

Home and Community Care (HACC) Program

# Southern Metropolitan Region HACC Planning and Funds Allocation 2005-06

Addendum to the Southern Regional Plan, 2003-06

January 2006



**Glossary of terms**

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

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## Section 1 Addendum to the Regional Plan 2003-06

### 1.1 Purpose of the Addendum

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

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

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

### 1.2 Consultation with the sector

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

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

The Southern Metropolitan Region (SMR) held six consultation sessions:

**Table 1: Consultation details**

Consultation	Date	Number of attendees	Number of service providers	C'wealth representative in attendance
ATSI consultation	27 May 2005	3	2	0
South East District	14 June 2005	25	22	0
Inner South District	15 June 2005	26	23	0
Peninsula District	15 June 2005	25	22	0
Kingston Bayside District	16 June 2005	25	22	0
Cultural Diversity Network	16 June 2005	22	19	0

### **1.2.1 Communication and Consultation Strategies**

#### ***Advisory mechanisms currently in place in the Region***

In SMR, DHS has a number of strategies to develop and sustain partnerships and to enhance sharing of local knowledge. These strategies include:

- Monthly planning groups in Inner South, Kingston Bayside, Frankston Mornington Peninsula and South East districts. Working groups are formed for specific development issues as required
- Linkages Program Advisory Committees
- Primary Care Partnerships (PCPs)
- SMR Indigenous HACC Network
- Social Support Networks
- SMR HACC Training Advisory Committee
- Cultural Diversity Network (CEGS) meetings
- Cultural Equitable Gateways (CEGS) reference groups
- Service Development Steering Committees
- Regular agency liaison meetings and contacts.

Communication between ethno specific agencies, multicultural agencies, Councils and other mainstream providers in SMR have been strengthened through the establishment of the CEGS meeting and the SMR Cultural Diversity Network.

### **1.3 Data**

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

### **1.4 HACC budget**

#### **1.4.1 Service expansion – recurrent funding**

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

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

**1.4.2 Joint Commonwealth/State commitment**

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

**Table 2: Allocation to regions**

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

Note: Growth allocations include those for the HACC Response Service

Statewide amounts primarily relate to statewide service development projects. These amounts to be confirmed.

## Section 2 Unanticipated events/Latest Developments

### 2.1 Intra-regional equity

Table 3 shows the HACC needs weighted population (WREN) for each LGA and their relative share of WREN for 2003-04, 2004-05 and 2005-06.

**Table 3: Comparison of WREN and WREN population**

Local Government Area	WREN			WREN pop'n
	2003-04	2004-05	2005-06	2005-06
Bayside	6.32	6.70	5.78	9,860
Cardinia	3.44	3.75	4.55	7,764
Casey	12.86	12.93	14.45	24,660
Frankston	10.74	10.34	10.71	18,279
Glen Eira	10.53	10.94	9.68	16,525
Greater Dandenong	14.22	13.83	14.23	24,278
Kingston	13.12	12.95	13.42	22,908
Mornington Peninsula	16.13	15.09	14.82	25,285
Port Phillip	6.85	7.26	6.56	11,197
Stonnington	5.77	6.21	5.79	9,887
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>170,643</b>
<b>RREF</b>	<b>23.18</b>	<b>23.23</b>	<b>22.72</b>	

### 2.2 Service development

#### 2004-05 project

In 2004-05, two service development projects were undertaken.

The SMR HACC National Service Standards project aimed to enhance the capacity of agencies to respond to the National Service Standards assessment. Eight workshops were conducted in July and August 2005 to enable agencies to network and develop mutually supportive relationships, share practices and approaches on managing issues of confidentiality, advocacy, complaints and working with clients with dementia.

The South East Social Support project aimed to identify the social support service models in the South East district and develop a cohesive strategic plan to inform the development of social support services in the South East District. The project report is being finalized.

#### 2005-06 project

Service providers have the responsibility for managing resources in a way that provides the most benefit to the greatest number of people. The increasing demand for HACC Basic services requires service providers to address the needs and expectations of consumers innovatively.

For 2005-06, the proposal for a project to provide opportunities for Councils to identify current resource management practices for HACC Basic services, sharing current innovative approaches and generating ideas on responding to the needs and expectations of consumers to align service delivery to available resources, was generally supported.

In the consultations, it was proposed that agencies other than Councils be included in the resource management project. Given the funding level of \$30,000 is not high, there was agreement to be targeted with the limited resources. The suggestion to target organisations other than Council will be considered for future service development.

Table 4 shows 2005-06 Regional Priorities for non-recurrent growth:

**Table 4: Regional priorities for Service Development Grants**

<b>Project Name</b>	<b>Outputs</b>	<b>Target Group</b>	<b>Indicative budget</b>
SMR Resource Management Project	Identification of current resource management practices and innovative approaches to maximising HACC Basic resources	HACC Basic providers in Southern Metropolitan Region	\$30,000

### 2.3 Minor capital

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

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

### Maximising Transport Project

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

**Table 5: Vehicle changeover allocations**

<b>Agency</b>	<b>Type of Vehicle</b>	<b>Approved funding \$</b>
City of Kingston	Car	\$4,084
Glen Eira City Council	Van	\$49,109
Brotherhood of St Laurence	Mini Bus	\$16,958
Central Bayside Community Health	Mini Bus	\$13,413
City of Port Phillip	Mini Bus	\$19,742
City of Stonnington	Mini Bus	\$19,770
Peninsula Community Health	Mini Bus	\$16,242
Inner South Community Health	Mini Bus	\$17,403
<b>TOTAL</b>		<b>\$156,721</b>

## Section 3 – Recommendations to implement Ministerial Priorities

### 3.1 Recurrent growth allocations, 2005-06

With an ageing population and increasing complexity of client needs, SMR recognises there is demand for HACC services in all LGAs. Each LGA will have access to some level of growth funding whilst we strive to reduce the gap between the most under resourced and well resourced by allocating some of the growth funding to address equity between catchments.

As in the last two years, for the final year of this triennium, 30% of the growth funding will be allocated to address intra regional equity and the balance of the Priority 1 funding will be allocated to each LGA according to the WREN.

As in the previous two years, we will continue to apply the 80/20 split to Council type HACC Basic services and allied health services across the catchments. Approximately, \$130,000 has been allocated for nursing services. Based on service demands, the Royal District Nursing Service (RDNS) as the major nursing provider has identified Greater Dandenong, Kingston, Frankston and Casey as priority catchments.

**Table 6: 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
Bayside	108,306		
Cardinia	160,882	30,176	
Casey	894,040		
Frankston	499,325		40,000
Glen Eira	181,508	29,956	
Greater Dandenong	792,202	29,956	20,000
Kingston	539,797	29,956	
Mornington Peninsula	543,568		24,000
Port Phillip	122,992	29,956	
Stonnington	108,604		
Region	99,243		
<b>TOTAL</b>	<b>\$4,087,069</b>	<b>\$150,000</b>	<b>\$84,000</b>

### 3.2 Priority 1

#### 3.2.1 Recommended expansion of activities

Individual consultations have been undertaken with Councils, community health services, nursing services and non-government organisations providing HACC Basic services to determine the appropriate service mix and expansion of services. The strongest level of demand in Council has been for home care, personal care and assessment and care management services.

**Table 7: Recommended expansion of Priority 1 activities, 2005-06**

<b>ACTIVITIES</b>	<b>Units</b>	<b>\$</b>
Home Care	48,323	1,232,237
Personal Care	24,987	728,621
Property Maintenance	4,796	177,925
Allied Health	10,147	759,909
Nursing	2,736	185,036
Delivered meals	24,460	34,133
Assessment and Care Management		869,959
Service System Resourcing		99,243
<b>TOTAL</b>		<b>\$4,087,069</b>

### 3.3 Priority 2

Priority 2 is to increase the quantity and quality of 'HACC Basic' services for people from CALD backgrounds and improve collaboration and partnership between mainstream, multi-cultural and ethno-specific organisations. Initiatives addressing Priority 2 were presented in the Regional Plan, 2003-06. Adjustments to the original project recommendations are outlined below.

#### 3.3.1 Initiatives for 2005-06

In 2004-05, SMR, in consultation with service providers, allocated the regional Priority 2 funding to improve access to HACC Basic services through increasing the assessment capacity of Councils in Port Phillip, Mornington Peninsula and Frankston to provide culturally friendly gateways for their CALD communities.

Currently all LGAs except Cardinia receive a level of funding to increase their assessment capacity to improve access to HACC Basic Services. It is proposed that \$30,176 be allocated to the LGA of Cardinia to provide culturally friendly gateways for CALD residents to access HACC Basic services. It is proposed that this occurs through linkage to the existing Southern CEGS project auspiced by South East Migrant Resource Centre for efficiency and maximizing of project infrastructure.

People from CALD communities are under-represented in HACC Basic activities including allied health. The most accessed HACC activity is Planned Activity Group (PAG) at 22% that correlates proportionately to the total Victorian CALD 65+ population (19.83%).

It is proposed that access to allied health services for CALD communities be increased through outreach service models focussed on health and activity promotion<sup>1</sup> to planned activity groups accessed by CALD consumers and where appropriate, this to be extended to other group settings accessed by CALD communities eg senior citizen groups.

The pilot outreach model will promote health awareness and physical activity, supporting people to become and remain active through active intervention and provision of allied health services and health promotion in settings accessed by

<sup>1</sup> Health and activity promotion may include nutritional care, diabetes education, strength and balance assessments and training, aids and equipment to promote independence, podiatry care, community and nursing.

CALD consumers. The model will enhance PAG workers' knowledge of activities to improve physical function for PAG consumers and promote partnerships between PAG and allied health services.

**Table 8: 2005-06 Regional CALD initiatives**

<b>Project Name</b>	<b>Outputs</b>	<b>Target Group</b>	<b>Indicative budget</b>
Cardinia CALD Project Jan to Dec 2006	To improve access to HACC Basic Services for CALD communities in Cardinia	HACC eligible CALD consumers	\$30,176
Improving access to Allied Health services for CALD Communities Jan to Dec 2006	To improve access to HACC Basic Services for CALD communities in Greater Dandenong, Glen Eira, Kingston and Port Phillip	HACC eligible CALD consumers	\$120,000

### **3.4 Priority 3**

Priority 3 is to increase the quantity and quality of HACC services for Indigenous communities. In 2005-06 the Region will continue working to improve accessibility to HACC services for Indigenous consumers with a focus on:

- Work with Indigenous agencies to improve their capacity to meet the needs Indigenous Communities
- Continue to encourage partnerships and collaboration between Councils, community health services and Indigenous agencies, to improve access for Indigenous clients into HACC services
- Encourage and support mainstream service providers to provide culturally relevant and responsive services to Indigenous communities

**Table 9: ATSI initiatives 2005-2006**

<b>Project Name</b>	<b>Outputs</b>	<b>Target Group</b>	<b>Indicative budget</b>
Indigenous Access Support to HACC Services	Improve access through Social Support to HACC services for the Indigenous Community	HACC Indigenous consumers within the LGA of Frankston	\$40,000
Mobile Integrated Health Program	Improved access to HACC services for the Indigenous community in the Mornington Peninsula Shire	HACC Indigenous consumers who are homeless, living in public housing and caravan parks in the Mornington Peninsula Shire	\$12,000
Indigenous Access Support to HACC services	Improved access through social support to HACC services for the Indigenous community	HACC Indigenous consumers in the Mornington Peninsula Shire	\$12,000
Flexible Service Response for the Indigenous community	Increasing property maintenance for the Indigenous community in Greater Dandenong and Casey	HACC Indigenous consumers in Greater Dandenong and Casey	\$20,000

### 3.5 Growth allocation to agencies in 2005-06

Table 10: Growth allocations to agencies

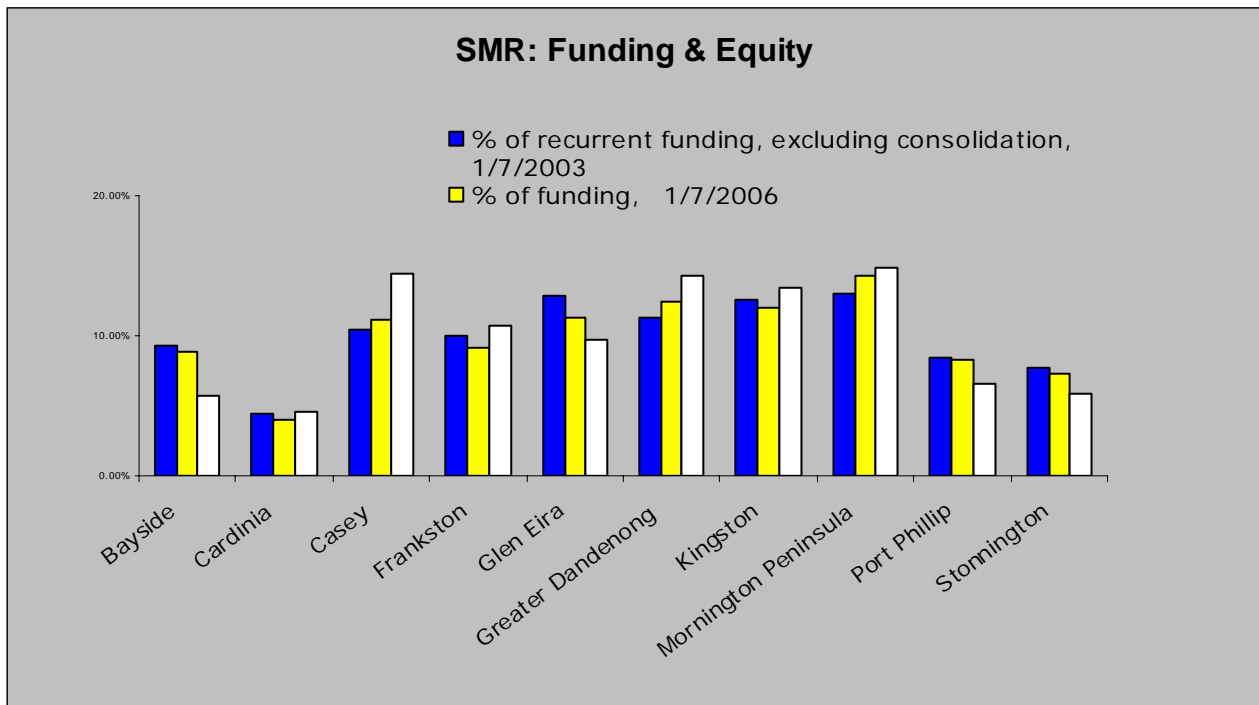
Priority	Allocation Method	Catchment	Name of Agency	Home care (hours)	Personal care (hours)	Property Maint (hours)	Allied Health (hours)	Nursing Blair (hours)	Delivered Meals (meals)	ACM (\$)	FSR (\$)	SSR (\$)
1	Direct	Cardinia	MECWA	668		74				108,900		
1	Direct	Casey	Southern Health				2,262					
1	Direct	Cardinia	Southern Health				430					
1	Direct	Greater Dandenong	Southern Health				1,822					
1	Direct	Casey	RDNS					684				
1	Direct	Frankston	RDNS					684				
1	Direct	Greater Dandenong	RDNS					684				
1	Direct	Kingston	RDNS					684				
1	Direct	Greater Dandenong	City of Greater Dandenong	5,788	5,698	2,106			5,764	147,179		
1	Direct	SMR Training	Vision Australia									10,000
1	Direct	Bayside	Southern Health-Kingston				49					
1	Direct	Bayside	Bentleigh Bayside CHS				240					
1	Direct	Port Phillip	Inner South CHS				328					
1	Direct	Stonnington	Bayside health				145					89,243
1	Direct	Stonnington	Inner South CHS				145					
1	Direct	Glen Eira	Bentleigh Bayside				174					
1	Direct	Glen Eira	Bayside Health				262					
1	Direct	Glen Eira	Southern Health - Kingston				48					
1	Direct	Bayside	Bayside City Council	2,272	600					11,231		
1	Direct	Glen Eira	Glen Eira City Council	3,374		500				40,674		
1	Direct	Kingston	City of Kingston	4,704	3,814	460				146,749		
1	Direct	Port Phillip	City of Port Phillip	1,726	1,000					20,740		
1	Direct	Stonnington	City of Stonnington	1,229	536	300				23,638		
1	Direct	Stonnington	Prahran Mission						4,000			
1	Direct	Port Phillip	Sacred Heart Mission						3,500			
1	Direct	Kingston	Central Bayside CHS				1,080					
1	Direct	Kingston	Southern Health - Kingston				236					
1	Direct	Frankston	Frankston City Council	5,042	5,068	570			3,084	61,120		
1	Direct	Frankston	Peninsula Health - Frankston CHS				1,148					
1	Direct	Mornington Peninsula	Mornington Peninsula Shire	15,494					10,112	106,365		
1	Direct	Frankston	Peninsula Health - Mt Eliza				60					
1	Direct	Mornington Peninsula	Peninsula Health - Mt Eliza				550					
1	Direct	Mornington Peninsula	Peninsula CHS				1,168					
2	Direct	Cardinia	South East Region MRC									30,176
2	Invited	Greater Dandenong	TBA				400					
2	Invited	Glen Eira	TBA				400					
2	Invited	Port Phillip	TBA				400					
2	Invited	Kingston	TBA				400					
3	Direct	Mornington Peninsula	Mornington Peninsula Shire								12,000	
3	Direct	Mornington Peninsula	Peninsula CHS								12,000	
3	Direct	Frankston	Peninsula Health - Frankston C								40,000	
3	Direct	Greater Dandenong	Dandenong & District Aborigines Co op Ltd								20,000	
	<b>TOTALS</b>			<b>48,323</b>	<b>24,987</b>	<b>4,796</b>	<b>11,747</b>	<b>2,736</b>	<b>26,460</b>	<b>\$ 869,959</b>	<b>\$84,000</b>	<b>\$ 129,419</b>

### 3.6 Impact of growth on equity

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

**Table 11: Recurrent funding 1 July 2003 and 1 July 2006, compared to equity**

LGA	Recurrent \$ 1/7/2003	% of recurrent funding, excluding consolidation, 1/7/2003	WREN 2003- 04	Recurrent \$ + growth, 1/7/2006	% of funding, 1/7/2006	WREN 2006
Bayside	\$6,322,330	9.23%	6.42%	\$7,597,689	8.81%	5.78%
Cardinia	\$3,019,856	4.41%	3.39%	\$3,417,967	3.96%	4.55%
Casey	\$7,147,483	10.43%	12.46%	\$9,551,264	11.08%	14.45%
Frankston	\$6,896,098	10.07%	10.71%	\$7,885,263	9.15%	10.71%
Glen Eira	\$8,765,462	12.80%	10.75%	\$9,783,927	11.35%	9.68%
Greater Dandenong	\$7,698,336	11.24%	14.27%	\$10,776,072	12.50%	14.23%
Kingston	\$8,632,938	12.60%	13.18%	\$10,396,065	12.06%	13.42%
Mornington Peninsula	\$8,934,597	13.04%	16.06%	\$12,372,806	14.35%	14.82%
Port Phillip	\$5,821,454	8.50%	6.91%	\$7,164,473	8.31%	6.56%
Stonnington	\$5,257,466	7.68%	5.87%	\$6,320,147	7.33%	5.79%
Region	\$0	0.00%	0.00%	\$949,786	1.10%	
<b>Total</b>	<b>\$68,496,021</b>	<b>100.00%</b>	<b>###</b>	<b>\$86,215,458</b>	<b>100.00%</b>	<b>100.0%</b>



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