase of Priority 1 activities, 2003-04 and 2003-06

The impact in each local government area of growth in HACC activities is illustrated in Appendix F, *2003-06 Changes in proposed funding for activities by local government areas*.

The table and the graph below provide a summary of the impact of the distribution of growth funding for 2003-06 in each local government area. The first bar shows the recurrent base budget 1 July 2003 (excluding consolidation funds). The second bar shows the proposed recurrent base budget at 1 July 2006 (including consolidation funds) and reflects funding allocations as proposed in this Draft Regional Plan. The third bar shows the WREN population share by local government area for 2005-06; and indicates proposed progress towards redressing HACC funds inequity between local government areas.

Table 5.3: Recurrent funding 1 July 2003 and 1 July 2006, compared to equity

LGA	Recurrent \$ 1/7/2003	% of recurrent funding, excluding consolidation, 1/7/2003	WREN 2003-04	Recurrent \$ + growth, including consolidation 1/7/2006	% of funding, 1/7/2006	WREN 2006
Ararat	\$1,152,320	6.2%	6.0%	\$1,346,912	6.2%	5.9%
Ballarat	\$7,061,449	38.0%	38.2%	\$7,740,214	35.8%	38.2%
Golden Plains	\$537,585	2.9%	5.3%	\$904,528	4.2%	5.4%
Hepburn	\$1,486,896	8.0%	7.3%	\$1,743,871	8.1%	7.3%
Hindmarsh	\$857,622	4.6%	4.3%	\$1,291,691	6.0%	4.2%
Horsham	\$1,815,631	9.8%	10.3%	\$2,232,724	10.3%	10.4%
Moorabool	\$1,422,367	7.6%	9.1%	\$1,695,485	7.8%	9.4%
Northern Grampians	\$1,535,725	8.3%	6.7%	\$1,409,636	6.5%	6.6%
Pyrenees	\$587,389	3.2%	3.7%	\$731,302	3.4%	3.7%
West Wimmera	\$916,744	4.9%	3.1%	\$1,078,300	5.0%	3.1%
Yarriambiack	\$1,221,138	6.6%	6.0%	\$1,439,633	6.7%	5.8%
Total	\$18,594,867	100.0%	100.0%	\$21,614,295	100%	100%

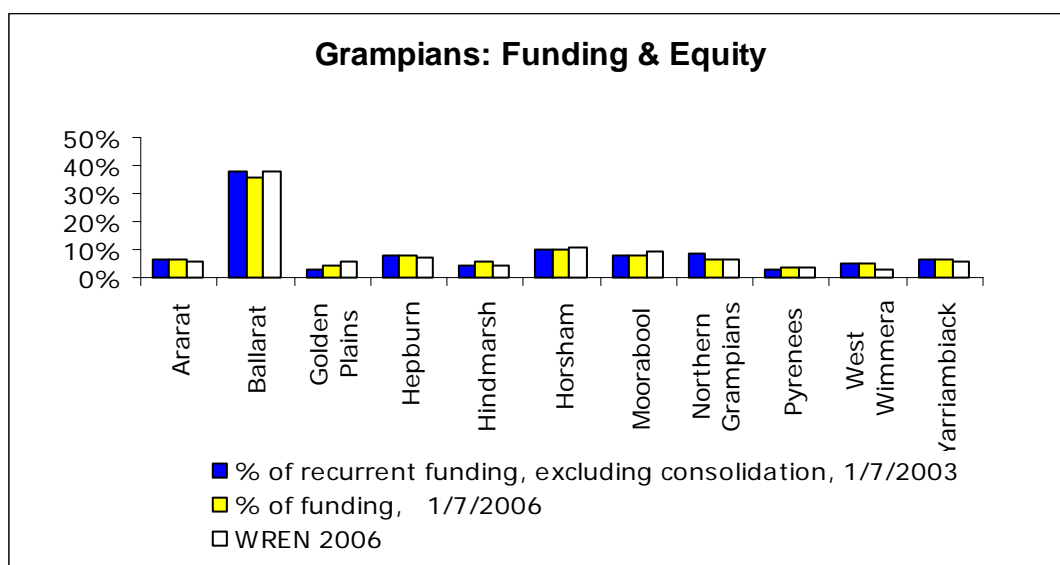


Figure 5.2: Recurrent funding 1 July 2003 and 1 July 2006, compared to equity

Progress towards redressing HACC funds inequity between local government areas will be achieved. However, despite the application of an accelerated funds equity model, some of the local government areas that will benefit will remain under-funded according to the WREN at the end of the three years. This is because only a portion of the growth is directed to redressing funds inequity. Further, the effect of consolidating 'HACC-like' services from Aged Care into the HACC Program, has masked the impact. These funds were incorporated into the WREN calculations for 2004-05 and 2005-06 and are relatively high in some local government areas. However, if the WREN formula were applied unadjusted over the three years, the local government areas that are relatively under funded would be further behind at the end of the triennium than they are at the beginning. More time is needed to reach funds equalisation in the Region. The rate of progress will depend on the amount of new funds made available each year and the portion of growth applied to the task.

Section 6 – Non-recurrent funding

6.1. Introduction

This section outlines recommendations for the use of non-recurrent funds.

6.2. Regional development initiatives

Up to \$30,000 may be allocated for projects and development initiatives in each of the three years.

The following projects are recommended for 2003-04:

- \$12,000 for the translation of service information for the CALD community. This will include publication of leaflets, press articles and other information to BRMC
- \$10,000 to implement an improved model of service delivery for meals provision in the Rural City of Horsham and Golden Plains Shire
- \$8,000 to establish a partnership between existing HACC service providers and cultural and CALD organisations and develop a friendly visiting scheme for isolated people from the CALD community to DHS. Direct allocation to BRMC.

When the Regional Plan is adjusted for 2004-05 and 2005-06, the regional development initiatives will be defined for those years in light of progress against the Ministerial Priorities.

6.3. Minor capital discretionary funding

An allocation equivalent to 1% of total HACC expenditure will be made for minor capital. A minimum of 80% of this allocation will be distributed to all service providers automatically and annually. Up to 20% of the 'regional' allocation may be reserved for discretionary purposes.

It is recommended that 20% of the regional minor capital allocation be reserved in each of the years between 2003-06 because:

- Agencies are making the transition to a new allocation process for minor capital; there needs to be provision to assist agencies during the transition
- Retention of the discretionary budget will enable the Regional Office to assist smaller agencies manage minor capital requirements.

The Region anticipates that smaller agencies, particularly those providing volunteer transport or operating in a large geographic area, will require assistance with vehicle changeovers.