

Home and Community Care (HACC) Program

Loddon Mallee 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. Focussed 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.

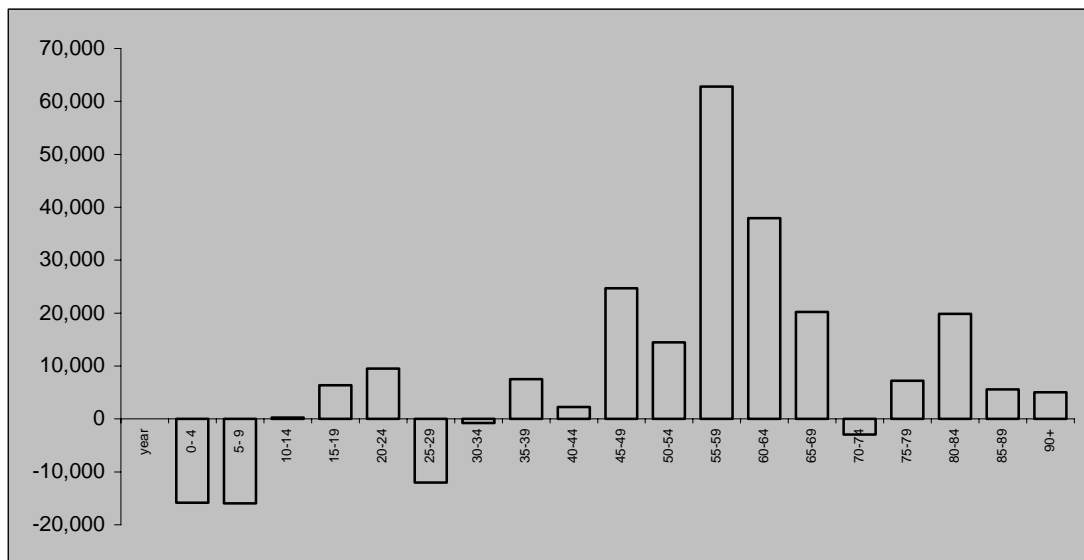


Figure 2.1: Changes in population groups 2001-06 Victoria
 Source: Department of Infrastructure *Victoria In Future*

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%.

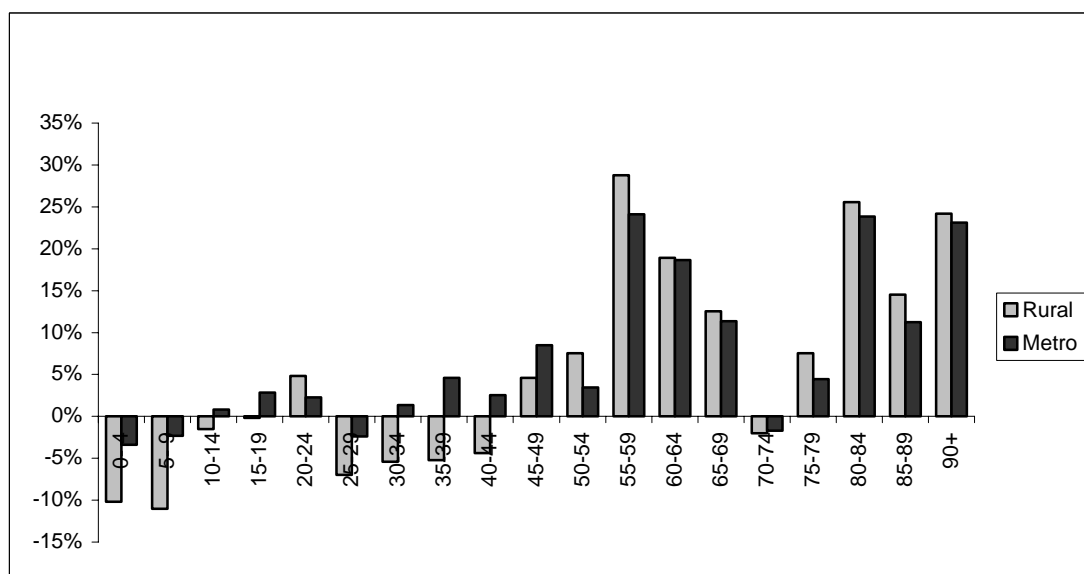


Figure 2.2: Comparison of population group changes: Rural and metropolitan regions
 Source: Department of Infrastructure *Victoria In Future*

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.

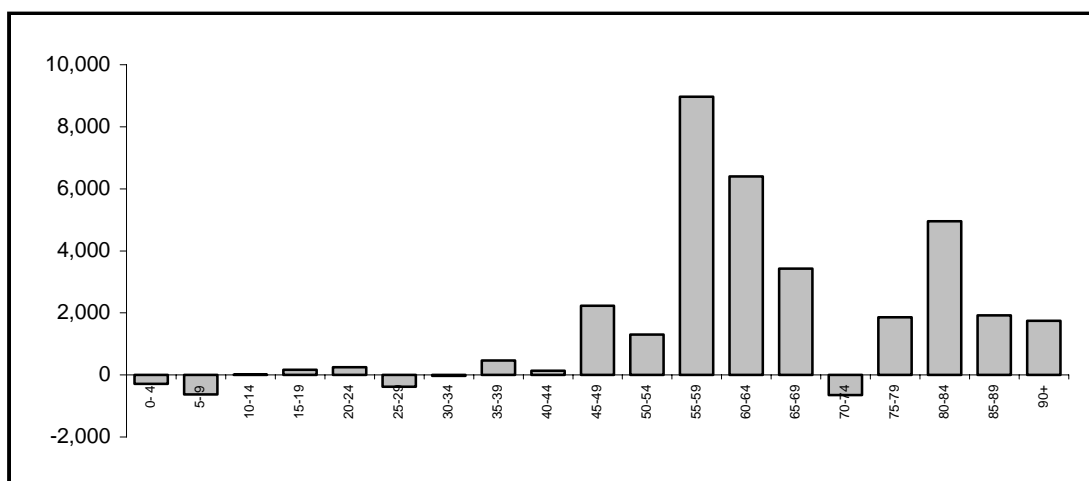


Figure 2.3: Changes in the estimated number of persons with a disability, 2001-06
Source: Department of Infrastructure *Victoria In Future* and *1998 ABS Disability, Ageing and Carers Survey*

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.

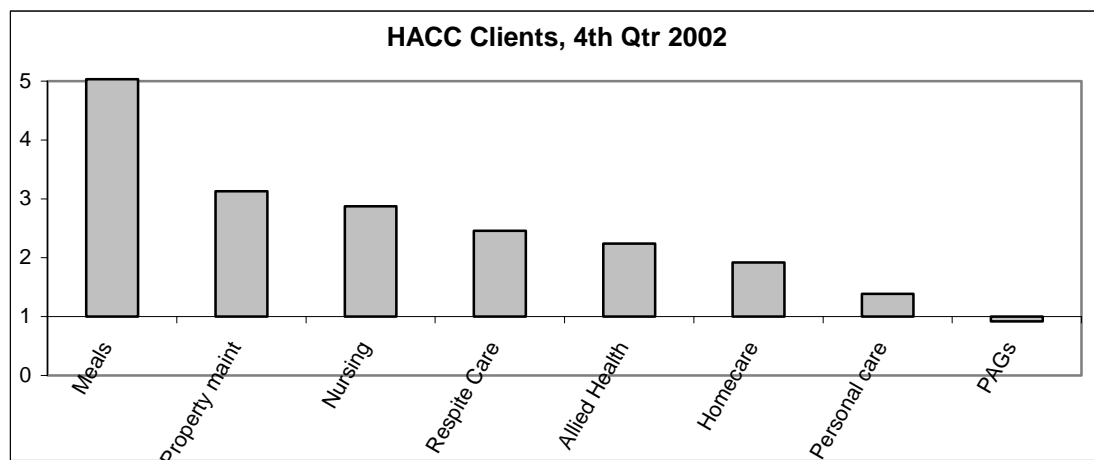


Figure 2.4: Ratio of rates of service provided to English/LOTE clients

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 (including HACC Minimum Data Set data)
- Funding.

The additional regional data included:

- Regional HACC Information Resource Kit (2002)
- HACC Quarterly Output Collection
- Regional ATSI services plan
- ATSI Communities HACC Needs Analysis Project 2003
- Information gleaned from regional forums
- HACC funding priorities for 2003-04.

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.

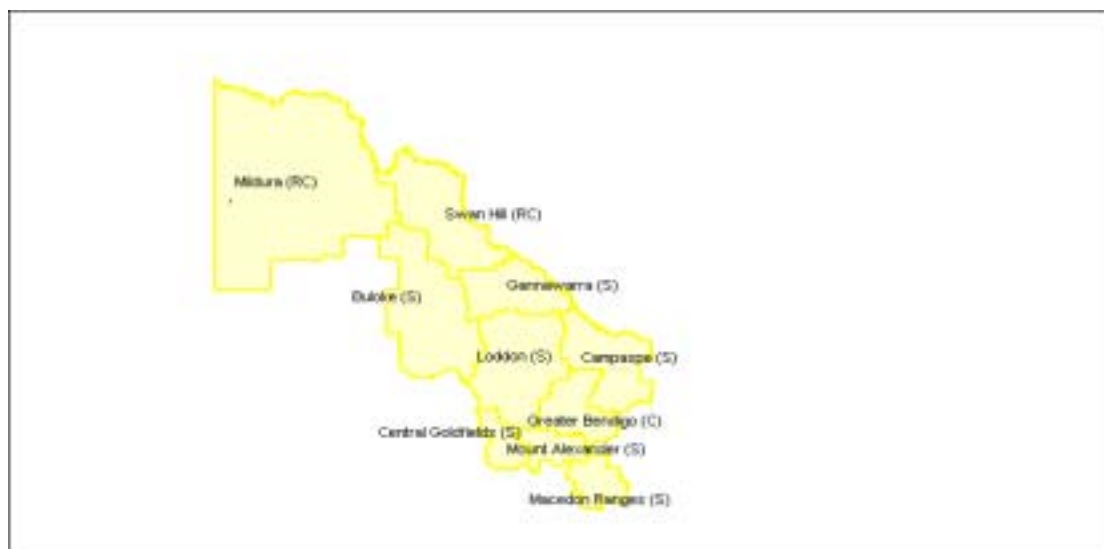


Figure 3.1: Local government areas in Region

3.2.2. The HACC sector

Within the ten local government areas, DHS funds 54 HACC providers. HACC providers are a diverse group and include:

- 10 local governments
- 4 community health centres
- 17 hospitals (the Region also directly funds Goulburn Valley Health)
- 2 Bush Nursing Centres
- 11 non-government agencies
- 5 ATSI-specific agencies (the Region also directly funds Rumbalara Aboriginal Co-operative)
- 2 Multi Purpose Services
- 1 CALD agency
- 1 private provider (also included in the NGO total).

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

Of the 54 agencies one provides services statewide. In addition, the Region also directly funds the Regional Information Advocacy Council to provide information and support to people wishing to know about HACC services.

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

The Region has five primary care partnerships (PCPs), namely the Northern Mallee Primary Care Partnerships, Southern Mallee Primary Care Partnerships, Bendigo-Loddon Primary Care Partnerships, Campaspe Primary Care Partnerships and the Central Victorian Health Alliance.

3.3. How the Region 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.

The Region regularly consults with service providers and consumer groups, and has considered the views of these stakeholders in the development of the HACC Regional Plan:

- The Loddon Mallee CSO Consortium - Comprised of 10 Community Service Officers each representing one of the 10 local government areas, the group meets bi-monthly and operates under a Memorandum of Understanding. The key role of the Community Service Officers is to facilitate agencies in service planning, development and co-ordination in their given local government areas. In its regional co-ordination role, the Consortium also receives funding for Community Aged Care Packages from the Department of Veterans Affairs, as well as participating in a Regional HACC Demand Management Project with a focus on local government
- Service provider meetings through the Primary Care Partnerships
- Consumer Focus Groups through the Primary Care Partnerships
- A group comprising Equity and Access Project Workers, Community Service Officers, HACC agencies and the Regional Office; concerned with issues of HACC program development and access
- The Loddon Mallee HACC Regional Training Advisory Committee

- Local Government Aged and Disability Planning and Advisory Committees in each of the 10 local government areas meet to identify community needs and service gaps, and to provide advice about service demand issues
- The Loddon Mallee/Hume Koori Aged and Disability Network of Aboriginal organisations, plans and develops HACC services to meet the needs of each community
- The Loddon Mallee/Hume Aboriginal Liaison Program provides advocacy services for Aboriginal HACC clients and also supports mainstream service providers to improve access to HACC services for Aboriginal people
- The Loddon Mallee District Nurses Network
- The Loddon Mallee Planned Activity Group Network
- The Loddon Mallee Allied Health Network
- Disability Advisory Networks in some local government areas provide feedback specifically on behalf on people with a disability.

In future years, the Region intends to create opportunities (particularly in relation to the HACC Funds Allocation Process) to consult with region-wide providers as a group instead of requiring those providers to attend multiple consultation meetings.

3.4. The planning context

In developing the 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 has been taken into account.

Numerous factors impact on human services planning in the Region. These have been considered in the development of the Regional Plan:

- Issues associated with access to services, including limited transport options in rural and regional areas
- Increasing proportion of ageing people in rural and regional areas
- Increasing numbers of people with complex needs accessing HACC & aged care services, especially younger disabled people
- Declining levels of volunteerism
- Declining levels of carer support
- Increasing workforce development and management issues in rural areas
- Increasing expectation of high quality health services by Victorians
- Increasing complexity of the health care system
- Information and service co-ordination difficulties associated with what has become a very complex human services system
- The impact of technological change in health care delivery
- The increasing demand for community based services
- Demand for certain human services programs exceeding supply leading to people being placed on waiting lists or receiving sub-optimal levels of service
- Recognition of the unique needs of CALD people in rural and remote areas
- Recognition of the difficulty in establishing stable and high quality services in smaller Aboriginal agencies
- Viability issues associated with smaller health and community service agencies, especially those in rural and regional areas
- Funding from other sources including the Commonwealth.

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

- Loddon Mallee Regional Plans
- Loddon Mallee Aboriginal Services Plan
- DHS Cultural Diversity Framework
- DHS Bush Nursing Centres Project
- DHS Planning and Funds Allocation Review of HACC Program
- DHS Departmental Plan
- DHS Rural and Regional Health & Aged Care Services Division Policy & Funding Plans
- DHS Small Rural Health Agencies Program
- DHS Small Aged Care Programs - Consolidation Project
- DHS Partnership Flagship Project
- DHS/Department of Infrastructure Transport Connections Program
- DHS 'Making this The Age To Be in Victoria –A Forward Agenda for Senior Victorians'
- Department of Veterans Affairs - Veterans Home Care Program
- DHS Better Access to Services
- DHS Better Ethnic Access to Services
- DHS Primary Care Partnerships Program
- DHS Information Communication Technology Strategy.

Specifically, the development of the Regional Plan has been influenced by the following HACC initiatives/factors:

- Loddon Mallee 'Healthy Ageing Strategy'
- Primary Care Partnership Community Health Plans (for each of the five primary care partnerships in the Region)
- Bendigo-Loddon Aged Care Strategy (not yet finalized)
- Loddon Mallee HACC Demand Management Project (not yet finalized)
- Loddon Mallee Koori HACC Needs Analysis Project
- HACC Needs of CALD People in the Loddon Mallee Region
- HACC Information Resource Kit (2001-02)
- Loddon Mallee Regional Allied Health Consultation & Review
- One Stop Shop Project/Aged Care Assessment Services - Home Assessment and Rehabilitation Team
- Loddon Mallee HACC/ Department of Infrastructure Regional Transport Strategy
- Loddon Mallee Community Connections Program Reports
- Loddon Mallee Equity & Access Project Reports
- Loddon Mallee Region submissions to the 2003 Transport Connections Program funding round
- Loddon Mallee Region submissions to the 2002-03 Annual Provisions funding round for Aged, Mental Health, Primary and Community Health and Medical Research Institutes
- Needs Assessment for the Kyabram Koori Community.

Further, the following projects are in progress, and their outcomes will be incorporated in the Regional Plan when it is adjusted for 2004-05 and 2005-06:

- Bendigo-Loddon Aged Care Strategy
- Loddon Mallee HACC Demand Management Project
- Loddon Mallee/Hume Koori HACC Needs Assessment Project
- One-Stop Shop Project (ACAS/Home Assessment and Rehabilitation Team)
- PCP Community Health Plans (updating of existing CHPs).

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+
Buloke	1,619	67.9%	1,632	68.2%	1,647	68.7%
Campaspe	6,746	64.9%	6,903	65.2%	7,041	65.4%
Central Goldfields	2,407	61.8%	2,435	61.9%	2,461	61.9%
Gannawarra	2,120	66.9%	2,137	67.2%	2,150	67.3%
Greater Bendigo	13,581	59.7%	13,852	59.8%	14,112	59.9%
Loddon	1,874	66.3%	1,883	66.1%	1,916	66.6%
Macedon Ranges	4,296	48.2%	4,385	48.2%	4,484	48.4%
Mildura	8,200	60.7%	8,379	60.8%	8,591	61.1%
Mount Alexander	3,335	63.4%	3,379	63.2%	3,449	63.4%
Swan Hill	2,775	55.9%	2,796	55.9%	2,816	55.9%
Total	46,953	60.6%	47,781	60.7%	48,666	60.8%

*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.

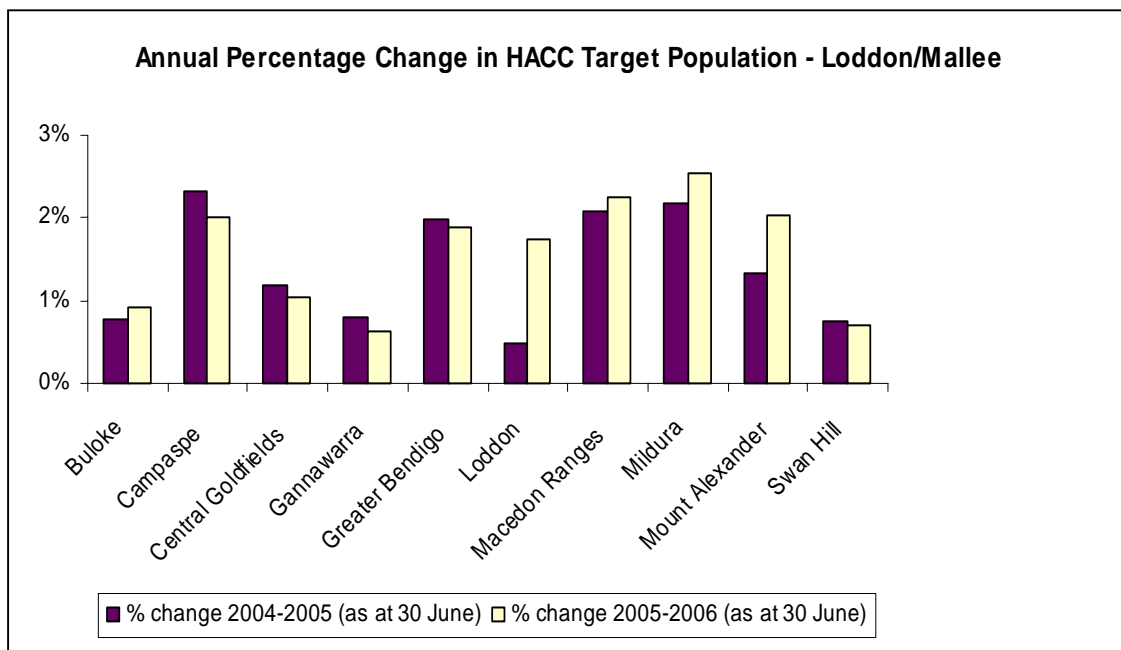


Figure 3.2: Annual percentage change in the growth in HACC target population by local government area

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 CALD backgrounds 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.

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
Buloke	23	4	0	27
Campaspe	557	72	15	644
Central Goldfields	69	12	5	86
Gannawarra	124	13	4	141
Greater Bendigo	844	78	17	939
Loddon	44	12	1	57
Macedon Ranges	105	22	5	132
Mildura	1,097	78	13	1,188
Mount Alexander	87	12	4	103
Swan Hill	840	76	19	935
Total	3,790	379	83	4,252

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 the recommendations for activity expansion in response to Priority 1.

Figures 3.3 – 3.9 below show the per capita service provision of 'Priority 1' activities by local government area. The per capita data is derived from the HACC Minimum Data Set divided by the HACC target population (WREN) for each local government area. The line across the bars represents the rural average. Figures 3.3 – 3.9 provide a picture of the relative levels of service across each local government area, and relative to the rural average.

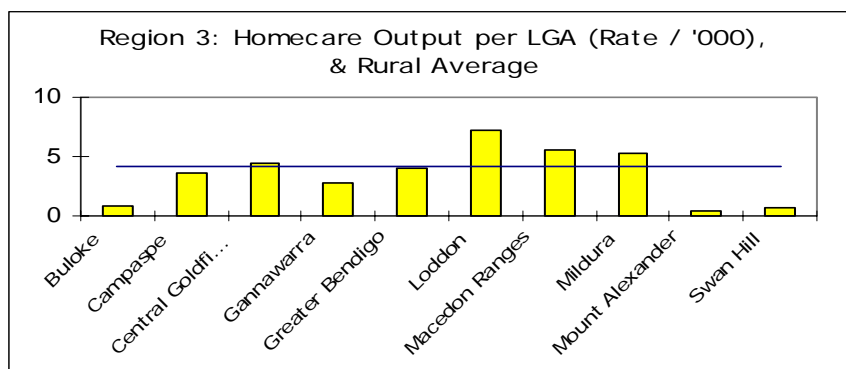


Figure 3.3: Hours of Home Care per 1,000 target population

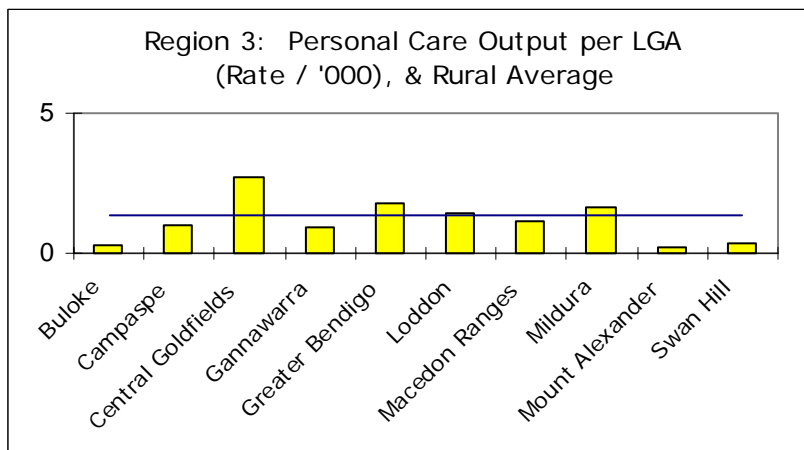


Figure 3.4: Hours of Personal Care per 1,000 target population

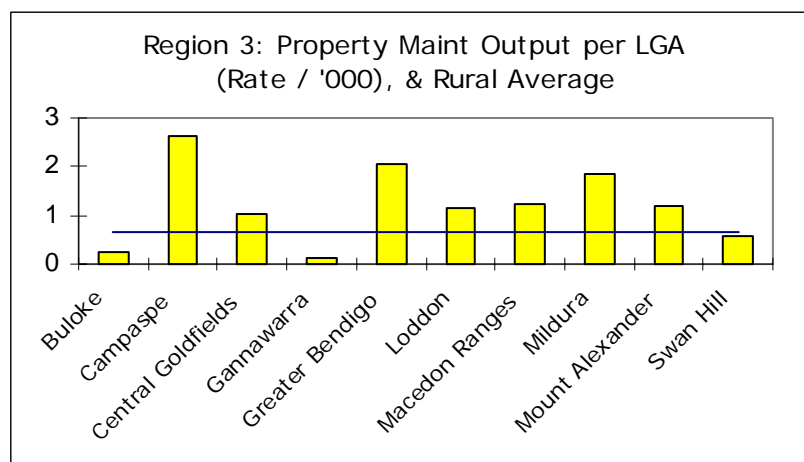


Figure 3.5: Hours of Property Maintenance per 1,000 target population

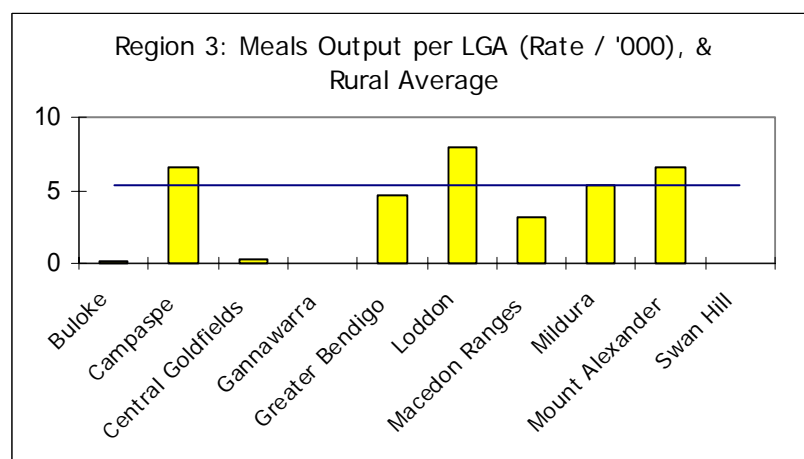


Figure 3.6: Meals per 1,000 target population

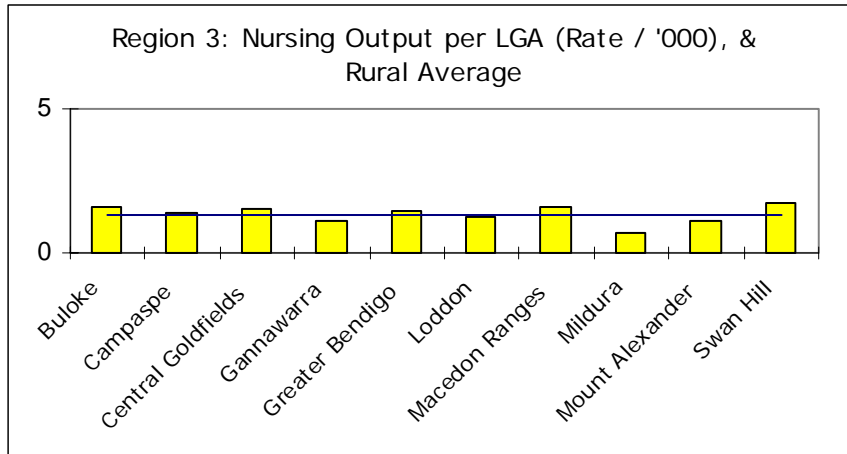


Figure 3.7: Hours of Nursing per 1,000 target population

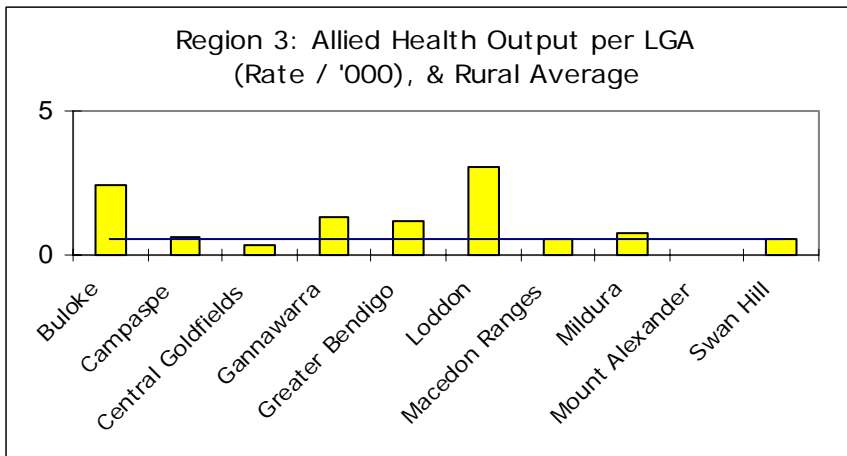


Figure 3.8: Hours of Allied Health per 1,000 target population

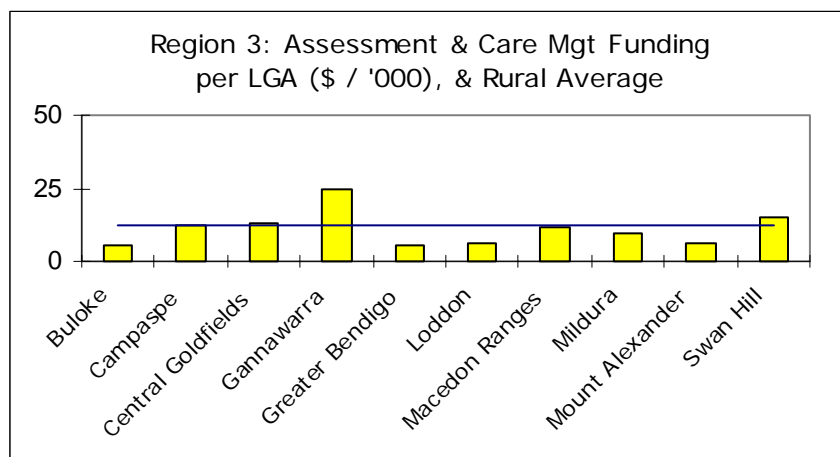


Figure 3.9: Dollars of Assessment and Care Management per 1,000 target population

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

Local government area (1)	Recurrent \$ 2002-03 (2)	Current \$ per capita (3)	% of recurrent budget 2002-03 (4)	WREN 2003-04 (5)
Buloke	\$948,262	\$586	4.0%	3.4%
Campaspe	\$3,019,476	\$448	12.7%	14.4%
Central Goldfields	\$1,286,374	\$535	5.4%	5.1%
Gannawarra	\$1,394,899	\$658	5.9%	4.5%
Greater Bendigo	\$6,366,228	\$469	26.7%	28.9%
Loddon	\$1,346,710	\$719	5.7%	4.0%
Macedon Ranges	\$2,190,584	\$510	9.2%	9.1%
Mildura	\$4,010,859	\$489	16.8%	17.5%
Mount Alexander	\$1,276,444	\$383	5.4%	7.1%
Swan Hill	\$1,983,045	\$715	8.3%	5.9%
Total	\$23,822,883	\$507	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 recommendations about the application of growth funds for equalisation across local government areas.

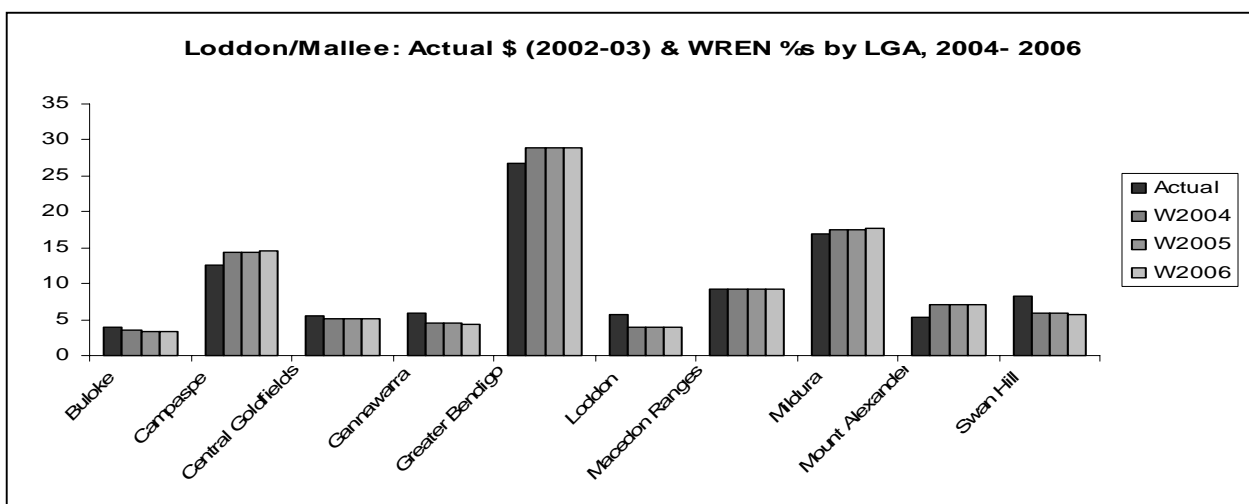


Figure 3.10: Proportion of actual recurrent budget (30 June 2003) and WREN population proportions 2003-06 by local government area

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. Data analysis

An analysis of the primary data (population, service provision and funding shown in Sections 3.2 - 3.4.) has been supplemented with the following information:

- Regional HACC Information Resource Kit (2002)
- HACC Quarterly Output Collection
- Regional ATSI services plan
- ATSI Communities HACC Needs Analysis Project 2003
- Information gleaned from regional forums
- HACC funding priorities for 2003-04.

Following is a description of the relative demand for HACC services in each local government area, based on an analysis of the above stated data.

4.1.1. Priority 1 – Expansion of HACC Basic services

4.1.1.1. Mt Alexander Shire

According to the HACC MDS and the Regional HACC Information Resource Kit (2002), Nursing, Allied Health, Home Care and Personal Care are shown as being below the rural average for Mt Alexander Shire. Personal Care and Home Care were also identified as service gaps and were among the highest three priorities in the local government area for the 2002-03 HACC Funding Round; but neither was funded at that time. Growth in Home Care and Personal Care would assist with this identified need and funds inequity issue.

The Region is aware that a significant amount of sub-acute funding for Aged Care Allied Health services is provided through Mt Alexander Hospital to the Shires of Mt Alexander, Central Goldfields and Macedon Ranges. Therefore no additional HACC Allied Health funding will be allocated to Mt Alexander Shire at this time.

4.1.1.2. City of Greater Bendigo

The MDS data and the Regional HACC Information Resource Kit (2002) both indicate that Home Care and District Nursing are slightly below the rural average. Both these activities were identified as among the highest three priorities in the local government area for the 2002-03 HACC Funding Round, and both were funded under the requested amount. Additional growth funds would address the inequities in funding and provide additional service to meet the needs of the ageing community.

4.1.1.3. Campaspe Shire

The MDS data for Campaspe Shire indicates that Home Care, Property Maintenance and Personal Care are slightly below the rural average but all other HACC Basic services are slightly above or equal to the average. Further, Campaspe Shire has a large number of Community Aged Care Packages. Additional Allied Health will enable the service to meet the demands in the Kyabram area. Problems with District Nursing funding arrangements were identified in the Rushworth area, but these have since been resolved.

4.1.1.4. Rural City of Mildura

For Mildura Rural City, both data sets indicate that Nursing is the only HACC Basic service that is currently under-utilized and under-funded. Identified as a high priority for the 2002-03 HACC Funding Round, applications for additional Nursing funding were funded in part, as were applications for Personal Care and Delivered Meals, also priorities. Other HACC Basic activities are either slightly above, or equal to the rural average.

4.1.1.5. Buloke Shire

Buloke Shire receives a significantly higher proportion of the HACC budget according to the WREN. The Loddon Mallee HACC Regional Information Resource Kit indicates that Buloke is significantly over the rural average in all HACC Basics except Personal Care.

Buloke Shire Council is not reporting through the MDS. The MDS data from other HACC service providers in the Shire indicate that service provision for Nursing and Allied Health are over the rural average. Requests for additional Nursing and Allied Health were unsuccessful in 2002-03.

It was identified through last year's HACC Funding Round that Allied Health services into Sea Lake are virtually non-existent. The Rural Health Team acknowledges that distance is an issue and provided a letter of support for Swan Hill Hospital to deliver Allied Health services to Sea Lake. The initial priority is for an Occupational Therapist, one day per week in 2003-04 and one day per week of podiatry by 2004-05.

4.1.1.6. Central Goldfields Shire

The primary data indicates that Allied Health and Delivered Meals are slightly under the rural average. The HACC Information Resource Kit indicates minimal HACC Allied Health provision in this local government area but shows that Delivered Meals exceed the rural average. However, Mt Alexander Hospital delivers Sub-acute-funded Aged Care Allied Health (Podiatry) through the Maryborough District Health Service three days per week.

Regional knowledge suggests that there are no waiting lists for services from Central Goldfields Shire Council.

Nursing was identified as the highest priority in the local government area for the 2002-03 HACC Funding Round, and was partly funded. Additional growth funding would assist in meeting the needs of the ageing community.

4.1.1.7. Gannawarra Shire

The WREN data suggest that Gannawarra Shire is currently well resourced in comparison with other local government areas in the Region.

The MDS data for Gannawarra Shire show that Home Care, Personal Care, Property Maintenance and Delivered Meals are significantly under the regional average. This is not supported by the Quarterly Output Collection Returns for 2002-03 for Home Care and Property Maintenance that are over target, whilst Personal Care is significantly under target. Home Care and Personal Care were

identified as a priority in the 2002-03 HACC Funding Round but were not funded. Taking account of contradictory data, additional growth funding in Assessment & Care Management, Allied Health, Home Care and Nursing will assist in meeting the needs of the rural and isolated areas of the Shire.

4.1.1.8. Loddon Shire

The MDS data indicate that all HACC Basic services are significantly over the rural average. This is supported by data in the Regional HACC Information Resource Kit (2002).

Nursing was identified as the highest priority in the local government area and partially funded in the 2002-03 HACC Funding Round. Additional growth funding will assist the Bush Nursing Centre to expand its service to the rural areas of the Shire.

4.1.1.9. Swan Hill Rural City Council

The WREN for Swan Hill Rural City shows that this council is significantly resourced.

In reviewing the MDS data for the Swan Hill Rural City, it should be noted that the Swan Hill Rural City Council is not yet reporting MDS data. The Regional HACC Information Resource Kit indicates that funding for all HACC Basic services is either close to, or significantly over, the rural average.

Personal Care was identified as among the highest three priorities in the local government area for the 2002-03 HACC Funding Round, but was not funded. Additional growth will assist in meeting the demand for services in the rural and isolated areas of Swan Hill Rural City.

4.1.1.10. Macedon Ranges Shire Council

The MDS data suggest that service provision is either close to, or above, the rural average for all HACC Basic services, except for Delivered Meals and Personal Care.

This is supported by The HACC Regional Resource Kit (2002) that also suggests that Allied Health, and Nursing are under the rural average in funding.

Allied Health and Personal Care were identified as the two highest priorities in the local government area for the 2002-03 HACC Funding Round, and both were minimally funded. Additional growth funding would assist in addressing the inequities in funding in Macedon Ranges Shire.

4.1.1.11. Assessment & Care Management

The HACC Regional Information Resource Kit indicates that the Shires of Buloke, Loddon, Macedon Ranges, and Mt Alexander, the Rural City of Mildura and the City of Greater Bendigo are each under-funded for Assessment & Care Management.

4.1.2. Priority 2 - CALD

4.1.2.1. Population

The primary data showed that the Loddon Mallee Region has 1.4% (1,741) of the 65+ people who speak a language other than English at home, which comprises 4.18% of the total 65+ population in the Region. There will be modest growth in this group up to 2006. The HACC MDS data supports the beliefs that HACC CALD clients are geographically dispersed across the Region and in small numbers.

There are approximately 21,174 persons in the Region who are identified as having a CALD background, with nearly one in five people reporting that they had one or both parents born overseas. The composition of the CALD sector (overseas born residents) in the Region is concentrated in the three most urbanized areas, namely, Mildura (21%: 4,507 persons), Greater Bendigo (24%: 5,151 persons) and the Macedon Ranges (21%: 4,357 persons). These areas account for 66% of the CALD population or 14,009 people (*Source: ABS 2001 Census*). The remaining 34% (or 7,159 persons) were distributed across the remaining seven local government areas in the Region. Essentially, this means the CALD population constitutes a small percentage (8%) of the regional population, especially in comparison with DHS metropolitan regions. By 2011, it is projected that 17% of residents of the Loddon Mallee Region aged 65 years and over will have a CALD background.

Source: Report on the HACC Needs of Culturally and Linguistically Diverse (CALD) people in the Loddon Mallee Region, Ward, Anderson & Sheldon, Latrobe University 2003

The majority of overseas migrants in the Region have originated from Europe, with the largest proportion of people born overseas coming from England, except for the municipalities of Mildura and Swan Hill, where there are relatively large Italian, Turkish and Tongan population. This distribution is reflected in the languages spoken at home, with English predominating over other European languages, such as Italian, German and Greek. *Source: ABS Census 2001*

There are small pockets of overseas born residents from the Pacific Islands and Asian countries (Vietnam, Cambodia and the Philippines) particularly in Mildura and Robinvale, however their numbers are relatively small and may not have been fully reported in the 2001 Census data. It is acknowledged, anecdotally, that the Census does not provide a comprehensive picture of the CALD population in the Region. This issue is exacerbated by numbers of immigrants without residential status in the Region who are employed as casual or itinerant labour. *Source: Anecdotal report from Regional workers*

4.1.2.1. HACC utilization

It is known that HACC service utilization in general is under reported, however, a snapshot of HACC data in 2002 revealed that:

- People who were born overseas represented 10% (755 persons) of HACC clients (missing data excluded) from 52 different countries. The highest-ranking countries were England (30%), followed by Italy (23%), Greece (6%), Germany (4%), Scotland (4%), Netherlands (5%), New Zealand (4%) and Croatia (3%)
- On a local government area basis, Macedon Ranges, Mildura, Swan Hill and Mt Alexander had the highest proportion of overseas born HACC Clients. 45% (339 persons) of people born overseas lived in the local government area of Macedon Ranges, Greater Bendigo and Campaspe

- 94% of this group spoke English at home with 6% (436 persons) speaking a range of languages
- The gender breakdown is similar to the general HACC population with 70% female and 30% male
- In 1998 in the Loddon Mallee Region, 20% of the population was estimated to have a disability
- A higher proportion of Australian born HACC population group used in-home allied health and nursing services, Planned Activity or Delivered Meals and case management services
- There is a higher proportion of multiple service use by people born overseas
- Less than 1% (8) of the overseas born clients were aged less than 25 years compared to 3% (220) of Australian born clients
- Clients born in Non English Speaking Background countries received on average 10 hours of service less than their Australian born clients.

Source (Report on the HACC Needs of Culturally and Linguistically Diverse (CALD) people in the Loddon Mallee Region, Ward, Anderson & Sheldon, Latrobe University 2003)

4.1.2.2. Barriers/disadvantages in relation to access to HACC services

There are a number of barriers for the CALD population in the Region in relation to accessing HACC services. They are:

- The sparse distribution of the population exacerbates a sense of invisibility, with variable awareness from HACC providers of the CALD population in the service area, although there is greater awareness of groups of migrants that have been in an area for a number of years
- Smaller, generalist agencies that may employ part time workers and cover an extensive area are least resourced to identify and provide services to CALD residents in their catchment area
- Attitudinal and service inflexibility
- Reluctance to access service by some CALD residents based on their previous experiences or uncertain legal status
- Communication and language difficulties including limited use of available interpreter services and limited multi language service information.

Source: Report on the HACC Needs of Culturally and Linguistically Diverse (CALD) people in the Loddon Mallee Region, Ward, Anderson & Sheldon, Latrobe University 2003

4.1.2.3. HACC service providers

There are few major statewide ethno-specific services delivered into rural areas. However, there are two Ethnic Community Councils (Bendigo and Mildura) that have a pivotal role in promoting the interests of CALD people with all agencies. At this stage, an extensive area of the Region is not included in the catchment areas of the two Ethnic Community Councils.

The Bendigo Regional Ethnic Community Council (BRECC) was formed in 1999 (formerly known as the Loddon Campaspe EEC) and serves the areas of the City of Greater Bendigo and the Shires of Mt Alexander, Macedon Ranges, Loddon and Central Goldfields. BRECC does not receive any HACC funding directly but has a partnership arrangement with the City of Greater Bendigo to provide administrative support and funding for Telelink and volunteer CALD programs. BRECC is currently unable to fully service its catchment area.

The Sunraysia Ethnic Communities Council (SECC) has been operating for many years and has recently implemented a HACC funded outreach service to Robinvale (located in the Swan Hill Rural City Council). The Council is funded to provide Volunteer Co-ordination, Planned Activity Groups and the outreach program.

47 of the 48 eligible HACC funded agencies have implemented the HACC Cultural Planning Tool to assist service providers to raise awareness of the existence and service needs of CALD people. The Ethnic Services Development Officer program (ESDO) promotes use of the Cultural Planning Tool in HACC agencies and delivers educative and awareness raising programs. The ESDO program also promotes the use of interpreter services (CHIS, TIS, and VITS) for HACC services in the Region.

The Department has funded two Ethnic Meals projects in the City of Greater Bendigo and the Mildura Rural City. Whereas Sunraysia Community Health Service is recurrently funded to continue a small ethnic meals service to the community in Mildura, the Bendigo project was not continued.

4.1.3. Priority 3 - ATSI

4.1.3.1. Population

ABS Population Projections indicate that the ATSI population in Victoria will increase by 48% between 1996 and 2006. The 2001 ABS Experimental Estimates of Indigenous Population estimates that the ATSI population in Victoria is 27,928, which is potentially a 50% to 100% underestimation.

The number of ATSI people entering the HACC Target group will increase by more than 50% in this time (ATSI Communities HACC Needs Analysis Project 2003,p.3). Based on comparative population data, ATSI people are underutilizing HACC services.

Source: Report on ATSI Communities HACC Needs Analysis Loddon Mallee Region 2003- Effective Change Juliet Frizzell p. 1

The Loddon Mallee Region has one of the highest proportions (15%) of the ATSI population in Victoria. The 2001 Census indicated that the total population for the Loddon Mallee Region was 280,447. The number of Indigenous people identifying as being of ATSI descent in Loddon Mallee was 3,846 (4,327 Experimental Estimate) or 13.7 Indigenous people per 1000 of the population. (*Source: Loddon Mallee Aboriginal Services Plan 2003*). There has been an increase of 785 people identifying as being of ATSI descent since the 1996 Census. However, ATSI communities estimate that census figures may represent an under count of between 50% and 100% in some communities. This indicates that the number of ATSI people in the Loddon Mallee could be between 4,200 and 8,500 people.

The main ATSI communities are clustered along the Murray River with the largest community, according to the 2001 ABS Experimental Estimates of the ATSI population, being located in the Rural City of Mildura (1,188 people) followed by the neighbouring municipality of the Rural City of Swan Hill (935 people). The City of Greater Bendigo municipality (939 people) is the other major population centre of ATSI people.

It is predicted that, over the next three years, the needs of the ATSI population in the Region will be affected by the following factors:

- Continued high levels of illness including diabetes, cancer, cardiac and respiratory problems
- Mental health issues including depression
- Cultural and community disconnectedness
- Disabilities including Acquired Brain Injury
- Increasing number of eligible HACC clients.

Source - Report on ATSI Communities HACC Needs Analysis Loddon Mallee Region 2003- Effective Change Juliet Frizzell (p.2)

4.1.3.2. Issues in HACC service delivery to ATSI Communities

The Report on ATSI Communities HACC Needs Analysis Loddon Mallee Region 2003- Effective Change Juliet Frizzell indicates that:

- Aboriginal controlled organisations in the Region are funded to provide a wide range of HACC services on limited funding, often without organizational infrastructure and support, to a complex target group. "This makes it difficult for Aboriginal agencies to be viable, achieve economies of scale, deliver services to a high quality and build/sustain staffing capital." p.5
- Funding allocation to Aboriginal HACC agencies is inconsistent both in level of funding and the type of service activity that is funded. p.4
- ATSI people are most likely to access HACC services through the local Aboriginal organization; however, there is little indication of the extent of unmet need. p.7
- A snapshot of HACC data indicated that only 54 ATSI people received service from a mainstream provider, mainly in the areas of Campaspe and Bendigo. Barriers include fear, unfamiliarity, past negative experiences, concern about the cost of services and a preference for Aboriginal workers. p.7
- Service providers and community members appear to have a limited knowledge of the broader service system and the relationship of HACC to other aged care entitlements. p.6
- The complexity of the HACC target group and the diversity of HACC service provision requires each HACC program to have staff with a range of competencies. p.5

4.2. Conclusions

The Region has determined that the split between Ministerial Priorities for 2003-04 HACC growth/recurrent funding should be as follows:

Ministerial Priority 1: **68%** for 'HACC Basic' services to meet demand

Ministerial Priority 2: **11%** for the CALD target group

Ministerial Priority 3: **21%** for projects/services to the ATSI target group.

Ministerial Priority	2003-04		2004-05		2005-06		2003-06*	
	\$	%	\$	%	\$	%	\$	%
Priority 1	\$504,878	68	\$562,313.64	76	\$646,180.36	81.3	\$1,713,372	75
Priority 2	\$80,000	11	\$85,000	11.5	\$60,000	7.5	\$225,000	11
Priority 3	\$150,000	21	\$91,290.36	12.5	\$88,709.64	11.2	\$330,000	14

4.2.1 Priority One

The WREN was used to determine the funding allocation by local government area. It indicated that the Shires of Mt Alexander, Campaspe, Mildura Rural City and the City of Greater Bendigo were significantly under resourced in comparison to other local government areas. The Loddon Mallee Regional Office has recommended a 10% equilisation of the growth allocation to be directed to these municipalities.

The funding allocation for HACC Basic services was determined after the following recommended adjustments. It is recommended that funding for the HACC Response Service be directly allocated. It is incorporated in the recurrent growth funds.

The Small Rural Health Agencies, through direct allocation, will receive 1.5% of their HACC budget as growth. This does not preclude these agencies from receiving additional growth if the data supports such an increase. The HACC Training and Co-ordination program will receive a direct allocation of funding to further develop the Regional Training Coordinator position and to enhance a regional training strategy.

Minor Capital will be allocated to agencies using a formula based on the combination of funding for existing service provision and funding linked to recurrent growth allocation. The Region has recommended quarantining 20% of the allocated amount for a contingency fund. The \$30,000 per annum for Service Development Grants for the next three years has been discussed in Section 6.2.

The aging population in the Loddon Mallee Region will increase significantly in the next three years placing increased demand on the HACC Basic services. The HACC Information Resource Kit – Loddon Mallee Region 2001-02 indicates that of the ten local government areas, five are under funded for Allied Health and HACC Nursing against the rural average. Personal Care is under funded in six of the ten local government areas and seven areas are under funded in the service type Assessment and Care Management.

4.2.2. Priority Two

The challenge over the next three years is to strengthen the understanding that CALD service provision is integral to quality HACC service provision. Strategically, this needs to be addressed across the Region. There is a further challenge in addressing both the needs of a geographically dispersed CALD population as well as areas with a higher concentration of specific cultural groups. Initiatives that increase access to, and the responsiveness of, HACC services would therefore have priority for funding.

The Ethnic Community Councils are well placed to assist in improving knowledge about people with a CALD background in the Region, improving information, advocacy and support services for CALD people and providing leadership on CALD issues. The ESDO program has a role in encouraging the cultural responsiveness of HACC agencies and in improving cross-cultural awareness and training to HACC agencies.

4.2.3. Priority Three

A range of service issues could be addressed by strengthening the Assessment and Care Management capacity of the Aboriginal HACC agencies. There is a need for consistent, quality standards and processes in HACC assessments, independent of local influencing factors and pressures that would maximise access to information and service options for clients. Improved matching of resources to assessed need, building the capacity of Koori HACC workers and maximising partnership arrangements with other HACC agencies could also be addressed. Core minimums of Aboriginal specific HACC services need to be adequately funded and take account of population differences. The Aboriginal Liaison Officer program is well placed to assist in accessing HACC services for Aboriginal people in small and emerging communities.

4.2.4. Key issues - general

- The population is ageing at a significant, but not uniform, rate across the Region and this will have important consequences in relation to future demand for HACC services
- Local government areas are experiencing different population changes across the Region with some local government areas projected to experience a decrease in population and others to experience significant population growth
- Loss of younger people from the Region means a corresponding loss of carers and volunteers to assist HACC clients and is leading to an increased demand for HACC services in certain areas
- Increasing numbers of high need and complex clients are relying on HACC services to support them in community settings at funding levels well above the capacity of the HACC Program
- Waiting lists for Nursing, Allied Health, Personal Care, Home Care and respite are increasing in size across the Region at a significant rate
- Demand for Planned Activity Groups, both core and high, is increasing at a significant rate
- Service Providers are becoming increasingly aware of the importance of service coordination for HACC services, including the need for better discharge planning and improved assessment and care management, referral services and demand management
- Koori organisations in the Region are finding it increasingly difficult to meet the expectations of their communities for HACC services
- Lack of transport is a significant factor limiting client access to HACC services, particularly in the more remote areas of the Region
- Problems recruiting, training and retaining staff are a major issue in providing HACC services to areas outside major provincial cities and towns of the Region.

4.2.5. Key issues – CALD

- It is projected that 17% of resident of the Loddon Mallee Region aged 65 years and over will have a CALD background
- Improve knowledge of the CALD population utilizing data to provide feedback to HACC services on service utilisation and the CALD population
- Develop a more consistent approach to the awareness, and provision of, HACC services to people with a CALD background
- Strengthen the capacity of the Ethnic Community Councils in the Region to form partnerships with regional HACC services and Statewide ethno-specific agencies
- Utilise and access to language interpreter services and culturally appropriate HACC information

- Continue cross cultural education and integration of CALD service issues into HACC training
- Strengthen the profile of CALD issues in the Regional office with the uptake of the Cultural Diversity Framework
- Further develop the existing CALD programs in the Region (including ESDO, Telelink, Interpreter services, Ethnic Meals)
- Respond to new migrants settling in the Region.

4.2.6. Key issues - ATSI

The key issues for the ATSI communities in relation to HACC service provision are:

- ABS Population Projections indicate that the ATSI population in Victoria will increase by 48% between 1996 and 2006
- Aboriginal organizations in the Loddon Mallee face some serious organizational and financial challenges, which DHS and other funding bodies are currently discussing with individual Aboriginal organizations. The focus is on changing service delivery models and funding bases, and building management capacity
- Barriers to participation in community networks and forums such as Primary Care Partnerships need to be addressed and partnerships between HACC agencies need to be developed locally within the framework of the Aboriginal Services Plan. The anticipated growth in the Koori HACC eligible population will drive the need for improved co-ordination with mainstream services and, in particular, better access to more specialized HACC services
- Consistent, objective and timely assessments have been identified as a key issue. It is critical that Aboriginal HACC agencies participate in the implementation of HACC common assessment tools, as this is the gateway to accessing the full range of HACC funded services
- There is a need to ensure that services to families are maximized and co-ordinated across the range of programs, noting the complexity of need of many Aboriginal families.

4.3. Summary of recommendations

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

Priority	Strategy	Timeframe	Strategy Description	Anticipated Outcome
1	Allied Health	2003-04	<ul style="list-style-type: none"> • To establish a domiciliary podiatry service for the City of Greater Bendigo 	<p>Evidence of no public funded domiciliary podiatry service in the City of Greater Bendigo HACC clients who have poor foot health & morbidity being a significant contributor to loss of independence</p> <p>The podiatrist would assess house-bound clients for appropriateness of having a personal carer attend to basic foot care or the domiciliary treatment</p>

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Priority	Strategy	Timeframe	Strategy Description	Anticipated Outcome
			<ul style="list-style-type: none"> o To establish Occupational Therapy Service in Sea Lake • To expand podiatry services in Campaspe, Macedon Ranges Shires & Mildura RCC 	<p>Swan Hill District Hospital will provide an outreach OT service to Sea Lake. Currently this service does not exist in this rural and remote area.</p> <p>Increase clients seen Reduce waiting lists</p>
1	Allied Health	2004-05	<ul style="list-style-type: none"> • Expand the OT service into the rural & remote area of Sea Lake 	OT services will improve health and help clients to fulfil their optimum function and independence within the community
1	Allied Health	2005-06	<ul style="list-style-type: none"> • To expand the podiatry service into the rural & remote area of Sea Lake 	HACC clients who have poor foot health & morbidity being a significant contributor to loss of independence
1	Assessment & Care Management	2003-04	<ul style="list-style-type: none"> • To expand the assessment function across the Region and in particular to address inequities in City of Greater Bendigo, Loddon, Macedon Ranges, Mt Alexander Shires and the Rural City of Mildura 	Increase access to HACC services
1	Assessment & Care Management	2004-05	<ul style="list-style-type: none"> • To expand the assessment function in the following LGAs, Buloke, Central Goldfields, Swan Hill Rural City 	Increase access to HACC services
1	Assessment & Care Management	2005-06	<ul style="list-style-type: none"> • To expand the assessment & care management function 	Increase access to HACC services
3	Assessment & Care Management	2003-04	<ul style="list-style-type: none"> • To expand the assessment & care management function 	To meet the expected increase in demand generated by the Regional Aboriginal Assessment Co-ordination Project
1	Home Care	2003-04	<ul style="list-style-type: none"> • To expand home care services 	Expansion will address increased demand & waiting lists
3	Home Care	2003-04	<ul style="list-style-type: none"> • To expand home care services to Mildura Aboriginal Corporation 	Expansion will address inequities in funding across the Region
1	Home Care	2004-05	<ul style="list-style-type: none"> • To expand home care services 	Expansion will address increased demand & waiting lists
3	Home Care	2004-05	<ul style="list-style-type: none"> • To expand home care services to the communities of Allinjarra, Mildura, Murray Valley & Swan Hill 	Expansion will address inequities in funding across the Region
1	Home Care	2005-06	<ul style="list-style-type: none"> • To expand home care services 	Expansion will address increased demand & waiting lists
3	Home Care	2005-06	<ul style="list-style-type: none"> • To expand home care services to the community of Allinjarra 	Expansion will address inequities in funding across the Region
1	Personal Care	2003-04	<ul style="list-style-type: none"> • To expand personal care services 	Expansion will address increased demand & waiting lists
1	Personal Care	2004-05	<ul style="list-style-type: none"> • To expand personal care services 	Expansion will address increased demand & waiting lists

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Priority	Strategy	Timeframe	Strategy Description	Anticipated Outcome
1	Personal Care	2005-06	<ul style="list-style-type: none"> To expand personal care services 	Expansion will address increased demand & waiting lists
1	Property Maintenance	2004-05	To expand property maintenance services	Expansion will address increase demand & waiting lists
1	Property Maintenance	2005-06	To expand property maintenance services	Expansion will address increase demand & waiting lists
1	Delivered Meals	2003-04	To expand delivered meals services	Expansion will address increase demand & waiting lists
1	Delivered Meals	2004-05	To expand delivered meals services	Expansion will address increase demand & waiting lists
1	Delivered Meals	2005-06	To expand delivered meals services	Expansion will address increase demand & waiting lists
1	Nursing - blair	2003-04	To expand the district nursing services across the Region	Expansion will increase the amount of clients seen
1	Nursing - blair	2004-05	To expand the district nursing services across the Region	Expansion will increase the amount of clients seen
1	Nursing - blair	2005-06	To expand the district nursing services across the Region	Expansion will increase the amount of clients seen
1	Nursing – non blair	2003-04	To expand services provided by Bush Nursing Centres	Expansion will assist in addressing the inequities in funding to BNCs
1	Nursing – non blair	2004-05	To expand services provided by Bush Nursing Centres	Expansion will assist in addressing the inequities in funding to BNCs
1	Nursing – non blair	2005-06	To expand services provided by Bush Nursing Centres	Expansion will assist in addressing the inequities in funding to BNCs
1	Flexible Service Response	2003-04	To assist with the assessments of the Koori community in Swan Hill Rural City	Expansion will assist in meeting demand
3	Flexible Service Response	2003-04	To expand the Planned Activity Group – core to the Koori Community of Swan Hill Rural City and City of Greater Bendigo.	Expansion will assist in meeting demand
2	Flexible Service Response	2004-05	To expand the telelink program in the Region	Expansion will assist in meeting the needs to isolated communities
2	Flexible Service Response	2005-06	To expand the telelink program in the Region	Expansion will assist in meeting the needs to isolated communities
1	Increase HACC Response Service across Region	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	Service System Resourcing - Training	2003-04	To expand the Regional HACC Training	Additional funds will assist with the development of a regional training strategy
1	Service System Resourcing	2003-04	To expand the Loddon Mallee Regional District Nurses Network	Additional funds will assist with the administration function to support the District Nursing Services across the Loddon Mallee Region

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Priority	Strategy	Timeframe	Strategy Description	Anticipated Outcome
2	Service System Resourcing	2003-04	Extension of the Ethnic Service Development Program in Mildura & Swan Hill	Expansion will assist with the implementation of the Cultural Action Plan
2	Service System Resourcing	2003-04	Expand the Outreach Program to the Swan Hill Rural City	Expansion will assist with the identification, advocacy & provision of information to the CALD community
2	Service System Resourcing	2003-04	To establish an Ethnic Outreach Project within the catchment of the Bendigo Regional Ethnic Communities Council	To assist with the identification, advocacy & provision of information to the CALD community
3	Service System Resourcing	2003-04	To establish a Koori Regional HACC Assessment Co-ordination Program	To strengthen the Assessment & Case Management function to Koori HACC clients
3	Service System Resourcing	2003-04	To expand the Aboriginal Liaison Program	Expansion will assist with the identification, advocacy & provision of information to the Koori community
1	Service System Resourcing - Training	2004-05	To expand the Regional HACC Training	Additional funds will assist with the development of a regional training strategy
2	Service System Resourcing	2004-05	To expand the Outreach capacity to reach and provide services to isolated CALD community	To assist rural and isolated CALD clients with complex needs
2	Service System Resourcing	2005-06	To expand the Outreach capacity to reach and provide services to isolated CALD community	To assist rural and isolated CALD clients with complex needs
3	Service System Resourcing	2004-05	To expand the Aboriginal Liaison Program	Expansion will assist with the identification, advocacy & provision of information to the Koori community
1	Service System Resourcing - Training	2005-06	To expand the Regional HACC Training	Additional funds will assist with the development of a regional training strategy
3	Planned Activity Group-core	2003-04	To expand the Koori Planned Activity Groups	To address inequities in funding to Koori Agencies
3	Planned Activity Group-core	2004-05	To expand the Koori Planned Activity Groups	To address inequities in funding to Koori Agencies
3	Planned Activity Group-core	2005-06	To expand the Koori Planned Activity Groups	To address inequities in funding to Koori Agencies

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 recommended 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 growth allocations

Tables 5.1 identify the recommended recurrent growth allocations to the Region and local government areas for Priorities 1–3, subject to consultation, yearly reviews and budget confirmation. 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 2004-05 and 2005-06.

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

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

2003-04	Priority 1 (including Training and HACC Response Service)	Priority 2 CALD	Priority 3 ATSI
Buloke	\$ 13,784	\$ -	\$ -
Campaspe	\$ 72,582	\$ -	\$ 5,724
Central Goldfields	\$ 20,528	\$ -	\$ -
Gannawarra	\$ 18,089	\$ -	\$ 5,024
Greater Bendigo	\$ 150,936	\$ -	\$ -
Loddon	\$ 15,995	\$ -	\$ -
Macedon Ranges	\$ 47,670	\$ -	\$ -
Mildura	\$ 65,087	\$ 22,000	\$ 23,220
Mount Alexander	\$ 37,455	\$ -	\$ -
Swan Hill	\$ 20,751	\$ 18,000	\$ 16,031
Region Wide	\$ 42,000	\$ 40,000	\$ 100,000
Total	\$ 504,878	\$ 80,000	\$ 150,000

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

2004-05	Priority 1 (including Training and HACC Response Service)	Priority 2 CALD	Priority 3 ATSI
Buloke	\$ 16,595	\$ -	\$ -
Campaspe	\$ 88,085	\$ -	\$ -
Central Goldfields	\$ 24,769	\$ -	\$ -
Gannawarra	\$ 21,714	\$ -	\$ 3,131
Greater Bendigo	\$ 176,751	\$ 5,000	\$ 20,361
Loddon	\$ 19,153	\$ -	\$ -
Macedon Ranges	\$ 55,955	\$ -	\$ -
Mildura	\$ 85,217	\$ -	\$ 31,204
Mount Alexander	\$ 43,122	\$ -	\$ -
Swan Hill	\$ 28,454	\$ 10,000	\$ 14,594
Region Wide	\$ 17,500	\$ 70,000	\$ 22,000
Total	\$ 577,314	\$ 85,000	\$ 91,290

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

2005-06	Priority 1 (including Training and HACC Response Service)	Priority 2 CALD	Priority 3 ATSI
Buloke	\$ 19,094	\$ -	\$ -
Campaspe	\$ 101,029	\$ -	\$ 26,202
Central Goldfields	\$ 28,572	\$ -	\$ -
Gannawarra	\$ 24,957	\$ -	\$ 15,731
Greater Bendigo	\$ 202,475	\$ 35,000	\$ 31,123
Loddon	\$ 22,248	\$ -	\$ -
Macedon Ranges	\$ 64,338	\$ -	\$ -
Mildura	\$ 99,755	\$ -	\$ -
Mount Alexander	\$ 49,481	\$ -	\$ -
Swan Hill	\$ 32,731	\$ 10,000	\$ 15,653
Region Wide	\$ 17,500	\$ 15,000	\$ -
Total	\$ 662,180	\$ 60,000	\$ 88,710

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 data in Section 3.5.3.

The Region recommends applying an equalisation factor to the City of Greater Bendigo and the Shires of Mount Alexander, Macedon Ranges and Campaspe.

Whilst the HACC population is growing significantly, the relative level of HACC growth funding is small. If the WREN formula were applied unadjusted over the three years, these four local government areas would be further behind in funds-equity terms at the end of the triennium than they are at the beginning. It is therefore deemed essential to implement an accelerated equity model to redress the otherwise projected inequity in these four local government areas.

It is noted that the data indicate that Mount Alexander's 70+ population drops slightly in 2004-05. However, Mount Alexander and Macedon Shires are in a growth corridor from Melbourne to Bendigo and attract a large number of retirees. These local government areas need to maintain equity with other local government areas as it is projected the need for HACC services will accelerate in these areas.

Figure 3.10. also shows that the Shires of Buloke, Central Goldfields, Gannawarra and Loddon and the Rural City of Swan Hill are significantly over-funded compared to the WREN.

It is therefore recommended that a 10% top-slice be taken in each of the three years to assist in accelerating intra-regional HACC funds equity. This percentage was determined having regard to:

- The extent to which the four local government areas are relatively under funded in terms of HACC funding
- The need to ensure that HACC services are not inappropriately substituted within particular local government areas
- The overall funding mix in each local government area
- The extent to which the recommendations to address CALD and ATSI Ministerial Priorities will affect intra-regional equity.

The 10% top-slice in each year has been re-allocated to the four local government areas proportionately by totalling the WREN for the four local government areas, dividing the WREN for each local government area against this total and multiplying against the top-slice amount. This ensures the accelerated intra-regional equity model is closely aligned to the projected growth in the numbers of HACC clients in those local government areas.

Despite the application of an accelerated equity model, the four local government areas that will benefit from the top-slicing will still remain under-funded according to the WREN at the end of the three years as the top-slicing only applies to the recurrent growth funding.

5.3.3. Recommended expansion of activities – Priority 1

Following the data analysis and conclusions described in Sections 3 and 4, the following recommendations for service expansion are presented. It should be noted that Priority 1 expansion targets the whole HACC population.

The service expansion recommended in each local government area is depicted in Appendix F. This is summarised in the tables below, that is, recommended expansion in activities during 2003-06.

Table 5.2.a: Recommended expansion of Priority 1 activities, 2003-04

Activities	Units	\$
Home Care	1,561	\$ 38,151
Personal Care	3,425	\$ 95,695
Allied Health	2,121	\$ 152,224
Nursing	1,375	\$ 85,746
Delivered Meals	3,000	\$ 3,690
ACM	-	\$ 72,373
Flexible Service Response	-	\$ 15,000
Service System Resourcing	-	\$ 2,000
SSR Training	-	\$ 25,000
SSR HACC Response Service	-	\$ 15,000

Table 5.2.b: Recommended expansion of Priority 1 activities, 2004-05

Activities	Units	\$
Home Care	2,475	\$ 61,991
Personal Care	3,215	\$ 92,078
Property Maintenance	775	\$ 28,238
Allied Health	1,589	\$ 116,894
Nursing	2,666	\$ 171,214
Delivered Meals	6,000	\$ 7,565
ACM	-	\$ 74,835
Flexible Service Response	-	\$ 7,000
SSR Training	-	\$ 2,500
SSR HACC Response Service	-	\$ 15,000

Table 5.2.c: Recommended expansion of Priority 1 activities, 2005-06

Activities	Units	\$
Home Care	3,298	\$ 84,670
Personal Care	3,766	\$ 10,555
Property Maintenance	1,566	\$ 58,485
Allied Health	1,228	\$ 92,596
Nursing	2,942	\$ 193,729
Delivered Meals	13,500	\$ 17,446
ACM	-	\$ 79,200
Flexible Service Response	-	\$ 8,000
SSR Training	-	\$ 2,500
SSR HACC Response Service	-	\$ 15,000

5.3.3.1. Regional Training Program

The Region recommends expanding the HACC Regional Training Co-ordination function in consideration of service quality enhancement initiatives. Additional funding would be allocated to further enable the co-ordinator to develop and implement a regional training strategy to address training priorities of HACC staff in the Region. In particular, the additional funds would be used to increase the capacity of HACC agencies to use traineeships and access other training/learning opportunities that are funded from a variety of sources and, also, in addressing HACC specific training needs.

It should be noted that this proposal is a developmental function to enhance the capacity of HACC agencies to identify training needs and access appropriate training. It is the responsibility of the Vocational Education and Training (VET) System to fund vocational training.

Planned expansion will be discussed with the Regional HACC Training Advisory Committee and the additional funding would be provided via direct allocation to the agency that carries out this function.

It is recommended that in Year One (2003-04) the HACC Regional Training Co-ordination function be consolidated. The Region recommends allocating \$25,000 in Year One from recurrent funding. In Years Two and Three, allocations of \$2,500 would be made to bring the total recurrent funding for this function to \$65,000 by 30 June 2006, an increase in recurrent funding of \$30,000 over the three years.

5.3.3.2. Small Rural Health Services

Small Rural Health Services are defined as D&E group hospitals, Healthstream agencies, Multi Purpose Services, and Bush Nursing Centres. Through direct allocation they will receive 1.5% of their HACC budget as growth. The need for any additional growth funding will be considered in a sub-regional planning context.

Consideration has also been given to the following factors:

- Status of the agency in relation to outstanding, or overdue, HACC Quarterly Returns and HACC MDS Reports
- Recommendations in the Bush Nursing Centres Project report for the two Bush Nursing Centres in the Region.

5.3.3.3. Cross regional service provision

The Region has considered the need for cross regional expansion and recommends increasing the coverage of the existing Loddon Mallee/Hume Aboriginal Liaison Officer Program to include the Shires of Central Goldfields, Loddon, Buloke and Gannawarra and the Rural Cities of Mildura and Swan Hill. This will ensure access of all Aboriginal communities in the Region to the program.

Recurrent funding of \$15,000 would be made available in Year One with a further \$22,000 in recurrent funding to be made available in Year Two.

Discussions have been held with Hume Region regarding the recommendation.

5.3.6. Allocation process, 2003-04

The funding allocations recommended below are in accordance with DHS' *Purchasing and Funding e-guide*. Stakeholders indicated a broad agreement with the agency allocation proposals.

Catchment	Name of Agency	Allocation Method	Home Care (hours)	Personal Care (hours)	Allied Health (hours)	Nursing Blair (hours)	Nursing Non Blair (hours)	Delivered Meals (meals)	Assessment & Care Management (\$)	Flexible Service Response (\$)	Service System Resourcing (\$)
Sea Lake	Swan Hill Hospital	Direct			129						
Buloke	East Wimmera Health Services	Direct				72					
Campaspe	Lockington Bush Nursing Centre	Direct					165				
Campaspe	Interchange Loddon Mallee	Direct		350							
Campaspe	Goulburn Valley Health	Direct				32					
Campaspe	Campaspe Shire	Direct			416				\$18,643		
Campaspe	Rochester & Elmore Dist. Health Service	Direct				36					
Central Goldfields	Maryborough Dist. Health Service	Direct				171					
Central Goldfields	Interchange Loddon Mallee	Direct		350							
Gannawarra	Interchange Loddon Mallee	Direct		100							
Gannawarra	Gannawarra Shire	Direct	289								
Gannawarra	Cohuna District Hospital	Direct				23					
Gannawarra	Kerang Dist. Health Service	Direct				60					
Gannawarra	Northern Districts Community Health Service	Direct			42						
Greater Bendigo	Interchange Loddon Mallee	Direct		430							
Greater Bendigo	City of Greater Bendigo	Direct	972								
Greater Bendigo	City of Greater Bendigo	Direct		705							
Greater Bendigo	City of Greater Bendigo	Direct							\$20,012		
Greater Bendigo	Bendigo Health Care Group	Direct				250					
Greater Bendigo	Bendigo Community Health Service	Direct			800						
Greater Bendigo	McIvor Health & Community Services	Direct				37					
Loddon	Dingee Bush Nursing Centre	Direct					132				
Loddon	Loddon Shire Council	Direct							\$2,321		

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Catchment	Name of Agency	Allocation Method	Home Care (hours)	Personal Care (hours)	Allied Health (hours)	Nursing Blair (hours)	Nursing Non Blair (hours)	Delivered Meals (meals)	Assessment & Care Management (\$)	Flexible Service Response (\$)	Service System Resourcing (\$)
Loddon	Boort District Hospital	Direct				17					
Loddon	Dingee Bush Nursing Centre	Direct					33				
Loddon	Inglewood Dist. Health Service	Direct				41					
Macedon Ranges	Gisborne & Dist. Community Health	Direct				112					
Macedon Ranges	Interchange Loddon Mallee	Direct		350							
Macedon Ranges	Cobaw Community Health Service	Direct			150						
Macedon Ranges	Macedon Ranges Shire	Direct							\$5,620		
Macedon Ranges	Cobaw Community Health Service	Direct			44						
Macedon Ranges	Gisborne & Dist. Community Health	Direct			98						
Macedon Ranges	Kyneton District Health Service	Direct				68					
Mildura	Mildura Meals on Wheels	Direct						3,000			
Mildura	Sunraysia Community Health Service	Direct			416						
Mildura	Mildura Rural City Council	Direct							\$10,727		
Mildura	Interchange Loddon Mallee	Direct		350							
Mildura	Mallee Track Health & Community Services	Direct				96					
Mildura	Sunassist Volunteer Helpers	Direct								\$5,000	
Mt Alexander	Mt Alexander Shire	Direct	300	140					\$15,050		
Mt Alexander	Interchange Loddon Mallee	Direct		350							
Mt Alexander	Maldon Hospital	Direct				22					
Swan Hill	Swan Hill Rural City Council	Direct								\$10,000	
Swan Hill	Interchange Loddon Mallee	Direct		300							
Swan Hill	Manangatang & Dist Hospital	Direct				8					
Swan Hill	Robinvale District Health Service	Direct			26						
Region Wide	Kerang DHS Gannawarra	Direct									\$2,000
Region Wide	Mt Alexander Shire	Direct									\$25,000
Region Wide	(HACC Response) - Bendigo Healthcare Group	Direct									\$15,000
Total			1,561	3,425	2,121	1,045	330	3,000	\$72,373	\$15,000	\$42,000

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.

5.4.2. Project Recommendations

5.4.2.1. Building capacity of the Ethnic Community Councils

Initiatives to ensure that the two regional Ethnic Community Councils have the capacity to:

- Promote HACC services across their catchment areas
- Build partnerships with regional HACC service providers and State-wide Ethno- Specific agencies
- Provide, or link into, appropriate outreach and advocacy services
- Assist in coordinating and delivering cross cultural training and awareness
- Participate in service coordination activities
- Play a key role in the development and provision of advocacy, information and support services
- Provide leadership to the sector.

Bendigo Regional Ethnic Community Council

The aim is to strengthen the infrastructure and organisational capacity of BRECC by increasing operational funding to support the information/resource function of the Council, assist in the development of an outreach service for HACC CALD clients and to build partnership arrangements with HACC providers and Ethnic organisations. It is recommended to directly allocate BRECC:

- 2003-04 - \$40,000 recurrent funding
- 2004-05 - \$40,000 recurrent funding.

Sunraysia Ethnic Communities Council

The aim is to strengthen the capacity of the SECC by increasing funding to support the SECC to expand its outreach program in the Swan Hill Rural City municipality. It is recommended to directly allocate SECC:

- 2003-04 - \$10,000 recurrent funding
- 2004-05 - \$10,000 recurrent funding
- 2005-06 - \$10,000 recurrent funding.

5.4.2.2. Extension of the Ethnic Service Development Program

The aim is to extend the program to the local government areas of Mildura and Swan Hill, and to increase usage of interpreter services in the Region. It is recommended to directly fund Bendigo Health Care Group \$16,000 in 2003-04 for these tasks.

5.4.2.3. Extension of the Telelink Program

It is recommended to extend the Telelink Program incrementally over the triennium to extend coverage across the Region. The Bendigo Telelink program will be funded in 2004-05 with further regional expansion in the final year.

- 2004-05 - \$5,000 recurrent funding
- 2005-06 - \$20,000.

5.4.2.4. Development of a CALD outreach initiative

It is recommended to provide outreach to CALD HACC clients in areas within the Region that are not currently receiving these services. Growth funding of \$30,000 and \$15,000 is recommended in 2004-05 and 2005-06 respectively.

5.4.2.5. Ethnic Meals Project

The aim is to extend the ethnic meals program by \$14,000 recurrent in 2003-04.

5.4.4. Allocation process, 2003-04

The funding allocations recommended below are in accordance with DHS' *Purchasing and Funding e-guide*.

Catchment	Name of Agency	Allocation Method	Flexible Service Response (\$)	Service System Resourcing (\$)
Swan Hill/Mildura	Bendigo Health Care Group	Direct	-	\$16,000
Mildura/Swan Hill	Sunraysia Community Health Service	Direct	\$14,000	
Mildura/Swan Hill	Sunraysia Ethnic Communities Council	Direct	-	\$10,000
Bendigo, Loddon, Mt Alexander, Macedon, Goldfields, Campaspe Bendigo	Bendigo Regional Ethnic Communities Council	Direct	-	\$40,000
Total			\$14,000	\$66,000

Stakeholders indicated a broad agreement with the agency allocation proposals.

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 recommended each year when the Regional Plans are adjusted.

In addition, VICACD recommended 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 border 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

The Loddon Mallee Region has five HACC funded Aboriginal organizations based in the Region, namely, Mildura Aboriginal Corporation, Murray Valley Aboriginal Co-operative (located at Robinvale), Njernda Aboriginal Corporation located at Echuca, Allinjarra Aboriginal Association Incorporated located at Kerang and the Bendigo and District Aboriginal Co-operative.

All five organizations are funded to provide Aboriginal specific HACC services and programs in recognition that the 'generally lower health status of Aboriginal people results in a higher likelihood of need to access HACC services'.

Source: HACC Information Resource Kit 2002 p.9

Access to mainstream services for ATSI communities is being strengthened in Bendigo with the development of a partnership between Bendigo and District Aboriginal Co-operative (BDAC) and Loddon Mallee Housing Services Ltd which links ATSI clients to a range of services including HACC services. This approach increases access to information and choice of service provision and aims to strengthen the capacity of BDAC to provide flexible services to the ATSI community over the longer term.

Strategies are in place to provide HACC services to the ATSI community in Swan Hill utilising the mainstream stream service system.

5.5.4. Expansion of services

Based on the 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.

5.5.4.1. Strengthening Assessment and Care Management functions to manage the multiple and complex needs of most Aboriginal HACC clients

It is noted that whilst most agencies receive Assessment and Care Management funding, it is usually inadequate for the amount of care management and service co-ordination undertaken by HACC co-ordinators (p.9). The complexity of needs of Aboriginal clients noted in the report (p.5) demands the highest level of assessment and care management skill.

5.5.4.2. Building the quality and sustainability of Aboriginal core HACC services

Aboriginal HACC services need to both build levels of funding to HACC Basic services and Planned Activity Groups, and rationalize the range of HACC activities undertaken by Aboriginal HACC agencies. This could occur through:

- Higher level and more consistent funding
- Consolidating existing activities
- Developing partnerships with mainstream agencies
- Changing and developing new funding models
- Ensuring that funding to programs complementary to HACC services is maintained and increased.

5.5.4.3. Improving access to advocacy/information and addressing the needs of isolated and emerging communities via the expansion of the Aboriginal Liaison Program

This program offers advocacy and access to information to HACC clients and will strengthen the response to Aboriginal HACC clients in emerging communities to access mainstream services in areas where an Aboriginal specific agency does not exist.

5.5.4.4. Allocation of quarantined funds from 2003-03 HACC Funding Round

In 2002-03 the Region had \$15,000 for ATSI service expansion that was quarantined. The Region will distribute these funds (\$5,000 each) to the ATSI communities in Ganawarra, Swan Hill and Murray Valley.

5.5.5. Service development initiatives

5.5.5.1. Strengthening Assessment and Care Management

Aim

To strengthen the capacity of Aboriginal HACC services to undertake Assessment and Care Management activities in a manner that builds the quality and sustainability of the service and improves access to culturally sensitive mainstream services.

Proposal

Regional Aboriginal HACC Assessment Coordination Program (RAHACP)

The appointment of 1.0 EFT Regional HACC Assessment Coordinator to work across the Region with Koori HACC workers located in each of the Aboriginal HACC funded organizations.

Service Components

1. Support to local HACC Co-ordinators in undertaking assessments
 - Local HACC Co-ordinator to undertake initial needs identification to establish HACC eligibility according to the HACC guidelines and to meet immediate needs
 - Regional HACC Assessment Co-ordinator to conduct a joint HACC assessment with the local HACC Co-ordinator to identify the range of service and care management needs
 - Where a mainstream HACC service is needed, the regional worker to assist with the mainstream HACC referral made by the local HACC co-ordinator.
2. Development of HACC Assessment and Care Management capacity
 - Support and training to local HACC Co-ordinators in use of the Service Co-ordination and Common Assessment Tool and other training needs subject to Statewide training packages
 - Facilitate the relationship between the local HACC Co-ordinator in Aboriginal and mainstream agencies with the goal of developing local Aboriginal/mainstream agency joint assessments of HACC clients
 - Develop inter agency protocols and agreements for Assessment and Care Management to build in culturally appropriate practices within mainstream agencies.
3. Regional role
 - Improved support for Assessment and Care Management is needed in the Aboriginal HACC agencies which have not entered into partnership with mainstream agencies and these services will be the focus for the RAHACP program i.e. Mildura Aboriginal Corporation, Murray Valley Aboriginal Co-operative and Njernda Aboriginal Corporation. Support will also be provided to the Aboriginal community in Gannawarra. Recent changes to funding arrangements for the delivery of HACC services to members of the Bendigo and Swan Hill Aboriginal communities will mean that less support for Assessment and Care Management is needed for Aboriginal HACC agencies operating in these catchments

- Regional Aboriginal HACC Assessment Co-ordinator to work with Boards of Managements of Aboriginal organizations to ensure that the National Standards Instrument (NSI) around Assessment and Care Management is adhered to
- Report to the Regional Office on program issues and opportunities for improvements.

It is recommended to recurrently fund the Regional Aboriginal HACC Assessment Coordination Program (RAHACP) \$85,000 in 2003-04. Funding will commence in January 2004. Total growth funding at the end of 2006 will be \$85,000 per annum.

5.5.5.2. Increasing service levels

Aim

To develop a minimum level of core funding to Koori agencies and address major anomalies; the following initiatives are recommended:

Proposal

Year One

Additional funding for:

- Assessment & Care Management functions and to address specific anomalies and priorities
- Home Care funding in Mildura
- Planned Activity Group funding in each Aboriginal organisation.

Year Two

Development of a HACC service plan for each Aboriginal organization based on a renegotiation of the current service mix, development of new models and options for partnerships, using available data and analysis of the HACC program in each Aboriginal organization.

Year Three

Additional funding to be allocated based on the Service Plan.

Planned Activity Group (PAG-core)

Increase PAG funding by \$30,187.20. This will be shared between the ATSI community in Gannawarra, Mildura Aboriginal Corporation, Njernda Aboriginal Corporation, and the Swan Hill area. Each program will be funded to provide a minimum of one 4 hour PAG per fortnight for 14 people in 2003-04.

Increase PAG funding by \$55,514.57 in 2004-05 to the Bendigo area, Mildura Aboriginal Corporation and Murray Valley Aboriginal Co-operative.

Increase PAG funding by \$64,812.22 in 2005-06 to the ATSI community in Gannawarra, Njernda Aboriginal Corporation and the Bendigo area.

Total growth funding at end of 2006 - \$150,514.00.

Home Care

Mildura Aboriginal Corporation is to be funded \$7,894.12 to bring Mildura Aboriginal Corporation up to a base funding level equivalent to other Aboriginal HACC Home Care.

Mildura Aboriginal Corporation, the Aboriginal community in Gannawarra, Murray Valley Aboriginal Corporation and Swan Hill area to be funded a total of \$13,775.79 in 2004-05 to bring Home Care funding to an equitable level of approximately \$31,000-32,000 per larger agency.

Home Care will be funded in 2005-06 at Gannawarra in an amount of \$3,209.13 to maintain a critical level of funding and the Bendigo area will receive Flexible Service Response funding of \$20,688.29 in anticipation of the next stage of the Loddon Mallee Housing Service/Bendigo Aboriginal & Districts Co-operative partnership. Funding will commence in January 2004.

Total growth funding at end of 2006 - \$45,567.33.

Assessment and Care Management

In 2003-04 growth funding of \$11,918.68 in total will bring funds equity to Assessment and Care Management to each Aboriginal organization in the Region. This funding will be recurrent for 2004-05 and 2005-06 and fund all Aboriginal organizations at the rate of one assessment per week (48 weeks) of three hours. This figure must account for reassessments and some care management functions. Funding will commence in January 2004.

Total Growth funding as at 2006 - \$11,918.68.

Extend Aboriginal Liaison Program

Aim

To extend the Loddon Mallee Region HACC Aboriginal Liaison Program.

Proposal

This program offers advocacy and access to information to HACC clients. The program currently operates in the local government areas of Campaspe, City of Greater Bendigo, Mt Alexander and Macedon Ranges. The program would be extended to the local government area of Rural City of Mildura and Rural City of Swan Hill, as well as the Shires of Gannawarra, Loddon, Buloke and Central Goldfields. Growth funding for this program in 2003-04 will be \$15,000 with an increase of \$22,000 in 2004-05. Funding will commence in January 2004.

Total growth funding at the end of 2006 will be \$37,000 recurrent.

5.5.7. Allocation process, 2003-04

The funding allocations recommended below are in accordance with DHS' *Purchasing and Funding e-guide*.

Catchment	Name of Agency	Allocation Method	Home Care (hours)	A&CM (\$)	SSR (\$)	PAG Core (hours)
Campaspe	Njernda Aboriginal Corporation	Direct		\$2,100.00		365
Gannawarra	Quarantined to DHS	-		\$1,400.00		365
Mildura	Mildura Aboriginal Corporation	Direct	323	\$2,118.68		1330
Swan Hill	Murray Valley Aboriginal Co-operative	Direct		\$4,200.00		
Swan Hill	Swan Hill Rural City Council	Direct		\$2,100.00		980
Region Wide	Goulburn Valley Health	Direct			\$15,000	
Region Wide	Department of Human Services - Loddon	Direct			\$85,000	
Total			323	\$11,918.68	\$100,000	3040

Stakeholders indicated a broad agreement with the agency allocation proposals.

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.

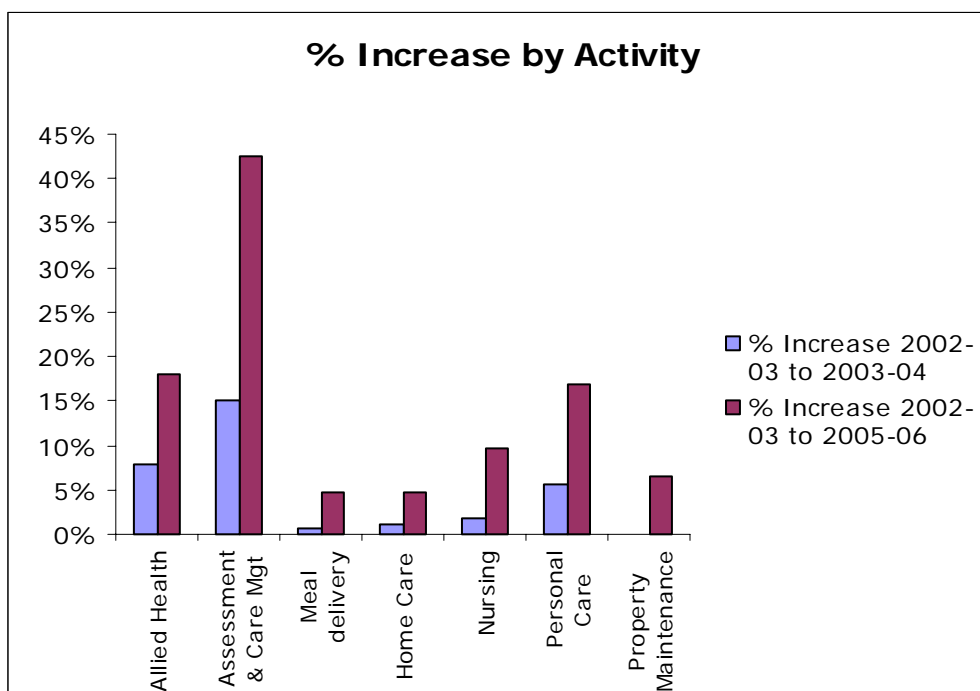


Figure 5.1: Percentage increase of Priority 1 activities, 2003-04 and 2003-06

The 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 recommended recurrent base budget at 1 July 2006 (including consolidation funds) and reflects funding allocations as recommended in this Draft Regional Plan. The third bar shows the WREN population share by local government area for 2005-06; and indicates recommended progress towards redressing HACC funds inequity between local government areas.

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

Table 5.3: Loddon: Recurrent Funding 2002-03 & 2005-06, compared to equity

LGA	Recurrent \$ 1/7/2003	% of recurrent budget, 1/7/2003	WREN 2003-04	Recurrent \$ + growth, 1/7/2006	% of budget, 1/7/2006	WREN 2006
Buloke	\$948,262	4.0%	3.4%	\$1,147,412	3.9%	3.4%
Campaspe	\$3,019,476	12.7%	14.4%	\$4,129,846	14.0%	14.5%
Central Goldfields	\$1,286,374	5.4%	5.1%	\$1,798,702	6.1%	5.1%
Gannawarra	\$1,394,899	5.9%	4.5%	\$1,802,690	6.1%	4.4%
Greater Bendigo	\$6,366,228	26.7%	28.9%	\$7,551,994	25.5%	29.0%
Loddon	\$1,346,710	5.7%	4.0%	\$1,486,210	5.0%	3.9%
Macedon Ranges	\$2,190,584	9.2%	9.1%	\$2,459,200	8.3%	9.2%
Mildura	\$4,010,859	16.8%	17.5%	\$5,081,522	17.2%	17.7%
Mount Alexander	\$1,276,444	5.4%	7.1%	\$1,790,491	6.1%	7.1%
Swan Hill	\$1,983,045	8.3%	5.9%	\$2,340,742	7.9%	5.8%
Total	\$23,822,883	100.0%	100.0%	\$29,588,808	100.0%	100.0%

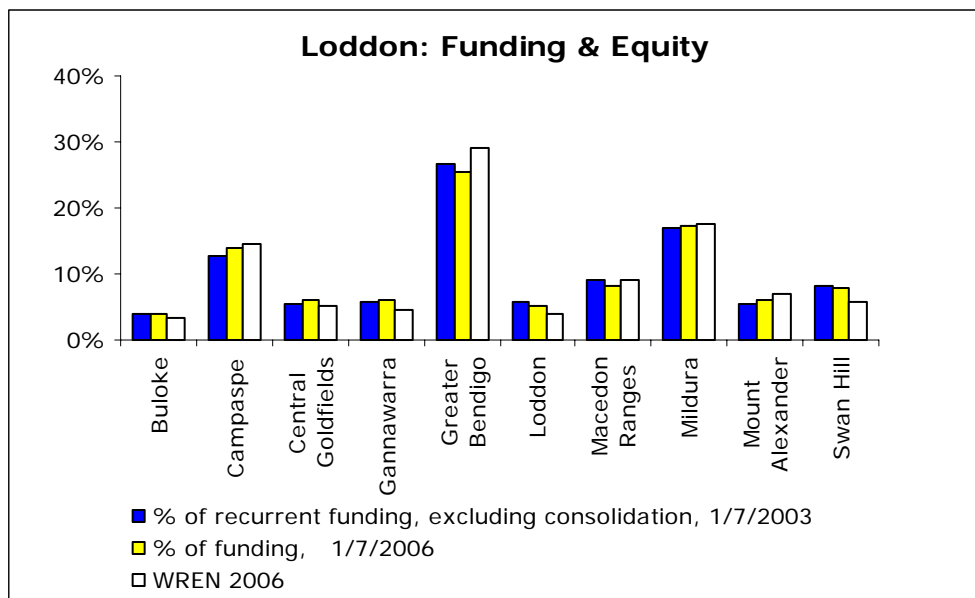


Figure 5.2: Recurrent funding 1 July 2003 and 1 July 2006, compared to equity

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 over the next three years:

2003-04 CALD focus - To assess the current capacity of the Bendigo Region Ethnic Communities Council and to develop strategies to ensure the on-going viability of this organization (Refer Section 5.4 for further details on how this project fits in with the CALD initiatives).

It is recommended to directly allocate BRECC \$30,000 non recurrent.

2004-05 Transport focus - To establish a self-sustaining Regional Transport Advisory Group to build on the two Transport Connections Programs recently funded in the Region and to provide a Regional Forum for developing responses to transport issues for the HACC Program.

It is recommended to invite submissions for this project (up to \$30,000 non recurrent).

2005-06 ATSI focus - To assist in the development of a HACC Service Planning Template for ATSI organisations, and/or the establishment of a regional waiting list for ATSI HACC clients for ATSI specific services.

It is recommended to invite submissions for this project (up to \$30,000 non recurrent).

6.3. Minor capital discretionary funding

A minimum of 1% of total Program outlays has been established 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.

A discretionary minor capital budget of 20% is recommended for 2003-04 for:

- Vehicle changeover costs of specialist transport providers in the Region
- Additional establishment costs for new growth initiatives (that is, ATSI and CALD initiatives)
- Additional establishment costs for service expansion initiatives (including, allied health services expansion)
- A reserve to ameliorate any unintended consequences of the new minor capital allocation process.

In future years, the quantum of minor capital funding set aside for discretionary purposes will be evaluated and a reduction in the discretionary allocation will be considered.

For 2003-04, the Region recommends that the regional minor capital discretionary funding be prioritised for the following projects (subject to the identification of any unintended consequences of the implementation of the new minor capital allocation process):

- Sunassist Volunteer Helpers Inc. – assistance with vehicle costs as recurrent funding is insufficient to set aside reserves for this purpose.
- ATSI Assessment & Care Management Project – assistance with establishing the recommended Regional Aboriginal Assessment Coordination position.
- CALD Outreach Program (Bendigo Region) – assistance with establishing the recommended CALD Outreach Program in the catchment area of the Bendigo Region Ethnic Communities Council.
- Bendigo Podiatry Service – assistance with expanding the existing podiatry service in Bendigo to include home-bases assessment and domiciliary visits.
- Mildura Allied Health Service – assistance with expanding the existing allied health service in Mildura.