Strengthening diversity planning and practice
Southern Metropolitan Region (SMR)
HACC Diversity Plan (DP)2012-2015 Progress report – March 2014

health

The Home and Community Care (HACC) program is jointly funded by the Commonwealth and Victorian Governments

Priority/goal (Reflecting the Victorian Government's health priorities and HACC priorities)	What we want to achieve over the three years (Measurable outcomes)	Strategies/actions	Timeframe (Years 1- 3)	Year 1 Progress update - Implemented - Partially implemented, or - Not implemented - Key achievements, barriers
1. As per the health priority of '*developing a system that is responsive to peoples' needs*'; commence an area based planning approach in collaboration with SMR HACC funded organisations to identify needs of the local HACC eligible communities.	Develop a population profile inclusive of organisational data to support appropriate access strategies for priority groups. The data to support SMR's understanding of diversity priority groups and support the ongoing development and review of the SMR HACC diversity plan.	1.1 Collate local community diversity profile data and present this data to the sector annually.	Years 1-3	**1.1 Year 1 implementation:** • HACC population health data was presented at the SMR DP forum in February 2011 and electronic copies of relevant data was provided. • SMR Program and Service Advisors (PASAs) now use local community diversity profile data to support organisational visits, relevant networks and to support relevant funding allocations. HACC funded organisations outcomes for Year 1: • A number of HACC funded organisation DPs demonstrated excellent analysis of the relevant LGA profile including use of relevant Municipal Health or Primary Care Partnership Plans. **1.1 Year 2 implementation:** • SMR DH has been restructured to align to Medicare Local area catchments. Each area team is analysing relevant population planning data in collaboration internally, with input from public health, Manager Planning and Performance, Active Service Model (ASM) Industry Consultant (IC) and HACC Diversity Adviser (HDA) to ensure ongoing use of population health statistics by regional staff to support service planning.

State Government Victoria

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		1.2 Promote a **partnership approach to local planning** utilising existing networks/ resources, for example Local Government planning data, Primary Care Partnerships (PCPs), District Planning Groups (DPGs), HAS, Community Health Services (CHS) Managers meetings etc.	Years 1-3	• SMR will promote: • use of data from relevant sources eg. population planning data from Primary Care Partnership (PCP), Local Government and Medicare Locals. HACC funded organisations outcomes for Year 2: • SMR acknowledges the Frankston Mornington Peninsula population health planning as good example of population health planning is the Frankston Mornington Peninsula – 'Peninsula model for primary health planning. All organisations have collaboratively formed six Alliances as a result of analysis of demographic and organisational data. The Alliances are Ageing Well, Children's Health, Chronic Disease Management, Mental Health, Alcohol and other Drugs, Prevention and Better Health, and Aboriginal[1] Health. **1.2 Year 1 implementation** SMR continues to promote and support partnership approaches to planning through: • Attendance at HACC planning groups and Primary Care Partnership discussions on Population Health planning and strategies. • Regional HACC and aged care adviser to support the implementation of the SMR HACC Assessment Alliance. • SMR staff are attending strategic population health planning meetings between major health providers, Primary Care Partnerships and Commonwealth Medicare Locals.

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[1] Aboriginal refers to people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander

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			Year 2-3	HACC funded organisations outcomes for Year 1:
				• SMR would like to acknowledge the nine SMR HACC organisations that partnered to submit a collaborative DP (Andrew Kerr Frail Aged Complex, Baptcare, Brotherhood of St.Laurence, Baptist Village Baxter, Doveton Neighbourhood Learning Centre Inc, Mornington Peninsula Shire Council, Mt Eliza Village Neighbourhood Centre Inc, New Hope Foundation Inc, Peninsula Support Services Inc).
				1.2 Year 2 implementation/ ongoing:
				• As part of the DP Access and Support (A&S) worker designation process, SMR will support key organisations to develop A&S networks.
				• SMR over year 2, will support/ work with regional area based teams, with A&S services at a SMR area catchment level to:
				  • Support the implementation of the practice guide for HACC A&S roles
				  • assist HACC organisations to work with A&S services
				  • disseminate the regional learning's about access barriers and support strategies to address in collaboration with HACC services
				  • understand HACC access at a local area.

2. As per the health priority of '*developing a system that is responsive to peoples' needs*', identify the continuum of care service delivery gaps, in particular access to HACC services for HACC special needs groups and explore ways to address these gaps.	Continue to develop processes for identifying unmet service gaps related to HACC diversity special needs groups.	2.1 Facilitate support to HACC funded organisations with diversity planning, and coordinate the ongoing monitoring of plans.	Years 1-3	**2.1 Year 1 implementation** • SMR contracted HDG Consulting Group to facilitate the SMR DP forum and a planning support session to support organisations with DP. SMR also offered a follow up session however only one SMR organisation requested support. • SMR completed the assessment of SMR HACC funded organisation plans and the collation of key themes was published in the SMR ASM newsletter in December 2012. The top three key themes identified in most plans included: • Policy and procedure review

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				• Workforce development and training • Partnership development. • SMR PASAs provided immediate feedback to organisations that were required to resubmit their plans. PASAs continue to provide feedback at routine site visits on DP. • SMR reviewed HACC organisations DPs against the framework/relevant standards of the Community Care Common Standards framework, in particular 1.4 Community understanding and engagement. • SMR Active Service Model Industry Consultants are promoting DP at all relevant meetings and networks. HACC funded organisations outcomes for Year 1: • SMR is encouraging a number of organisations that have good practice to improve access for specific priority groups to share learnings with the broader HACC sector. **2.1 Year 2 implementation:** • SMR HDA commenced employment December 2013 and is currently co-ordinating the analysis of key themes from SMR organisational DPs. Feedback will occur via the SMR ASM and Diversity newsletter by March 2014. • SMR to support organisations as required in developing strategies and evaluation frameworks. HACC funded organisations outcomes for Year 2: • Key agenda topics at a SMR Social Connections 2013 forum included presentations on Aboriginal communities and improved access and emerging treatment options for people with dementia and their carers.

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3. As per the health priority of *'Improving every Victorian's health status and experiences',* ensure that service models are flexible and responsive to HACC eligible peoples from Aboriginal communities.	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).	3.1 SMR HACC staff to assist in coordinating the SMR Closing the Health Gap (CTHG) forum on Healthcare pathways for Aboriginal health and community service workers. This forum is a joint collaboration between the SMR Department of Human Services, Disability Program and SMR Department of Health.	Year 1	**3.1 Year 1 implemented/ Year 2 -This strategy is closed** • SMR Aged and Integrated Care staff participated in the forum in March 2013, The forum was facilitated by the Department of Human Services Disability program and Department of Health CTHG. The forum explored current service delivery and gap identification for Aboriginal Health Worker teams and clients. • SMR would like to acknowledge the support of Southern Health (now known as Monash Health) who presented at the forum. Southern Health outlined their partnership with the Dandenong and District Aboriginal Co-operative Ltd, for example, service outreach. • Forum themes discussed included: 　• How to communicate effectively with Aboriginal people with a disability 　• Strengthening working relationships and referrals between SMR services.
		3.2 Establish a regional internal Department of Health working group inclusive of all SMR Aboriginal health funded programs to improve service co-ordination. Programs include CTHG, Aboriginal Health Promotion and Chronic Care (AHPACC), HACC, Mental Health and Drugs.	Years 1-3	**3.2 Year 1 implementation:** • SMR scheduled two regional meetings in 2011-12; the key outcome included mapping of all DH SMR Aboriginal related funding for 2011-12 to allow a regional analysis of current funding policy and program development to support key initiatives eg. CTHG. • SMR is actively working on a review of relevant Aboriginal health networks eg. the DH Metropolitan Aboriginal Health Workers network and alignment to the new DP A&S designation. **3.2 Year 2 implementation:** • SMR held extensive consultation session across the region to inform Koolin Balit strategy recommendations. driven by the Aboriginal Health Manager • SMR conducted meetings with HACC funded Aboriginal Community Controlled Organisations (ACCOs) to coordinate Aboriginal programs and projects in the region

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			Years 1-3	including AHPACC and A&S. • SMR Aboriginal Health Manager lead an extensive consultation process inclusive of the Aboriginal communities and funded organisations to identify health and wellbeing priorities. Each area based team was resourced with an analysis of consultation findings to inform funding initiatives across the region. HACC funded organisations outcomes for Year 2: At the SMR Koolin Balit consultation, key organisational representatives facilitated working group discussions to identify service gaps and develop recommendations. It was recommended to establish better communication with agencies and therefore establishing better partnerships to enhance engagement of Aboriginal communities to HACC services. Proposed pilot project 2014 in partnership with SMR, City of Greater Dandenong, City of Casey, Dandenong and District Aboriginal Co-operative and the SMR HACC Alliance.
		3.3 Map Aboriginal service usage across both Integrated Care and HACC programs utilising relevant data from both programs. .	Years 1-3	**3.3 Year 1 implementation** • SMR continues to analyse Australian Bureau of Statistics (ABS) population planning data on Aboriginal residents in SMR Local Government Areas (LGAs). This data is reviewed internally and disseminated to sector as relevant/required.

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		3.4 Continue to work in partnership with the two SMR ACCOs on implementation of the DH simplified funding and service agreement processes.		**3.3 Year 2 implementation:** • SMR analysed data to inform the Koolin Balit strategy. • SMR is currently working with funded organisations in the South East to improve access to services for the Aboriginal and Torres Strait Islander communities. **3.4 Year 1 – Met/ongoing:** • SMR DH programs continue to support Dandenong and District Aboriginal Cooperative and Ngwala Willumbong on service planning and DH service agreement process implementation. **3.4 Year 2 implementation:** SMR to continue to support the implementation of the DH simplified funding and service agreement processes with the SMR ACCOs.
4. As per the health priority '*Improving every Victorian's health status and experiences',* respond to the needs of HACC eligible people from culturally and linguistically diverse (CALD) backgrounds.	Increased access to HACC services by HACC eligible people from **CALD backgrounds**, to equal or above their proportionate representation in each local government area, as measured by the HACC MDS.	4.1 Participate in 2 projects: 4.1.1 Ethnic Communities Council of Victoria (ECCV) and HACC Assessment Service (HAS) Project. 4.1.2 Community Engagement Prototype Project – Dandenong Migrant Community.	Year 1	**4.1 Year 1 implementation:** • 4.1.1 SMR participated in the HAS-ECCV project - the final project report release is pending. SMR participants included Fronditha, Cities of Bayside and Port Phillip, New Hope Foundation Inc. and the Russian Ethnic Representative Council of Victoria. (see deliverable 4.2 for year 2). • 4.1.2 SMR participated in sessions facilitated by the Commonwealth Department of Human Services who partnered with the Municipal Association of Victoria to test a way of engaging and collaborating with the community and stakeholders to better understand the needs within the community and then to work together to identify local solutions to local issues. SMR HACC funded participants included eg. Monash Health, City of Greater Dandenong, Southern Migrant and Refugee Centre. This strategy is closed

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		4.2 Develop a regional plan for improving pathways between HAS and ethnic and multicultural aged care services in line with the ECCV project plan.	Year 2	**4.2 Year 2 implementation:** • DH has commissioned ECCV to support A&S organisation managers as part of the CALD Access Management Network. The SMR HDA attends these meetings and learning's will be shared via the ASM/Diversity Newsletter.
		4.3 Review data related to emerging trends and migration waves to identify those CALD communities that are under-represented in MDS, and to inform future service demand and the allocation of HACC growth funding.	Years 2-3 Year 2-3	**4.3 Year 1 not implemented** • Migration wave proposal initiated by A&S worker, New Hope Foundation. SMR has developed a proposed forum and identified options for key speakers. **4.3 Year 2 implementation:** • This forum is part of the SMR HDA work plan for 2014-15. HDA to pursue funding to facilitate a 'SMR migration waves' forum.
		4.4 Promote the development and dissemination of HACC information in a manner that reflects culturally appropriate language, concepts and values, and incorporates person/family centred approaches to service delivery.	Years 1-3	**4.4 Year 1 implementation:** • SMR funded New Hope Foundation Inc and Southern Migrant and Refugee Centre as part of the ASM Seeding grant, round 2 funding. The purpose of the grant was to assist in ASM culturally appropriate training for the whole of organisation. The organisation's evaluation reports were very positive about this strategy as an effective means of communication about new DH program directions/quality improvement approaches. • SMR PASAs and ASM ICs continue to monitor the uptake and adaption of the ASM Communication Tool Kit by CALD organisations for relevant population groups at routine site/support visits or relevant network meetings. **4.4 Year 2 implementation:** • Diversity information has been distributed to organisations from the regional office/Program and Service Advisers, and the ASM/Diversity e-newsletter is utilised to circulate information and ASM forums. HACC funded organisations outcomes for Year 2: • SMR ASM ICs supported the SMR Cultural Diversity Network (CDN) to co-ordinate the Practicing Positive

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				Partnership within Diverse Communities forum. Completed September 2013 (50 delegates attended). • CDN provided with links to resources and population data.
5. As per the health priority *'Improving every Victorian's health status and experiences'*, respond to the increasing number of HACC eligible people with dementia.	Improved assessment and care planning for HACC eligible people with dementia and their carers, as evidenced by HACC agencies assessment and care planning protocols.	5.1 Identify the challenges that organisations face in delivering services to people with **dementia** or cognitive impairment, including awareness of appropriate referral pathways.	Years 2-3	**5.1 Year 1 - Not implemented** **5.1 Year 2 implementation:** • SMR to promote Dementia practice guidelines for HACC assessment services, to also link agencies to dementia training and resources through the SMR Alliance Network and ASM/ Diversity newsletter. HACC funded organisations outcomes for Year 2: • The Frankston Mornington Peninsula (FMP) Medicare Local has established The Peninsula Model in which the Aging Well Portfolio is working to deliver information and training on dementia to all health and aged care providers in the FMP.
		5.2 Promote the uptake of the relevant accredited dementia competency units, either as a single stand alone unit or as part of a Certificate qualification, by community care workers and HACC assessors.	Years 1-3	**5.2 Year 1 Implementation:** • SMR promoted information/relevant training to the SMR HACC funded organisations in direct emails and in the ASM newsletter. • Support and promote training in the HACC training calendar that relates to dementia. **5.2 Year 2 Implementation/ ongoing:** • SMR Regional HACC and aged care adviser to monitor regional training needs and recommend appropriate future training opportunities. HACC funded organisations outcomes for Year 2: • Brotherhood of St Laurence Frankston dementia library has been promoted/ highlighted through the ASM IC e-bulletin. The library has a range of resources, games, activities and educational material that can be accessed

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				and borrowed by HACC organisations in the SMR to support dementia planning and activities.
		5.3 Support the implementation of the *Strengthening Assessment and Care Planning: Dementia Practice Guidelines for HACC Assessment Services (HAS).*	Years 1-3	**5.3 Year 1 Implementation/ ongoing:** • SMR has resourced all HAS with the relevant documentation and promoted the information in the regional newsletter, HAS management meetings and other relevant network meetings. **5.3 Year 2 Implementation:** HACC funded organisations outcomes for Year 2: • SMR to promote Dementia practice guidelines for HACC assessment services, to also link agencies to Dementia training and resources through the SMR Alliance Network and ASM/ Diversity newsletter. • SMR A&S program has a dementia specific worker allocated within the region.
		5.4 Participate in discussions with General Practice/Medicare Local through Primary Care Partnership (PCP) networks to promote the age 75+ Health Check/Assessment, enabling the identification of cognitive impairment.	Years 1-3	**5.4 Year 1 Not implemented** **5.4 Year 2 outcome** • SMR Director of Health and Aged Care and Area Managers meet with Medicare Locals to discuss alignment of strategic goals between ML and DH. The Peninsula Model Ageing Well Alliance and Frankston Mornington Peninsula Medicare Local has a focus on dementia, in particular linking with GP diagnosis and referral to HACC organisations.
			Years 2-3	HACC funded organisations outcomes for Year 2: • SMR is working with FMP catchment to train and implement Goal Directed Care Planning Toolkit for clients with Dementia in Social Support Groups.
		5.5 Participate in the SMR Aged Care Project, which aims to define a process and identify resources for maintaining contact with people with a diagnosis of early stage dementia.	Years 1-3	**5.5 Year 1 – Fixed term Project completed** The Dementia Connections Project members included: • Commonwealth Respite and Carelink Centre Southern Region (CRCCSR), Community and Ambulatory Services and the Cognitive Dementia and Memory Service

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		5.6 SMR to identify opportunities for collaborative engagement between CRCCSR and SMR HAS to improve referral pathways.	Year 1-2	(CDAMS) Alfred Health, Alzheimer's Australia Vic (AAV) and the Peninsula Health Cognition Service. • SMR participated on the project working group. The initial phase of this project was the mapping of the service pathways of clients and their carers from initial diagnosis. HACC funded organisations outcomes for Year 2: • The first phase of the project has now been completed and recommendations developed. Further funding is being sought for phase two. **5.6 Year 1 - Not implemented** **5.6 Year 2 implementation:** • SMR to convene a meeting with CRCCSR to explore project recommendation regarding Aboriginal community and dementia diagnosis and care options.
	Key organisations to place a greater emphasis on social support to people with dementia.	5.7 Use information from the SMR 2011 HACC Planned Activity Group (PAG) survey to identify gaps and opportunities to enhance social support services for people with dementia and their carers.	Years 1-3	**5.7 Year 1 - Partially implemented** • Following the learning's from the 2011 PAG survey, the SMR ASM ICs are working with social support providers. The next ASM forum will have a focus on dementia and PAGs. **5.7 Year 2 implementation:** • Social Connection Forum held June 2013. Completed. HACC funded organisations outcomes for Year 2: • Various presentations and information sessions were held at the Social Connection Forum with 140 delegates attending from across SMR (specific focus on program design and implementation for people with dementia using a Montessori framework in a social support setting). • http://www.bayside.vic.gov.au/community_services/asm_forums_workshops.htm (a link to all the presentations held on the day)

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6. As per the health priority *'Improving every Victorian's health status and experiences',* increase access to HACC services by HACC eligible people who are financially disadvantaged, homeless or living in insecure accommodation.	Improved access, delivery and expansion of services to HACC eligible people who are **financially disadvantaged, homeless or living in insecure accommodation**, as measured by the HACC MDS.	6.1 Establish six monthly meetings with SMR Mental Health and Supported Residential Services (SRS) teams to gain a clearer understanding of the barriers for SRS residents accessing HACC services.	Years 1-3	**6.1 Year 1 - Partially implemented:** • SMR has appointed a Program and Service Advisor to work across both HACC/Aged Care and SRS programs to support relevant networks and promote health care pathways for complex clients who are financially disadvantaged, homeless or living in insecure accommodation. • SMR HACC and SRS programs will meet to discuss opportunities and barriers for complex clients. • Clients with financial disadvantage and insecure housing are currently being reviewed as part of the A&S designation process. • SMR to outline all A&S support networks in the regional newsletter by July 2014.
			Years 2-3	**6.1 Year 2 implementation:** • Due to the new regional area based model, monthly meetings occur to review access barriers to those experiencing financial hardship. • SMR completed A&S designation process and five organisations have a focus on complex clients/insecure housing. HACC funded organisations outcomes for Year 2: • SMR to review/monitor A&S reporting and highlight learnings through the ASM/Diversity newsletter.
		6.2 SMR to analyse service usage from relevant MDS data. SMR to disseminate relevant finding's from service mapping to the HACC sector in collaboration with relevant SMR networks/funded organisations.	Years 1-3	**6.2 Year 2 implementation:** • Summary of report of MDS usage to be included in ASM/ Diversity bulletin in the second half of 2014 to support agency's to understand their consumers' participation by diversity group.

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7. As per the health priority of *'Improving every Victorian's health status and experiences',* improve the HACC sector's understanding of the SMR HACC eligible gay, lesbian, bisexual, transgender and intersex (GLBTI) communities in line with the Department of Health Diversity Unit's *'Health and Wellbeing Plan'* (pending release)	Increased awareness of GLBTI issues by HACC service providers.	7.1 SMR **GLBTI** portfolio lead to provide the SMR Aged & Integrated Care Unit with resources to enhance discussions on GLBTI diversity with the SMR HACC sector.	Years 1-3	**7.1 Year 1 Implementation:** • GLBTI resources have been collated to provide SMR DH staff with relevant information to promote at site visits/relevant meetings. **7.1 Year 2 implementation:** • SMR will continue to promote relevant resources.
		7.2 Assist in the dissemination of learning's from SMR organisations that are leading improved access for the GLBTI community, for example, the City of Stonnington GLBTI Action Plan.	Years 1-3	**7.2 Year 1 implementation:** • SMR has promoted relevant resources via the ASM/Diversity newsletter and at PASA visits/relevant networks and discussions on A&S designation • Informally SMR staff have seen an increase in the discussions about this priority group. **Year 2 implementation/ ongoing:** • SMR to highlight learnings and further opportunities to disseminate information about GLBTI inclusive services and practice across SMR through the ASM/ Diversity newsletter.
		7.3 Promote an inclusive culture of service delivery by HACC funded agencies through workforce skill development opportunities, and use of practical tools, for example, the Gay and Lesbian Health's Rainbow Tick checklist.	Years 1-3	**7.3 Year 1 implementation:** • Rainbow Tick accreditation information has been circulated. • Other GLBTI initiatives, for example, Val's Café has been promoted in the SMR ASM Bulletin. HACC funded organisations outcomes for Year 1: • SMR HACC Training Advisory Committee developed a forum, 'Inclusive Pathways for GLBTI Clients' May 2013. This forum provided information and resources for organisations. 100 participants attended. **Year 2 Implementation:** • SMR held training consultation sessions in October 2013. As part of this process diversity training will be a key element of the training calendar.

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				HACC funded organisations outcomes for Year 2: • Agencies continue to provide feedback to the region regarding diversity training requirements.