

# North and West Metropolitan Region (NWMMR) Home and Community Care (HACC) Diversity Plan Review May 2014

health

The HACC program is jointly funded by the Commonwealth and Victorian governments

Priority/goal	What we want to achieve over the three years	Strategies/Actions	Time frame	Outcome 2013-2014
1. In accordance with the Victorian health priority of <i>'Developing a system that is responsive to people's needs'</i> to enhance opportunities to improve assessment processes, coordination of services and referral pathways	Establish three area based HACC alliances, to inform catchment planning, service coordination and pathways	Mobilise HACC/Active Service Model (ASM) alliances to further investigate current and projected data regarding HACC special needs groups and diversity priorities in each catchment	Year 1	Three area based HACC/ASM alliances were established in 2013 - Northern, Inner North Western & Western.  With the transition to the Commonwealth the alliances will move to a more strategic focus on aged care, and will include Diversity Planning and Practice.
		Develop profiles based on diversity data and HACC MDS service use data by each special needs group, to each planning area/local government area (LGA), to inform their demographic analysis and workforce planning.	Year 1	Implemented in year 1.

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	Support the implementation of Access and Support (A&S).	<p>Establish a NWMR network for A&amp;S workers to address issues relevant to the NWMR. The region facilitates the network. The network purpose is to:</p> <ul style="list-style-type: none"> <li>• provide support for the A&amp;S workers in the NWMR to implement diversity into HACCC funded organisations across the region to break down barriers to accessing services for HACCC diverse clients.</li> <li>• identify skills, gaps and training needs of the A&amp;S workers.</li> <li>• provide a forum for HACCC funded A&amp;S workers to work collaboratively, share information, resources and ideas and develop solutions to shared challenges.</li> <li>• ensure a consistent approach to delivering the A&amp;S program across the NWMR</li> <li>• develop a strategy to support consistent communication to HACCC and other relevant service providers</li> </ul>	Year 2	<p>Implemented and ongoing. The network was established late 2013.</p> <p>The HDA coordinates the meetings with key regional staff attending to inform of changes to the HACCC program and other relevant information.</p> <p>MDS was identified as a training need and held in March 2014.</p> <p>Communication through Alliance meetings</p>
		Establish quarterly meetings for A&S managers, facilitated by the region. The meetings will aim to provide support to the A&S managers in their A&S service management role.	Year 2	The first meeting held 20 May 2014 and quarterly thereafter

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<p>2. In accordance with the Victorian health priority of <i>'Improving every Victorian's health status and experiences'</i> to improve the cultural responsiveness across HACC services to meet the needs of HACC eligible <b>Aboriginal</b> people.</p> <p>(Aboriginal refers to people who identify as Aboriginal, Torres Strait Islander and both Aboriginal and Torres Strait Islander)</p>	<p>Increased access to HACC services by the HACC eligible Aboriginal community, to equal or above their proportionate representation in each local government area, as measured by the HACC Minimum Data Set (MDS).</p>	<p>Correlate the estimated HACC Aboriginal population by LGA with the number of Aboriginal people identified as accessing HACC services as per the HACC MDS as well as the HACC Needs Assistance Measure.</p> <p>Liaise with the Aboriginal Strategic Governance Group and the wider service system to discuss actions to improve access and service responsiveness, with a particular focus on LGAs where Aboriginal people appear under represented according to the HACC MDS, such as Melton, Nillumbik and Wyndham. In doing so, ensure alignment with the regional and local Closing the Gap plans and strategies.</p>	<p>Year 1</p>	<p>Implemented in 2013.</p> <p>Aboriginal Liaison Officer's (non-HACC) established in 2013 in areas identified as being under resourced - Sunbury and Wyndham/Melton.</p>
		<p>Promote Aboriginal cultural competence of generic services to ensure culturally safe and responsive practices, for example through promoting the use of the Closing the Health Gap cultural competence framework, audit tool and resource kit.</p>	<p>Years 2-3</p>	<p>Ongoing.</p>
		<p>Support workforce development strategies to recruit Aboriginal staff in generic HACC agencies through Aboriginal workforce strategies such as the Closing the Health Gap.</p>	<p>Years 2-3</p>	<p>Ongoing. This strategy is supported through the Koolin Balit strategies.</p>
		<p>HACC Aboriginal Development Officer recruited across metropolitan Melbourne.</p>	<p>Years 2-3</p>	<p>NWMR currently in discussions with the metro regions.</p>

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3. In accordance with the Victorian Health priority of <i>'Improving every Victorian's health status and experiences'</i> , to continue to increase access to HACC services and ethno-specific services by eligible <b>CALD</b> people	Increased access to HACC services by HACC eligible CALD people, to equal or above their proportionate representation in each local government area, as measured by the HACC MDS.	Promote access to the full range of HACC service types and consider innovative approaches for under-used service types.	Year 1	Ongoing. Thirteen A&S workers across the region working with CALD people to improve access to services.
		Using new immigrant settlement data for small and emerging communities, and feedback from the Migrant Resource Centres, consider service access barriers, and develop service responses through the HACC Social Support Alliance.	Year 2	Ongoing. Feedback of issues through the A&S network. HDA to meet with Migrant Resource Centres in region to discuss further
4. In accordance with the Victorian Health priority of <i>'Implementing continuous improvement and innovation'</i> to facilitate appropriate HACC service models to respond to increasing numbers of people with <b>dementia</b>	Improved access, delivery and expansion of services for HACC eligible people with dementia, including an improved understanding of current services, program interfaces and new practice models for HACC clients with memory and confusion problems.	Inform agencies of HACC services in relation to people with dementia, including GPs, practice nurses and so forth. Information for consumers is available at these locations.	Year 2	Ongoing. New information from Alzheimer's Victoria is forwarded to all agencies through the NWMR email.
		Within the context of available resources, improve access to HACC services by people with dementia.	Year 2	Ongoing. Some agencies have worked with dementia clients and their carers through the 'Memory Lane Cafes'.
		Promote workforce capacity and improve the dementia knowledge, competence and confidence of HACC service provider organisations, through information sessions, referral pathways and implementation of <i>Strengthening assessment and care planning: Dementia practice guidelines for HACC assessment services</i> .	Year 1-3	Ongoing. HDA has promoted dementia training with organisations when discussing their Diversity plans. NWMR assisted with the presentation of Goal Directed Care Planning sessions for agency staff in September 2013.

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<p>5. In accordance with the Victorian Health priority of <i>'Improving every Victorian's health status and experiences'</i>, to improve knowledge and understanding of HACC eligible people who are <b>financially disadvantaged, homeless</b> or living in insecure accommodation.</p>	<p>Improved access and delivery of services to HACC eligible people who are financially disadvantaged, homeless or living in insecure accommodation, as measured by the HACC MDS.</p>	<p>Investigate regional data, and the development of new data sources, to assist in planning for HACC eligible people who are financially disadvantaged, homeless or living in insecure accommodation.</p>	<p>Year 1</p>	<p>Implemented and ongoing.</p> <p>An organisation has been funded to provide social support to supported residential services (SRS) and link the SRS to local generic services. The agency will also provide 'pop up' social groups to meet the client group's needs.</p>
		<p>Continue to work with key stakeholders to improve the service delivery interface between HACC and housing and accommodation services</p>	<p>Year2-3</p>	<p>Three A&amp;S workers with a focus on homelessness have been allocated to region – one came on board in 2013 and two in 2014.</p> <p>Stakeholders are kept informed through Access &amp; Support network.</p>