

# Home and Community Care (HACC) Program

Loddon - Mallee Region  
Triennial Plan 2006-09



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# 1 Introduction

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

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

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

## 2 Consultation

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

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

The Region regularly consults with service providers and consumer groups and has considered the views of these stakeholders in the development of the 'Loddon Mallee Region Triennial Plan 2006-09'.

- The Community Services Officer Consortium - comprises 10 Community Service Officers each representing one of the 10 local government areas and meets bi-monthly,
- The Regional Aged Care Team liaises closely with the Aged and Disability Planning and Advisory Committee (ADPA) in each of the 10 local government areas,
- Primary Care Partnerships (PCP) also provide an important forum for networking amongst local service providers and interested consumer groups. Information contained in the Community Health Plans is considered as part of the planning process,
- The Loddon Mallee HACC Regional Training Advisory Committee,
- The Loddon Mallee/Hume Aged and Disability Network of Aboriginal organizations,
- The Loddon Mallee District Nurses Network,
- The Loddon Mallee Planned Activity Group Network,
- The Loddon Mallee Allied Health Network,
- The Loddon Mallee Access & Equity Network.

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

During June-July 2006, each DHS region presented a 'Draft Regional Triennial Plan Consultation Document' to the sector to seek critical appraisal on the proposed strategic intentions. This occurred through consultation meetings, with the final draft of the Plan emailed to the sector. The aim was to test the conclusions drawn by the Department, and change them where information has been overlooked or where a more sensible conclusion can be drawn from the available evidence.

Consultation sessions were held on the following dates:

Consultation	Date	Total number of attendees	Number of service providers	C'wealth representative in attendance
Aboriginal	10 July 2006	5	4	
CALD	6 July 2006	10	2	
Regional City of Greater Bendigo	11 July 2006	31	23	2

## 2.2 HACC Planning Sessions

### 2006-09 HACC Planning & Funds Allocation

Date	Time	LGA
2 Nov 2005	10:00 – 12 noon	Loddon Shire
3 Nov 2005	9:00 – 11:00 am	Mildura Rural CC
10 Nov 2005	10:00am-12:00 pm	Gannawarra Shire
10 Nov 2005	1:00 pm – 3:00 pm	Swan Hill Rural CC
14 Nov 2005 22 May 2006 5 Jun 2006	1:30 pm-3:30 pm	City of Greater Bendigo
16 Nov 2005	1:00 pm – 3:00 pm	Central Goldfields Shire
17 Nov 2005 15 June 2006	11 – 1:00 pm	Macedon Ranges Shire
18 Nov 2005	11:00 am – 1:00 pm	Buloke Shire
23 Nov 2005	2:00-4:00 pm	Campaspe Shire
29 Nov 2005 30 May 2006	9:00 am – 11:00 am	Mt Alexander Shire

The Loddon Mallee Regional approach to developing the strategic directions for 2006-09 has progressed over a period of time.

Individual HACC Planning Sessions were held in November 2005 in the ten Councils across the LMR utilising existing Aged and Disability Networks. Advance notice and a focused agenda stimulated discussion enabling the broadest identification of opportunities and strengths in each Council because of the diversity of stakeholders that were engaged. The discussions strongly highlighted the need for improved interfaces both within the Department and between service providers to enable better outcomes for the clients. Some common themes to emerge were social isolation, depression, poor access to services, high waiting lists, inadequate discharge planning, unavailability of allied health professionals, lack of transport, limited after hours district nursing services, increased demand from diabetes and dementia clients. Limited residential care places in the LMR are adding increased pressure on the HACC service system with many clients having no family supports. The advantages of health promotion to those clients who are currently receiving little or no HACC service was also discussed, supporting the HACC Active Service model. Mental health, disability and community health issues were also raised.

Further discussions were held in the Councils identified as under the Rural Region's average of \$pcf. These discussions highlighted the need to increase the funding for the Assessment Service Group to support the assessment process within a HACC active service model framework. Increased funding to the Service Group Health will assist to support the care needs of dementia and diabetes clients seven days per week.

The importance of social support, volunteer co-ordination and planned activity for the HACC client group was also a theme. It was noted that this area would be subject to further research in the triennial plan period.

## 2.3 Outcomes of HACC Consultations

The Loddon Mallee Regional consultation had strong representation from the HACC sector and the Strategic Directions 2006-09 were endorsed. The Region will endeavour to develop a strategy to address those small rural communities that have a decreasing population, whilst the proportion of the HACC eligible population is increasing. It has also been recognised that some of these communities are within the Councils that are over the Rural \$pcf.

## 3 Joint Commonwealth/State commitment

Commonwealth / State matched growth in HACC service expansion is estimated to be \$55.9 million over the next three years, with \$17.4m in 2006-07, \$18.6m in 2007-08, and \$19.9m in 2008-09. Year 2 and 3 allocations are subject to annual confirmation.

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

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

## Actual /Indicative Growth Funding Based on Estimates

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

## 4 Strategic Needs Analysis

### 4.1 Program influences

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

#### 4.1.1 Consultation

The HACC planning sessions that were undertaken in the Loddon Mallee Region in preparation of the Triennial Plan included broad discussion of aged care, community health, disability and mental health service delivery at the local level.

#### 4.1.2 Victorian HACC Program strategic directions 2006-09

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

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

###### (i) Implementing 'common arrangements'

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

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

## **(ii) HACC Renegotiation**

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

## **(iii) HACC triennial planning**

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

### **4.1.2.2. Active Service Model**

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

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

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

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

### **4.1.2.3 Assessment and Care Coordination in HACC**

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

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

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

Over 2006-09 the HACC Program will:

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

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

#### **4.1.2.4 Review of respite, social support and carers**

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

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

This task needs to be tackled in collaboration with other programs and other levels of government. For example, understanding the consequences of shifts in the demography and workforce structure of Australian society is important. These shifts seem to have an impact on women aged

40–65, who currently constitute a significant proportion of carers. An increasing proportion of women in this age group are in the paid workforce; it is also apparent that in many cases, they continue to take a caring role in relation to older relatives and/or disabled children. We need to identify and understand these and other trends and what they mean for a suite of services that have been in existence, relatively unchanged, for many years.

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

#### **4.1.2.5 Culturally Equitable Gateways Strategy (CEGS)**

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

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

#### **4.1.2.6 Indigenous HACC Viability Funding Models Project**

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

#### **4.1.3 Regional response to address program developments**

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

## **4.2 Regional HACC profile**

### **4.2.1 Profile of the region**

The Loddon Mallee Region (LMR) covers the North West quarter of the State of Victoria and is comprised of ten Councils and 5 Primary Care Partnership (PCP) catchments and covers a vast area that spans from Mildura in the North to Gisborne in the South.

LMR has a total population of 296,333 of which the HACC eligible population is 53,569 (18%). This HACC eligible target group can access services through any of the 54 providers in this Region.

Within the 10 Councils in LMR, the Department funds 54 HACC providers. HACC providers are a diverse group and include:

- 10 Councils
- 4 Community Health Centres
- 17 Hospitals (the Region also directly funds Goulburn Valley Health)
- 2 Bush Nursing Centres
- 14 non government organisations
- 2 multi purpose services
- 1 CALD organisation
- 4 Aboriginal organisations (Two other communities are funded through local government & the Region also directly funds Rumbalara Co-operative in Hume Region)

Of the 54 organisations, a number provide either sub regional or regional services across the LMR.

The Region has five 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.

#### 4.2.2 Preface to data considerations

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

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

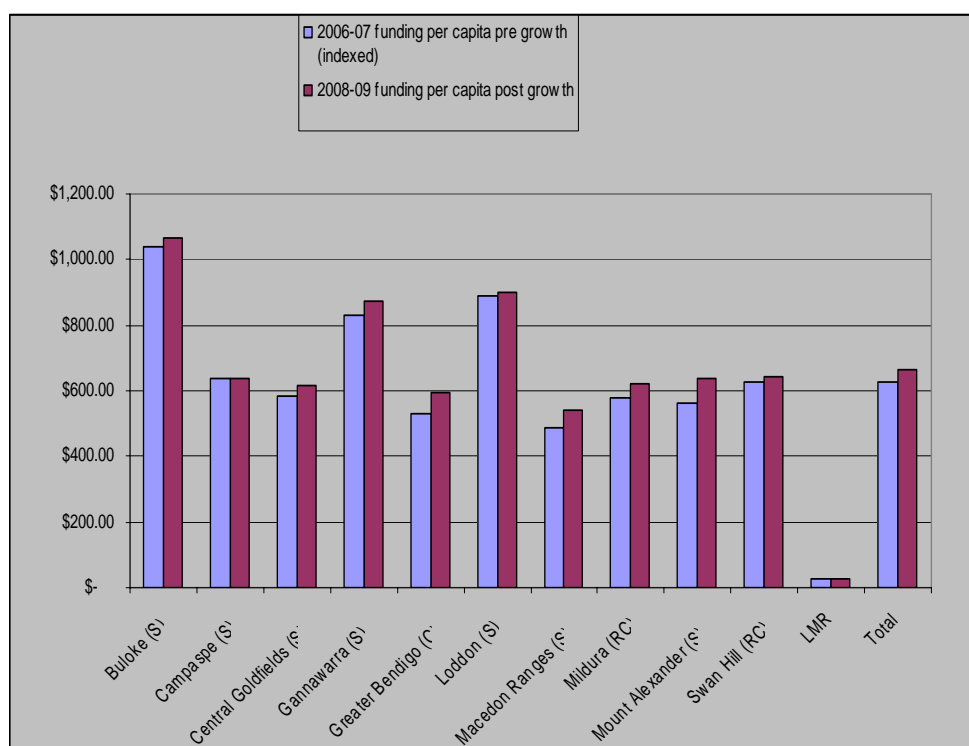
#### 4.2.3 Population profile

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

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

<b>LGA</b>	<b>RREF-LGA pop 2006-07</b>	<b>RREF-LGA pop 2007-08</b>	<b>RREF-LGA pop 2008-09</b>
Buloke (S)	1,625	1,636	1,651
Campaspe (S)	6,923	7,080	7,246
Central Goldfields (S)	2,877	2,938	3,000
Gannawarra (S)	2,293	2,283	2,277
Greater Bendigo (C)	15,647	16,124	16,617
Loddon (S)	1,852	1,883	1,916
Macedon Ranges (S)	5,483	5,720	5,960
Mildura (RC)	9,436	9,668	9,908
Mount Alexander (S)	3,349	3,423	3,501
Swan Hill (RC)	4,084	4,132	4,185
<b>Total</b>	<b>53,569</b>	<b>54,888</b>	<b>56,260</b>

#### 4.2.4 Regional funding - \$pcf



LGA	2006-07 funding per capita pre growth (indexed)	2008-09 funding per capita post growth
Buloke (S)	\$ 1,038.99	\$ 1,065.91
Campaspe (S)	\$ 635.08	\$ 635.82
Central Goldfields (S)	\$ 581.55	\$ 617.06
Gannawarra (S)	\$ 829.38	\$ 870.71
Greater Bendigo (C)	\$ 528.50	\$ 593.30
Loddon (S)	\$ 890.75	\$ 897.91
Macedon Ranges (S)	\$ 486.67	\$ 538.79
Mildura (RC)	\$ 577.20	\$ 620.83
Mount Alexander (S)	\$ 562.80	\$ 638.53
Swan Hill (RC)	\$ 626.63	\$ 644.19
LMR	\$ 24.88	\$ 25.60
<b>Total</b>	<b>\$ 624.81</b>	<b>\$ 666.79</b>

As indicated by the above information, nine Councils at the end of 2008-09 will have higher HACC \$pcf and the Shire of Campaspe will remain constant over the triennial period. This outcome has been achieved strategically through the allocation of targeted funding to under-resourced Councils and naturally from the outcomes of population growth.

After applying the over arching equity framework, the five Councils of Central Goldfields Shire, City of Greater Bendigo, Macedon Ranges Shire, Mildura Rural City and Mount Alexander Shire were recognised as being under the Rural Regions \$600 pcf in 2006–07. Funding was directed in 2006-07 to the three Councils that were significantly under equity, these being City of Greater Bendigo, Macedon Ranges Shire and Mount Alexander Shire. In 2007-09, an increase to all five Councils under the Rural \$pcf has brought

three of these above the Rural average at the end of the triennium. At the end of 2009 only the City of Greater Bendigo and Macedon Ranges Shire are projected to remain under the Rural \$pcf.

In the Councils over equity growth in the \$pcf over the triennium has resulted from the awarding of indexation nominally estimated to be 2.1% resulting in an increase \$pcf or where there is a projected decline in the HACC population.

## **Regional service provision profile**

The diversity of organisations that deliver HACC services in the LMR is both a strength and a challenge to ensure the co-ordination of services. Implementation of the Service Co-ordination Tool Template is well advanced in the Region, however there is a need to strengthen partnerships between health services and assessment services. LMR has a number of HACC networks to support workers and promote service development and local area co-ordination. The Region has promoted partnerships with HACC service providers and Aboriginal HACC services and Ethnic Communities Councils in the Region. LMR has the second highest \$pcf of HACC funding within the State, however the profile of service provision indicates inequity between Councils. The Region has Councils with declining populations and historically high levels of HACC funding and others in the growth corridor from Melbourne that are experiencing growth in the HACC population and increased funding pressures. Variability between activities across Councils is both historical and in response to the local service system. Waiting lists are being managed by reducing service levels to individuals in order to provide services to an increasing number of clients.

Below is a breakdown by service group of the Regional service provision based on the HACC Minimum Data Set 2004-05 and the Loddon Mallee Region HACC Information Resource Kit 2005.

In summary:

### **Service Group - Assessment:**

- Councils and Aboriginal organisations are funded to provide this activity.
- All Councils are below the LMR, Rural and Victorian average. LMR is one the lowest funded per capita Regions in the State for this service group.

### **Service Group – Health**

Allied Health:

- Although funding per capita is above the Rural average in seven Councils, funding is below the LMR average in Central Goldfields Shire, City of Greater Bendigo, Macedon Ranges Shire, Mildura Rural City and Mount Alexander Shire for this service type.
- In Mildura Rural city clients are not being serviced within an appropriate timeframe due to the lack of allied health resources. There is in particular, an increasing demand on occupational therapy services due to the shorter hospital stay and people staying in their homes longer.
- In Mount Alexander Shire the occupational therapy is being provided through an auspice travelling a distance of 68 kilometres, funding directly to an organisation in Macedon Ranges Shire would be more cost effective.
- Currently there is no HACC podiatry service in Mount Alexander Shire.
- Lack of occupational therapy, dietetics, podiatry and physiotherapy would limit the implementation of the Active Service Model.

#### Nursing:

- Although City of Greater Bendigo and Mildura Rural City are funded above the Regional average, there has been a shift in service delivery. The District Nursing Service in the City of Greater Bendigo has reported 800 visits per month associated directly with Diabetes clients. This is a significant increase over previous years and the District Nursing Service has reported difficulties in keeping up with demand.
- Post Acute Care has tightened their criteria and provides a more limited service hence increasing demand for District Nursing in Mildura Rural City.
- In both the City of Greater Bendigo and Mildura Rural City the District Nursing Service is the sole provider and demand continues to increase. Currently services are being managed by restricting priority of access criteria.

#### **Service Group – In home support**

##### Domestic Assistance:

- Two Councils, City of Greater Bendigo and Mount Alexander Shire, in the LMR receive the lowest level of \$pcf funding for this funding type. Five others are on the Regional average. Actuals reported for 2004-05 are above the targets and continue to exceed target. Mildura Rural City Council continues to experience demand with a 257% increase to service from October 05 to May 06. In 2004-05 council provided 11,812 hours in excess of their target.

##### Personal Care:

- Funding is below the LMR average in Mildura Rural City and Mount Alexander Shire but demand for this service continues in the City of Greater Bendigo and in the rurally isolated areas of the Region.
- Actuals exceed the targets for 2004-05. The City of Greater Bendigo, Mildura Rural City and Mount Alexander Shire are currently significantly above their projected target for 2005-06.
- Additional funding is needed to support the HACC Active Service Model.
- Aboriginal organisations receive minimal or no funding.

##### Property Maintenance:

- Although funded above the State average this activity has had minimal growth over the last 3 year funding cycle.
- 2004-05 actuals significantly exceeded the yearly target. Although City of Greater Bendigo provides a restricted service, actuals continue to exceed target in 2005-06.

##### Respite:

- This activity is funded below the LMR and Rural averages and slightly above the State average. Actuals significantly exceed the targets for 2004-05.

#### **Service Group – Social support**

##### Planned Activity Group – Core:

- Funding is well below the Rural and LMR averages in the Shires of Buloke, Central Goldfields, Macedon Ranges, Mount Alexander and the City of Greater Bendigo. Actuals well exceed targets for 2004-05 and continue to do so in 2005-06.
- All service providers for Aboriginal communities are funded over the Rural regions \$pcf.

##### Planned Activity Group – High:

- The Shires of Buloke, Loddon, Macedon Ranges and Mount Alexander, the Rural Cities of Mildura and Swan Hill and the City of Greater Bendigo are funded below the LMR, Rural and Victorian averages. The actuals for 2004-05 are above their target.

Volunteer Co-ordination:

- This activity funds a HACC community transport service in Mildura Rural City, receiving minimal growth in 2003-06 and the Interchange program, receiving no growth in the previous three year plan, in the Loddon Mallee Region both continue to experience a rapid increased demand on the services.

### **Service group - Other**

Service System Resourcing:

- Funds support HACC networks, training and development positions, HACC Response Service and Continence Nursing. Community Service Officer positions and Senior Citizens Maintenance grants are funded through Councils. All of the above are Regional or sub Regional services.
- Current HACC regional resources directed to CALD specific positions are equivalent to 3.6 EFT positions and are located in Bendigo with a Loddon Campaspe catchment and in Mildura with a northern Council or Mallee catchment.
- The Sunraysia Ethnic Communities Council receives HACC funding to resource client information and access to HACC services in the Councils of Mildura and Swan Hill. The City of Greater Bendigo is funded in partnership with the Bendigo Ethnic Communities Council for a similar role in the Loddon Campaspe catchment.

Flexible Service Response:

- Funds support innovative programs/positions across the LMR to support clients with complex care needs to remain in the community. They are not adequately funded.

#### **4.2.5 Regional strategic directions informing HACC planning**

The development of the Loddon Mallee Region HACC Triennial Plan has utilised HACC population data, service system information and Minimum Data Set (MDS) data to provide a framework for decision-making about recommendations. This approach has identified the priority Councils, and the priority service types for funding in each area for all Ministerial Priorities. Additional information and data has been derived from the:

- HACC Information Resource Kit 2005
- Information obtained from Local and Regional consultations
- LMR Strategic Plan 2005-06
- Regional Indigenous Services Action Plan –Loddon Mallee Region July 2003-2006
- Indigenous Communities HACC Needs Analysis Project 2003
- The HACC Needs of Culturally and Linguistically Diverse People in the Loddon Mallee Region - Latrobe University Bendigo May 2003

The Regional HACC service planning sessions at Council level and improved interface with the Department, Community Health, Mental health and Disability programs highlighted the health promotion opportunities for HACC clients, impact of social isolation/depression on the HACC service system and the need for a co-ordinated approach to social support, respite services and improved training for HACC workers to address the needs of complex clients and dual disability clients.

The aims of the Hospital Admissions Risk Program (HARP) to reduce the number of readmissions to acute care have been considered in recommending increased funding to Assessment and Health service groups and in funding innovative programs to HACC clients with dementia and chronic illness such as diabetes.

A major investment in the Health service group has been underpinned by the Region of Choice project that aims to build capacity to enhance the overall recruitment and retention of Allied Health professionals in rural regions.

The future directions of PCPs and support of statewide service co-ordination protocols have informed directions with CALD and Aboriginal recommendations and in identifying improved partnerships between Health and Assessment services.

## 5 Regional Summary

Overall strategic directions for the LMR HACC Triennial plan 2006-09 have been informed by State and Regional policy directions in HACC, in particular the Ministerial Priorities, the development of the HACC Active Service Model and the Strategic Directions in Assessment Victorian HACC program. Funding has been recommended to implement the principles of the HACC Active Service model to support improved integration of allied health and nursing services in the assessment process. The plan identifies this model for service development toward the end of the Triennium. This funding will strengthen partnerships between organisations currently funded for assessment and health organisations. At a regional level the \$pcf has highlighted equity as the major funding driver. Analysis of the current service groups funding distribution and MDS data has influenced funding recommendations in Council's. It is proposed to allocate significant growth to the Councils most under the Rural Region's HACC funding benchmark of \$600 pcf. Over the triennial plan 2006-09, the percentage of funding recommended to Priority One HACC Basic is 93%, to Priority Two 1% and to Priority Three 6%. In summary over the triennial period, funding has been recommended to service groups of –

- Assessment 22%
- Health 46%
- In home support 17%
- Other 4%
- Social support 11%

### Equity

The consideration of equity has guided the regional recommendation that the focus for growth funds across the triennium will be to the City of Greater Bendigo, Shire of Macedon Ranges and Mount Alexander Shire in the first year of the plan 2006-07. In the following two years, funding is recommended to Mildura Rural City and the Shire of Central Goldfields to address equity. By the end of the triennium it is the intention to reach/have made substantial gains in redressing the relative under-funding in the under funded Councils.

The recommendations are expected to bring three of the five under funded Councils above the Rural Region's \$pcf of \$600.

- City of Greater Bendigo has moved from \$528.50 to \$593.50
- Macedon Ranges Shire \$486.67 to \$538.79
- Mount Alexander Shire \$562.80 to \$638.53
- Central Goldfields Shire \$581.55 to \$617.06
- Mildura Rural City \$577.20 to \$620.83

City of Greater Bendigo and Macedon Ranges Shire remain below the Rural Region's benchmark of pcf of \$600.

## Summary of indicative allocations

	Year 1	Year 1	Year 1	Year 1	Year 2	Year 2	Year 2	Year 2	Year 2	Year 3	Year 3	Year 3
Local government area	% of funds to priority 1	% of funds to priority 2	% of funds to priority 3	Total of funds to priorities	% of funds to priority 1	% of funds to priority 2	% of funds to priority 3	Total of funds to priorities	% of funds to priority 1	% of funds to priority 3	Total proportion of funds to priorities	
Buloke (S)												
Campaspe (S)			2%	2%			1%			1%	1%	
Central Goldfields (S)					7%			7%	6%		6%	
Ganawarra (S)												
Greater Bendigo (S)	58%		1%	59%	40%		2%	42%	39%	2%	42%	
Loddon (S)								0%			0%	
Macedon Ranges (S)	20%			20%	14%			14%	14%		14%	
Mildura (RC)		2%	3%	4%	24%	1%	1%	27%	23%	1%	24%	
Mount Alexander (S)	12%			13%	8%			8%	10%		10%	
Swan Hill (RC)			1%	1%			1%	1%		1%	1%	
LMR	1%			1%	2%			2%	2%		2%	
<b>TOTAL</b>	<b>92%</b>	<b>2%</b>	<b>6%</b>	<b>100%</b>	<b>95%</b>	<b>1%</b>	<b>6%</b>	<b>100%</b>	<b>94%</b>	<b>6%</b>	<b>100%</b>	

## 5.2 Funding priorities

### Priority 1 - HACC Basic Activities

The Region proposes that overall 93% of all growth funding will be targeted to Priority One.

The key directions underpinning this priority are the need to:

- support the shift from a passive model of service delivery to one that encourages independence where assessed as appropriate. To assist the implementation of the HACC Active Service Model, the plan invests in building a more integrated assessment process by increasing allied health, nursing and assessment funding across the Region. Increased HACC training funding will assist in supporting the cultural shift that is required to implement an Active Service Model.
- address the inequity within the Loddon Mallee Region. There are five of the ten Councils within the Loddon Mallee Region that are under Regional equity. Three are significantly under resourced in most if not all HACC activities, these being City of Greater Bendigo, Macedon Ranges and Mount Alexander Shires. Central Goldfields Shire and Mildura Rural City Council are also under the Rural Region's average \$pcf of \$600 per capita. The Shires of Buloke, Campaspe, Gannawarra, Loddon and Swan Hill Rural City are funded above the Rural Region's average \$pcf and remain so through out the Triennial period of 2006-09.
- expand 'core basic' HACC services within the overarching equity framework. Using the HACC Resource Kit, funding was directed to those under equity Councils that were funded below the Regional or Rural Regional average for that activity.
- commit 5% of total regional growth funding to expand planned activity groups within priority one and two within the overarching equity framework within the first two years of the plan. In the third year, Volunteer Co-ordination funding will support innovative programs and additional planned activity group funding in under funded Councils.

## **Priority 2 - Enhancing Cultural And Linguistically Diverse (CALD) client access to HACC services**

The Region proposes that overall 1% of all growth funding will be targeted to priority two.

The key directions underpinning this priority are the need to:

- develop linkages and raise cultural awareness in the Region.  
*In 2001, 8% of the Region's residents reported being born overseas and by 2011 it is projected that 17% of residents aged 65 years or more will have a CALD background.* (HACC Needs of CALD people in the Loddon Mallee Region Report - Latrobe University Bendigo May 2003.) It is generally acknowledged that there is an undercount of CALD people in ABS data. Of the areas with the four highest populations of people 65+ years with a CALD background, the Shire of Campaspe is the only Council funded above equity.

Local Government areas with the highest CALD population of people 65 years and older:

- Mildura Rural City (1052)
  - Greater Bendigo (1110)
  - Macedon Ranges Shire (743)
  - Campaspe Shire (518)
  - Swan Hill Rural City (371)
  - Mount Alexander (384)
- (ABS Extended Community Profile Census data 2001).

The Region is characterised by a wide range of cultural groups in very small numbers distributed across all Councils. This is a challenge for the provision of HACC services and indicates the best way to provide services to clients with a CALD background is through the equitable provision of culturally responsive HACC services, within a quality framework, rather than separate ethno specific services. Equity and Access positions are funded by HACC in the Region to support this outcome. Funding is proposed for access and information sessions regarding access to available services for older people including HACC services in the Councils that are funded under equity and to increase funding to one Access and Equity position to improve program viability.

## **Priority 3 – To increase and enhance access to HACC services for Aboriginal people**

The Region proposes that overall 6% of all growth funding will be targeted to Priority three.

The key directions underpinning this priority are the need to:

- improve the viability and capacity of Aboriginal HACC service providers to better meet the needs of their communities.

The Triennial plan has applied the HACC funding equity framework to the planning of services for the Aboriginal and Torres Strait Islander community. Estimated Aboriginal HACC population in each Local Government area and funding per capita for HACC services and Aboriginal targeted services in particular have been taken into account. All areas (looking at Aboriginal organisation specific funding per head of population only) are below the Rural Region's average of \$600 per capita, except for the Shire of Gannawarra. The Regional average for Aboriginal specific services is \$441 per head of estimated HACC Aboriginal clients.

The estimate of the Aboriginal HACC target group in Local Government Areas is:

○ Mildura Rural City	458
○ City of Greater Bendigo	450
○ Swan Hill Rural City	442
○ Campaspe Shire	344
○ Macedon Ranges	100
○ Gannawarra Shire	73
○ Central Goldfields	59
○ Mount Alexander	54
○ Loddon Shire	39
○ Buloke Shire	15

Loddon Mallee Region total estimate of Aboriginal HACC clients (2,034)  
(ATSI Communities HACC Needs Analysis Project Demographic Profile Loddon  
Mallee Region. P.9 Effective Change May 2003)

**NOTE:**

The Aboriginal organisation based in the City of Greater Bendigo has a catchment area that extends to four other Shires with a total estimated HACC population of 702 people.

Two Aboriginal specific HACC providers service Swan Hill Rural City Council.

The HACC funding profile of Aboriginal organisations is inverse to the population profile with Mildura and Bendigo areas receiving the least funding per capita. This is aligned to the overall equity picture in the Region and favours these areas for funding. The overall HACC funding to Local Government areas was taken into account.

The Rural Region's funding average for each HACC activity was employed to inform decisions about service activity funding priorities across the Region. Some Councils above equity were funded in this Triennial plan for Aboriginal services to address a shortfall of funding that would impact on the capacity of the organisation to deliver a service. Assessment was funded on this basis and personal care was funded, noting the preference for this service to be provided by the local Aboriginal organisation. The capacity of Aboriginal organisations to deliver personal care has been taken into account. Planned activity group funding was allocated according to Regional equity.

## Service group priorities

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

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

## Loddon Mallee Region's 2006-09

Service Group	Y1 %p1	Y1 %p2	Y1 %p3	Total %	Y2 %p1	Y2 %p2	Y2 %p3	Total %	Y3 %p1	Y3 %p2	Y3 %p3	Total %
	Y1	Y2	Y3	Y1	Y2	Y3	Y1	Y2	Y3	Y1	Y2	Y3
Assessment SG1	19%			18%	19%		58%	21%	26%		25%	26%
Health SG2	52%			48%	51%		49%	46%				43%
In home SG3	18%		86%	22%	19%		32%	19%	8%	25%	29%	9%
Other SG5	4%	100%	14%	7%	5%	100%		6%		75%		0%
Social support SG4	6%			5%	5%		10%	6%	20%		46%	21%

### Service Group - Assessment or Care Management:

Funding for this activity is below the Rural Regional average. 22% of Loddon Mallee Region's growth funding has been recommended to enable an Active Service Model to be implemented through partnerships with Health services and Councils which will require more frequent assessments to monitor the client. Aboriginal organisations have also been recommended for funding, to build capacity of Aboriginal organisations to provide adequate assessment or care management.

### Service Group – Health:

47% of funding has been recommended to the Health Service group to address gaps in service provision that will support an Active Service Model of assessment and service provision, dietetics and occupational therapy services being integral to this model. Funding to extend existing nursing services will provide capacity for 800 visits per month to support HACC clients with diabetes and includes a focus on diabetes education. This is also an area where demand management strategies have been in place to manage the need for increased service to clients.

### Service Group – In home support:

Funding of 17% has been directed to fund in home support with a priority to services that provide care to the frail aged client, including the provision of 'Basic Foot Care' where this was acknowledged as a service gap. Funding has been directed to Council's to address equity for this service group and in those above the Regional average, funding has been allocated to Aboriginal services that are below the Rural Region's average for service. It is an area where actuals reported for 2004-05 are above the targets and continue to exceed in 2005-06.

### Service Group – Social support

11% of funding has been recommended for funding over the triennial period and has been directed to support activities in Councils that are significantly under-funded and under equity and in areas that currently don't receive any social support services. Funding in one Council that is over equity has been directed to Aboriginal HACC clients. Additional funding would enable the existing Active Service Models of service in the Region to expand. These services include escorted shopping, medical appointments and social activities. Currently there are waiting lists for these programs due to budget restraints and the popularity of the services. This direction will support services that rely on volunteers and enable suitable volunteers to be recruited so that service levels can be maintained and support further growth in Respite services for families of children with disabilities and transport services.

### Service group – Other

Funding of 4% for this service group over the triennium will support an innovative service for clients with dementia and supplement an existing partnership between a HACC health service and an Aboriginal organisation to deliver podiatry services. It will also be targeted to maintain and extend activities that will improve access and information to the CALD client group in the Council's that are under the Regional equity. Funding will also increase the current Regional HACC Training Co-ordinator's position from 0.5EFT to 0.6EFT and training resources over the triennium.

### Central Gold fields

Service Group	Year 2 %P1	Year 3 %P1	Year 3 %P3
Health SG2	71%	100%	
In home SG3	29%		
Social support SG4			100%
Total	100%		

### Greater Bendigo

Service Group	Year 1 %P1	Year 1 %P2	Year 1 %P3	Total %Y1	Year 2 %P1	Year 2 %P2	Total %Y2	Year 3 %P1	Year 3 %P2	Year 3 %P3	Total %Y3
Assessment SG1	20%			20%	34%		34%	33%			31%
Health SG2	43%			43%	16%		16%	44%			41%
In home SG3	24%			24%	30%		30%	0%	100%		0%
Other SG5	7%	100%	100%	8%	11%	100%	11%	0%			0%
Social support SG4	5%			5%	9%		9%	24%		100%	28%

### Loddon

Service Group	Year 3 %P3
Social support SG4	100%

### Macedon Ranges

Service Group	Year 1 %P1	Year 1 %P2	Total %Y1	Year 2 %P1	Year 2 %P2	Year 2 %P3	Total %Y2	Year 3 %P1	Year 3 %P2	Total %Y3
Assessment SG1	18%		18%	32%			31%	24%		24%
Health SG2	82%		82%	58%			56%	38%		38%
Other SG5		100%	1%		100%		1%	0%	100%	1%
Social support SG4			0%	11%		100%	12%	37%		37%

### Mount Alexander

Service Group	Year 1 %P1	Year 1 %P2	Total %Y1	Year 2 %P1	Year 2 %P2	Year 2 %P3	Total %Y2	Year 3 %P1	Year 3 %P2	Total %Y3
Assessment SG1	19%		19%							
Health SG2	46%		45%	74%			71%	100%		98%
In home SG3	20%		20%	26%			25%			
Other SG5		100%	1%		100%		2%		100%	2%
Social support SG4	15%		15%			100%	2%			

## Mildura

Service Group	Year 1 %P2	Year 1 %P3	Total %Y1	Year 2 %P1	Year 2 %P2	Year 2 %P3	Total %Y2	Year 3 %P1	Year 3 %P2	Year 3 %P3	Total %Y3
Assessment SG1						48%	4%	34%		100%	36%
Health SG2				93%			82%	20%			19%
In home SG3		100%	63%	7%		52%	11%	31%			30%
Other SG5	100%		37%		100%		3%		100%		1%
Social support SG4								15%			14%

## Swan Hill

Service Group	Year 1 %P3	Year 2 %P3	Year 3 %P3
Assessment SG1		100%	46%
In home SG3	100%		54%

### 5.2.1 Priority 1 service focus - Summary of Council tables

The data demonstrates that within Priority 1 the Region should focus on growing the following Service Groups:

**Assessment Service Group** funding has been recommended in the following Councils that are under the Rural Region and LMR \$pcf. These are the City of Greater Bendigo, Macedon Ranges Shire, Mildura RCC and Mount Alexander Shire. This Service Group is funded lowest in the State and additional funding will support the implementation of an HACC Active Service Model.

**The Health Service Group** funding has been directed to those Councils that are under the LMR average being City of Greater Bendigo, Macedon Ranges Shire, Mildura Rural CC and Mount Alexander Shire. One Council, slightly over the LMR average, has been recommended additional funding to support a shift in the pattern of service delivery due to change in the eligibility of acute services and increased demand due to chronic illness and special needs groups. The largest proportion of this funding is in Allied Health services to support a HACC Active Service Model.

**In Home Support** services funding has been increased to Councils that are under the LMR or are above target in that activity, these being, City of Greater Bendigo, Central Goldfields Shire, Mildura Rural CC and Mount Alexander Shire. Additional funding will assist with the reduction of waiting lists and support the expected increased demand on personal care services.

**Social Support Group** funding in Macedon Ranges Shire, Mildura Rural CC and Mount Alexander Shire is recommended in Councils that are under the Rural Region and LMR \$pcf except for one that provides a stand alone community transport service.

**Other Group** funding is recommended in the following Councils that are under the Rural Region \$pcf; City of Greater Bendigo, Macedon Ranges Shire and Mildura Rural CC. Additional funding will support a program to assist clients with dementia and increase the HACC training capacity across the LMR.

### 5.2.2 Priority 2 service focus

The data demonstrates that within Priority 2 the Region should focus on growing the following Service Group:

**Other Group** funding is recommended in the following Councils that are under the Rural Region \$pcf; City of Greater Bendigo, Macedon Ranges Shire, Mildura Rural CC and Mount Alexander Shire to support HACC clients with a CALD background to access service and to increase the viability of an Access and Equity program.

### 5.2.3 Priority 3 service focus

The data demonstrates that within Priority 3 the Region should focus on growing the following Service Groups:

**Assessment Service Group** funding is recommended in Councils that are under the Rural Region and LMR \$pcf; the Rural Cities of Mildura and Swan Hill. This Service Group is funded lowest in the State and additional funding will support the capacity of Aboriginal organisations to implement an HACC Active Service Model.

**In Home Support** funding has been increased to Councils that are under the Rural Region \$pcf and two that are over the Rural Region \$pcf and currently receive little or no funding for that activity. Areas to receive the increase are Campaspe Shire and the Rural Cities of Mildura and Swan Hill.

**Social Support Group** funding is recommended in the City of Greater Bendigo, Shires of Central Goldfields, Loddon, Macedon Ranges and Mount Alexander that currently have no planned activity and one Council below the Rural Region \$pcf.

## 6 Service Development Grants

### Year One, 2006-07:

- Macedon Ranges Shire Podiatry Services

Development of an appropriate model of service that will address an auspice, service access points, implementation plan to maximise staffing, equipment and operational issues.

- Community Connectedness

Community capacity building project that will identify and link HACC clients who are socially isolated to community supports. Strategies include mapping current resources and community education campaign.

### Years Two & Three, 2007-09:

- HACC Active Service Model

Projects will be funded to support the implementation of the HACC Active Service Model in the Region.