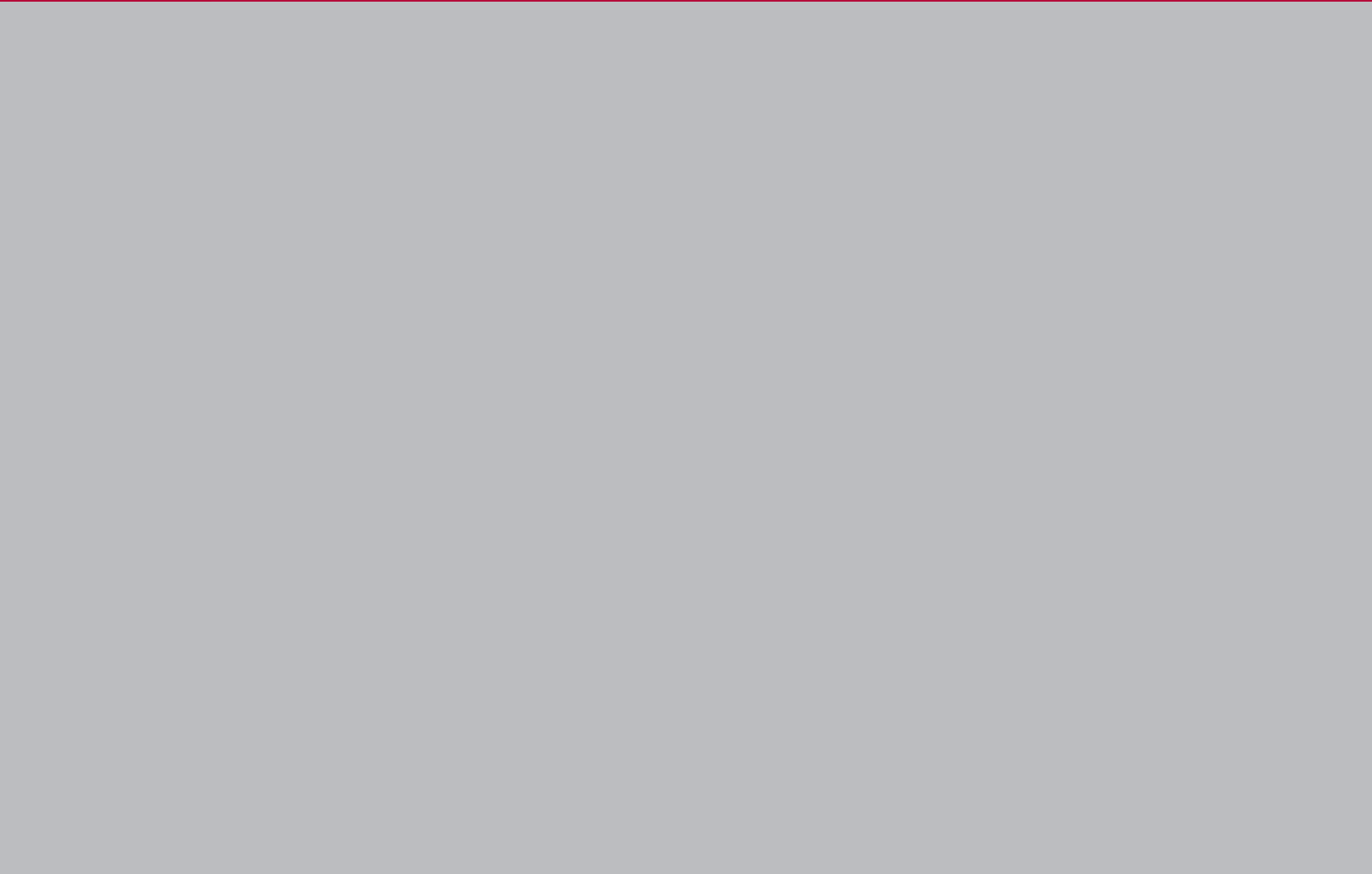


Western Australian Home and Community Care Program

Triennial Plan 2008-2011



Aged Care Policy Directorate
Department of Health
March 2008



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Australian Government



Western Australian Home and Community Care Program Triennial Plan 2008-2011

The 2008/2011 Western Australian (WA) Home and Community Care (HACC) Triennial Plan is provided to the Australian Department of Health and Ageing, as required by the Review Agreement under Clause 5(1) that provides for three year planning cycles, supported by annual processes.

The Triennial Plan provides the strategic direction, priorities and allocation of funds for the Home and Community Care Program in WA over the triennium. It allows for a comprehensive and evidence-based plan to be developed and facilitates a strategic long-term focus for the Program, and provides more certainty to the sector than the previous annual plans, facilitating better planning by service providers.

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1. Purpose/Objective Statement

The WA HACC Triennial Plan 2008/2011 provides direction for the WA HACC Program within the context of National Program directions, Community Care Reform Agenda and strategic priorities of the WA Department of Health and Aged Care Policy Directorate (ACPD).

The primary focus of the WA HACC Program continues to be the provision of basic support, maintenance and independence promoting support services to the HACC target group. The WA HACC Program operates from a philosophical base of a “*Wellness Approach*” to home care as the underlying element to all aspects of the Program. This approach supports service delivery that promotes independence and well being for all HACC clients and their Carers.

A significant proportion of HACC growth funding will continue to be directed to those people with less intensive but equally important needs who can benefit from the protective effects of small amounts of service and are not able to access assistance from other sources or programs.

This approach is supported by the work undertaken by the Lincoln Centre for Ageing and Community Care Research, La Trobe University, that found clear evidence of the positive effect of providing small amounts of community care for people at a range of dependencies, including high dependency clients and in line with the WA HACC Program Service Provision Level Guidelines.

The Triennial Plan includes information about WA’s progress on working towards common arrangements as outlined in the Australian Government’s “*The Way Forward - A New Strategy for Community Care*” document. This new approach will support a HACC Program that is more responsive to the needs of its clients and service providers.

The development and direction of the WA HACC Program will also be influenced by the WA health system change and redesign incorporating the principles outlined in *A Healthy Future for Western Australians: Report of the Health Reform Committee* and the development of a *Model of Care for Older Persons*.

Workforce issues will continue to be a major challenge for the WA HACC Program throughout the triennium.

2. Needs Analysis

A comprehensive needs analysis has been performed to inform this triennial planning process. Current demands and service provision have been examined together with population and demographic projections in order to predict future demands for service provision. Whilst some qualitative material has been used, the majority of this analysis has been quantitative in nature. Sources of data have included the following:

- WA HACC Minimum Data Set (MDS)
- Australian Bureau of Statistics (ABS)
- Epidemiology branch of the WA Department of Health
- Australian Government's Department of Health and Ageing (DoHA)

Geography

Western Australia (WA) is the largest Australian state or territory in size, comprising 2,529,880 square kilometres. A significant proportion of WA is considered as remote and this presents some challenges in terms of program administration and service delivery.

Population

There are an estimated 2.1 million people living in WA. Approximately 77% of the WA population resides within the Perth metropolitan area.

The WA population is growing at a faster rate than most other states and territories in Australia. It is expected to grow at least 4.6% between 2008-2011, such that in 2011 there will be approximately 2.2 million people in WA. By 2035, there will be close to 2.9 million people.

The Ageing WA Population

As in most developed areas of the world, the WA population is ageing. Approximately 261,000 people in WA are currently aged 65 years or older. This is expected to grow to 292,000 in 2011 and to 555,000 in 2035. Currently, this '65+' age group represents 12.5% of the WA population but in 2011 it will represent 13.8% and, in 2035, it will represent 19.2% of the WA population.

The ageing of the population can be expected to be associated with increased general frailty as well as an increased prevalence of conditions associated with older age, such as dementia. This, in turn, is likely to translate to increasing demands for HACC services, as more people require support to remain independently living at home and within the community.

Other Population Characteristics

WA is a very diverse state with respect to the cultural backgrounds of its population. Approximately 3.6% of the WA population are Aboriginal and/ or Torres Strait Islanders (ATSI). Only the Northern Territory, with around 32%, has a higher representation of ATSI in the population. According to 2006 census figures, WA also had the fastest growing proportion of ATSI, with 18% growth recorded between the 2001 and 2006 census.

Twenty seven percent of WA's population were born overseas compared with 22% in Australia as a whole. Half of this group were born in the United Kingdom but a significant number were also born in countries such as New Zealand, Malaysia, South Africa, India, the Netherlands, Vietnam and Germany. Eleven percent of Western Australians speak a language other than English at home. Close to two hundred different languages are spoken; with Chinese languages and Italian being the most commonly spoken apart from English.

The WA HACC program has historically defined people of a Culturally and Linguistically Diverse (CALD) background as being those people who are born overseas and speak a language other than English at home. Using this definition, people of a CALD background currently represent about 7% of the WA population.

The HACC Program recognises that population groups, such as ATSI and CALD, may experience greater difficulty accessing HACC services. They are, therefore, given a particular focus in terms of planning for future services in order to promote equity.

The HACC Target Population

The HACC target population is often defined as those people with a moderate, severe or profound disability that may require support to remain living independently within the community. The target population can be quantified* using the ABS Survey of Disability, Ageing and Carers (SDAC). The latest SDAC (2003) identified 9.9% of the Western Australian population as having a moderate, severe or profound disability. In 2008, this translates to around 207,900 people who form the WA HACC target population.

HACC Client Profile

In 2006/2007, there were approximately 65,000 HACC clients in Western Australia. The average age of HACC clients was 73 years and the median age was 78 years. Approximately 79% of HACC clients were 65 years of age or older.

Nearly four percent (3.6%) of HACC clients were ATSI and eight percent (8%) were of CALD backgrounds.

Carers

Carers are also an important part of the HACC target population, although not represented in the SDAC target population measure.

In 2006/07, nearly 30% of HACC clients were recorded as having a carer. Approximately one third of those carers received a HACC direct care service of Respite Care or Counselling, Support, Information and Advocacy.

General Service Provision information

In 2006/07, the most commonly provided HACC support services across WA were Domestic Assistance and Transport whilst the most intensively provided services were CBDC and Meals (See Table below).

* There are some recognised limitations associated with the use of this target population measure (See page 36).

Table 1: Percentage of clients receiving each direct care support service and the average volume of support given per month in 2006/07

Service Type	Coverage (% of clients)	Intensity (ave. units per month)
Allied Health	7%	0.4
Couns. Supp Info. Advoc.	23%	0.4
Centre Based Day Care	25%	11.2
Domestic Assistance	40%	2.6
Other Food Services	0%	1.7
Home Maintenance	25%	1.1
Formal Linen Services	1%	1.0
Meals	33%	7.1
Nursing care	15%	1.1
Personal Care	14%	4.1
Respite Care	4%	4.6
Social Support	26%	2.8
Transport	37%	4.0

Regional Analysis

Most HACC planning and reporting is performed on a regional basis. There are 11 geographically defined planning regions in WA, 7 of them are rural and 4 are metropolitan. A Statewide region is also identified for planning purposes, and covers services and organisations that operate across the state on a flexible basis.

Table 2: Regional distribution of the population and client numbers

Region	2008 Population	2006/07 Client Numbers
North Metro	540,927	14,199
South East Metro	351,747	11,579
South West Metro	423,984	13,569
East Metro	314,496	9,755
Kimberley	41,167	857
Pilbara	43,744	481
Midwest	63,286	1560
Wheatbelt	73,575	3034
Goldfields	57,452	1626
Southwest	146,395	6004
Great Southern	55,918	2398
TOTAL	2,112,691	65,062

Culturally and Linguistically Diverse Backgrounds (CALDB)

The proportion of HACC clients of a Culturally and Linguistically Diverse (CALD) background in 2006/07 was compared with the proportion in the regional population (See Table 3). Where a greater representation of CALD is observed in the general population than in the client group, this may indicate that this group are not accessing HACC services at an appropriate level. However, other contributing and potentially complicating factors should be considered; for example, it may be that the CALDB group in some regions are younger in age and may, therefore, not need to access HACC services to the same extent.

The analysis presented in Table 3 suggests a potential gap in services for people of a CALD background in all the metropolitan regions and in all rural regions except the Wheatbelt and Southwest.

Table 3: Percentage of CALDB in the HACC client group compared to percentage in the general population in HACC Regions in 2006/07

HACC Region	% CALD HACC clients	% CALDB in Population	Difference
North Metro	10.7%	12.90%	-2.2%
South East Metro	7.3%	12.80%	-5.5%
South West Metro	7.9%	10.40%	-2.5%
East Metro	12.8%	14.20%	-1.4%
Kimberley	0.6%	13.99%	-13.4%
Pilbara	0.6%	11.00%	-10.4%
Midwest	2.1%	4.70%	-2.6%
Wheatbelt	4.2%	3.50%	0.7%
Goldfields	1.2%	3.80%	-2.6%
Southwest	4.4%	4.00%	0.4%
Great Southern	2.6%	4.00%	-1.4%

Aboriginal and Torres Strait Islanders (ATSI)

The proportion of HACC clients who were Aboriginal and/ or Torres Strait islanders (ATSI) in 2006/07 was compared with the proportion of ATSI in the regional population. Given that the health status of the Australian indigenous population is significantly lower than that of the non-indigenous population and disability rates are significantly higher, a greater representation of ATSI in the client group than the population group may be expected. Where this is not the case, it may suggest that ATSI are not accessing HACC services at an appropriate level. However, again it is important to consider other potential contributing factors.

Table 4: Percentage of ATSI in the HACC client group compared to percentage of ATSI in the general population in HACC regions in 2006/07

HACC Region	% ATSI in HACC client group	% of ATSI in population	Difference
North Metro	0.81%	1.10%	-0.28%
South East Metro	2.44%	2.23%	0.21%
South West Metro	1.07%	1.50%	-0.42%
East Metro	2.33%	1.98%	0.35%
Kimberley	71.08%	47.18%	23.90%
Pilbara	65.42%	17.99%	47.44%
Midwest	9.99%	12.06%	-2.07%
Wheatbelt	1.39%	4.74%	-3.35%
Goldfields	17.10%	11.93%	5.16%
Southwest	1.08%	2.13%	-1.05%
Great Southern	2.76%	4.45%	-1.68%

This analysis indicates a potential gap in services to ATSI people in the North and South West Metropolitan regions as well as the Midwest, Wheatbelt, Southwest and Great Southern rural regions.

Service provision coverage and intensity

‘Coverage’ and ‘intensity’ information, derived from the HACC MDS, is used to describe the level of service provision within regions. ‘Coverage’ refers to the number of clients (as a proportion of an appropriate denominator) who receive a particular service type. ‘Intensity’ refers to the average volume of the service type received by those clients.

The comparison of coverage and intensity in specific regions with that in ‘similar’ regions is used to identify potential gaps with respect to service type provision. For instance, if the coverage rate for Domestic Assistance in North Metro and East Metro was 20% and 40% respectively, this may indicate that there is a gap in terms of the provision of Domestic Assistance in the North Metro region.

‘Similar’ regions are considered to be those with similar attributes*, for instance with respect to population demographics and geography. For the triennial plan needs analyses, three groupings were used for these comparison purposes:

- 1) All Metropolitan regions
- 2) Kimberley, Pilbara, Midwest and the Goldfields
- 3) Wheatbelt, Great Southern and South West

* Although regions may be considered similar, it should be kept in mind that no two regions are likely to be directly comparable in this way.

Table 5: Regional service type coverage - shaded areas indicate low coverage when compared with other 'similar' regions

Service Type	South East Metro	South West Metro	North Metro	East Metro	Southwest	Great Southern	Midwest	Wheatbelt	Goldfields	Pilbara	Kimberley
Domestic Assistance											
Personal Care											
Social Support											
Home Maintenance											
Respite Care											
Other Food services											
Assessment											
Client Care Coordination											
Case Management											
Counselling, Support, Information and Advoc.											
Nursing Care											
Allied Health											
Centre-Based Day Care											
Meals											
Transport											
Home Modification											
Formal Linen Service											
Goods and Equipment											

Table 6: Regional service type intensity - shaded areas indicate low intensity when compared with other 'similar' regions

Service Type	South East Metro	South West Metro	North Metro	East Metro	Southwest	Great Southern	Midwest	Wheatbelt	Goldfields	Pilbara	Kimberley
Domestic Assistance											
Personal Care											
Social Support											
Home Maintenance											
Respite Care											
Other Food services											
Assessment											
Client Care Coordination											
Case Management											
Counselling, Support, Information and Advoc.											
Nursing Care											
Allied Health											
Centre-Based Day Care											
Meals											
Transport											
Home Modification											
Formal Linen Service											
Goods and Equipment											

Other Analysis

Factors other than needs and demand have also been considered in the development of this triennial plan.

WA is experiencing boom economic conditions as a result of its proximity to China and its availability of commodities required for China's growth. These boom conditions have resulted in very low unemployment and workforce shortages are being felt across WA. The situation is not expected to abate within this decade.

With respect to the WA HACC program, this is likely to put continued pressure on costs to deliver services as well as, potentially, limiting capacities to deliver some services at different times and in different areas. Other factors such as the general ageing of the population and the decline in the volunteer workforce may be expected to add to these pressures.

The 2006/07 Business Report has already seemingly confirmed the impact of such factors. Information from the Business Report along with more current 2007/08 contract variance reports and results of the 2007/08 growth funding round have been analysed as indicators of constraints and actual capacity for growth. For example, where contract volumes are not being met despite demand indicators suggesting a need, it may not be considered practical to direct growth funding to that service type.

3. Consultation

Consultative Mechanisms

Consultation is an essential element of the planning process for the WA HACC Program. A series of consultations have been undertaken with various stakeholders to support the planning information.

A large amount of general consultation occurs within the HACC program at various levels, on both a formal and informal basis. Overall, there is reasonable engagement of larger service providers and peak bodies in HACC program issues as well as broader community and aged care issues.

The Community Care Reform Advisory Group is a state body comprised of representatives of HACC service providers, residential aged care providers, packaged care providers and peak body representatives as well as senior Aged Care Policy Directorate (ACPD) and HACC Policy personnel.

Senior HACC Program staff meet with relevant Metropolitan Area Health Service Portfolio Officers overseeing HACC contracts on a regular basis. Likewise, there is regular contact with senior program staff and the Aged Care Director in the Western Australian Country Health Service (WACHS).

HACC Project Officers (PO) are based in each of the HACC regions and this facilitates regional engagement. The PO holds coordinator meetings with service providers on a quarterly basis.

In many regions there are supplementary network meetings involving service providers as well as other regional stakeholders. Feedback from the regional PO to HACC Policy area is provided through regular teleconferences as well as twice yearly face-to-face forums. There is also opportunity for informal interaction.

The WA HACC Program uses several ongoing advisory mechanisms in regard to State-wide issues, including groups such as the WA Aged Care Advisory Council, the Aged Care Network and a number of other peak service providers.

Regional priorities for the allocation of growth funds in the HACC Program are based on the results of a combination of the ongoing consultation processes outlined above, together with analysis of Minimum Data Set (MDS) data.

HACC Policy representatives also have direct contact with service providers through attendance at all metro coordinator meetings as well as the rural meetings on an annual basis. Traditionally, there has also been community consultation forums held in each region on an annual basis as well as a State-wide forum engaging larger service providers and peak bodies.

Engagement of HACC consumers (i.e. clients and carers) needs to be strengthened and will be a major focus of the ongoing development of the community consultation process. A new approach is being discussed with Carers WA and the Health Consumers Council.

Carers will be targeted directly through carers' groups, which are run through several HACC service providers such as Alzheimer's Association and Carers Association of WA. They will also be consulted indirectly through the Carers' Advisory Council, which represents carers' interests on a broader community level.

Special needs groups such as CALDB and ATSI will continue to be consulted with respect to planning and targeting of support services for these groups. Relevant reference/advisory groups and peak service providers also represent these target groups and consultations occur directly through a range of mechanisms.

The major focus of the community consultation process for the development of the 2008 -2011 Triennial Plan included:

- Aged Care Assessment Teams (ACAT) across the metropolitan and rural areas that were consulted individually rather than being part of the service provider consultations
- Consultations were carried out with HACC service providers as part of the regional quarterly network meetings to identify gaps and issues in the provision of support to HACC clients
- Project Officers in regional areas sought feedback from service providers through their regular meetings in order to highlight regional issues and priorities.

A broad range of issues has been identified as an outcome of the consultation process and include the following common themes:

Metropolitan area

- Need for increased access to support services after hours and weekends
- Opportunities for cooperation and information sharing of client assessment information between HACC and ACAT
- Lack of appropriate packaged care and increasing pressure on HACC service providers to continue to support people who need higher levels of care
- Need for specific training for assessment staff to be able to conduct culturally appropriate client assessments
- Need to focus service growth to target ATSI clients
- Decreasing demand for respite care services from the HACC Program due to ongoing growth in the National Respite for Carers Program
- Increasing demand for services to support people with mental health issues
- Impact of high fuel costs and decreasing numbers of volunteer's impacts on capacity to provide cost effective transport support
- Workforce issues across the whole sector and the impact of the current boom in WA's economy.

Rural and Remote

- Workforce issues in remote areas for HACC service providers
- Expansion of support services available after hours and weekends
- Sharing of assessment information and consistency of assessment information collected across the community care sector
- Large distances that staff need to travel to provide support services to people living outside of the main towns
- Linkages between the Patients Assisted Travel Scheme and transport through the HACC Program.

4. Priorities

The priorities for the WA HACC program over the 2008-2011 triennium have been formulated from the outcomes of the consultation process and from 'needs' and other analysis. Current national directions and relevant Western Australian policies also strongly inform these priorities.

General Population Priorities

The general HACC target population remains an ongoing population priority for the WA HACC program. The target group includes both:

- people with an ongoing functional disability, including frail elderly and younger people with disabilities
- the informal carers of these people.

Some 'special needs' groups may experience difficulty accessing HACC services and, therefore, also remain an ongoing and broad population priority. These groups include:

- People with dementia and their carers
- Aboriginal and Torres Strait Islanders (ATSI)
- People of Culturally and Linguistically Diverse (CALD) backgrounds
- People living in rural and remote areas
- Financially disadvantaged people.

The targeting and support of these groups may not be best addressed through direct funding of mainstream HACC services. Other important means exist, including the development of policies and program structures in support of effective delivery of services to these groups. eg. Aboriginal Development and Training Officer position, CBDC Policy, Fees Policy including Fee Waivers.

Consultation has highlighted increasing demands for HACC services from other special needs groups such as those with mental health problems. These groups cannot be considered a specific priority for the HACC program, with reference to existing program guidelines and the fact that other programs exist to support these groups. However, the WA HACC program does consider it a priority to build partnerships and understanding with other programs around these issues and where appropriate provide low levels of complimentary services that do not duplicate services available from other programs.

General Service Priorities

With respect to the provision of HACC services, the WA program will continue to focus on:

- Promotion of client independence and maintenance of their dignity and value, in line with a Wellness approach to community care
- Basic maintenance and support type services, in line with National Program Guidelines and, where appropriate, with a focus on re enablement
- Provision of small amounts of support to an expanding target group, in preference to intensive service provision to a small target group. This approach is supported by analytical work undertaken by Lincoln Centre for Ageing in relation to targeting in community care¹

¹ A Howe, C Doyle, Y Wells. Targeting in community care: a review of recent literature and analysis of the Aged Care Assessment Program Minimum Data Set. 2006.

- Improving the client experience through improved access and the quality of services and support provided
 - *community education regarding the program*
 - *creating Access networks where information is shared, screening assessment is not duplicated etc.*

Other WA Program Priorities

Other priorities for the triennium will address broader issues, such as:

- Support and development for the HACC workforce that supports a focus on Wellness and valuing staff
- Support for service providers to implement continuous quality improvement to service provision
- Support for service providers and program administration to gain a better understanding of the costs of HACC service delivery
- Continued focus on developing clear policy guidelines to support HACC project officers and service providers
- Improved analysis, research and evaluation of all aspects of the program eg. improved measurement of the target population, CALDB statistical analysis, subregional level analysis, analysis of carer information and functional status items
- Improved communication with the sector and related sectors (through an education program and information sessions).

Specific Regional Priorities

The identification of specific regional priorities will form the basis for the targeting and allocation of growth funding. The WA HACC program currently plans to continue this process on an annual basis, thus providing annual supplements on regional priorities and allocations. (For further details, see Section 9. Regional Funding)

A significant amount of the needs analysis and consultation processes have been conducted at a regional level. Therefore, whilst the general priorities as outlined will still apply, more specific regional population and service type priorities have also been derived.

Regional Population Priorities

Provision of services to ATSI people remains a strong priority in most regions, metropolitan and rural alike. In regions where ATSI people are well represented in the HACC client group, such as the Kimberley, Pilbara and Goldfields they generally also represent a significant proportion of the general population. As such, they remain an ongoing priority in those regions. In other regions where they are not well represented in the HACC client group (in comparison with in the general regional population) they are considered a more specific population priority.

However, history has demonstrated that the mere advertisement of funds to provide services specifically for ATSI is not necessarily effective in achieving its goal. Broader issues of access and cultural sensitivity of services require addressing and these may be more appropriately supported or targeted at the program development level.

Although CALDB has been highlighted as a potential priority in many regions through the needs analysis, this has not been supported at the consultation level. It is recognised that further analysis is required with particular attention to age distributions and levels of informal support in this group before a definite gap may be confirmed. This analysis will be a priority over the next two years.

Regional Geographic Priorities

Analysis and consultation have highlighted particular difficulties with service provision to more remote areas of rural regions and also to the fringe suburbs of the metropolitan areas.

Further analysis is required particularly with respect to age distribution across the regions, before these gaps may be further specified and targeted with funding allocations.

Metropolitan Priorities

Services directed at ATSI people will be considered a particular priority in the North Metro and South West Metro regions.

Basic support services such as Centre-Based Day Care, Domestic Assistance, Social Support, Home Maintenance and Transport will be priorities in all metropolitan regions for 2008/09. These service types have been strongly supported through both the needs analysis and consultation processes, and are consistent with HACC program policy and guidelines.

N.B. Transport in the metropolitan area will be supported specifically on the basis that it is provided locally and/ or is associated with Centre-Based Day Care services. The newly transferred metro-wide HACC transport service will continue to be supported through 2008/09 in the development and enhancement of the current transport service model.

Personal Care and Other Food Services will also be considered as significant, although lesser, priorities in some metropolitan regions.

Rural Priorities

Provision of services to ATSI people remains an ongoing population priority in the Pilbara, Kimberley and Goldfields and a more focused priority in all other rural regions.

In the rural regions there is more variety in service type priorities, probably as a reflection of the greater heterogeneity of these regions. The strongest priorities represented across all rural regions, CBDC and Transport, were however also common to metropolitan regions. These support services were consistently identified through needs analysis and, more particularly, through rural consultation processes. The other strong priorities indicated in the metropolitan regions, i.e. Social Support, Domestic Assistance and Home Maintenance will also be significant rural priorities, although not represented in all regions. Personal Care and Nursing Care will be the other significant priorities in the rural regions. In a couple of rural regions, Respite Care will also be a priority.

5. Reform and Development

The WA HACC Program is committed to working with the Australian Government and other States and Territories to implement common arrangements as outlined in “The Way Forward - A New Strategy for Community Care” document.

This triennial plan provides information on projects for all common arrangements other than planning and financial management. The WA HACC Program is committed to implement common arrangements relating to these two areas, when the National Frameworks have been developed.

A range of projects are being progressed in WA to support the community care reform agenda and the development of the HACC sector across WA. These projects include:

- Development of Access Network demonstrations in Esperance, Derby/Broome and the Local Government Area of Swan to support information, initial screening and data collection with the goal of assisting clients/carers to access the most appropriate support and referral to community care services
- Development of Service Provision Level Guidelines for appropriate targeting of support services for those clients most in need
- Revision of the HACC Needs Identification (HNI) screening tool incorporating the agreed national mandatory data elements
- Development and implementation of a Wellness approach to client assessment and service delivery
- Evaluation, revision and continual improvement of the WA HACC Fees Policy first implemented in 1999 to support the development of a transparent and consistent method to determine client fees across community care programs
- Development and implementation of a Unit Cost methodology
- Implementation of the draft community care standards to support continuous quality improvement and sharing of assessment, verification and action plan information across community care services.

Wellness Approach to Community Home Care

In 2006, the WA HACC Program adopted the concept of a Wellness approach to community home care as its policy position for future growth in service delivery. The WA HACC Program has continued with the Wellness approach to home care as an underlying element to all aspects of the Program.

Two key objectives were identified for the development and implementation of the Wellness approach:

- to facilitate, across the WA HACC sector, a reorientation from a predominantly dependency based service model towards a Wellness service model
- to ensure that the model could be implemented by service providers regardless of their organisational structure.

The successful implementation of a Wellness approach will require a change in mind set in the way in which many HACC service providers currently deliver their home care services. This process will not only encompass changes in work processes and practices, but also the enhancement and development of staff skills to be able to implement and operate effectively within a Wellness service model.

The Wellness model reflects two main principles:

- People want to retain autonomy and build capacity, which in turn has a positive impact on their self esteem and ability to manage day to day life
- “Independence” is not limited to physical functioning but extends to social and psychological functioning.

Since early 2006 the Wellness team at CommunityWest has worked closely with a number of WA HACC service providers to support them to effect change and implement Wellness. This has included the development of formal training, ongoing peer support and practical resources to enhance staff skills.

Wellness Equipment Resource Guide

A guide has been developed by The Independent Living Centre of WA (Inc) and CommunityWest to support the ongoing development of Wellness and to:

- assist HACC staff in their understanding of the numerous types of low cost equipment commercially available that may be beneficial to their clients
- provide HACC staff information on how to work with clients in the most effective way, in order to promote and maintain their independence
- show HACC staff different ways that clients can do day-to-day activities using less energy and less time.

Wellness DVD

A DVD to support the adoption of the Wellness approach across WA HACC has been developed. The aim of the DVD is to further build on the work that has already commenced around Wellness and foster the support for change across the HACC sector both at a state and national level.

This DVD includes interviews with senior staff in the WA Aged Care Policy Directorate, the Manager of the Wellness Approach from CommunityWest and staff from the City of Canning, one of the lead providers implementing Wellness. These interviews cover aspects such as the rationale for this move towards Wellness, its underpinning philosophy, the change process required from service providers at an organisational level and actual day to day experiences of staff and clients.

The DVD, which will be available for viewing on the CommunityWest website, will be used both as an awareness raising tool and as part of the staff skill development work accompanying the roll out of Wellness.

HACC National Forum

The National HACC Forum, held in Melbourne on 21 and 22 February, had a policy focus with the aim to promote, debate and explore the evidence for and implications of more thoroughly adopting a Wellness, capacity building and restorative care approach into HACC service provision.

WA was well represented as keynote speakers and workshop presenters, providing an opportunity to showcase the Wellness and independence approach being implemented across the state.

The outcomes of the forum will inform the continued development of the Wellness approach across the WA HACC Program.

WA HACC Brochures

To support the implementation of the Wellness approach, it was timely that a number of the HACC brochures were updated. The WA HACC general brochure and the Rights and Responsibilities brochure have recently been reviewed to reflect the approach. In addition, the review and revision of the WA HACC Fees Policy, that was implemented in July 2007, signalled a need to update the fees brochure to reflect changes to policy. All of these brochures have been reprinted, distributed and are available on the WA HACC website.

Access Networks

A New Strategy for *Community Care - the Way Forward* states that:

“The Australian Government will work with state and territory governments to identify entry (Access) points that can be easily accessed by consumers seeking community care services based on existing infrastructure”.

In line with this broader objective, the Council of Australian Governments (COAG) also agreed to more timely and consistent assessments for frail older people by ACAT and simplified entry and assessment processes for the Home and Community Care Program.

In WA the Access Network model will build on existing systems and tools available in the sector and recognise ‘natural’ sources of referral. It will also seek to make it easier for client carers and other interested community members to access the community care system. In addition, the model will gather information that will reduce assessment duplication and increase the sharing of relevant client information between community care service providers. Information gathered as part of the project about unmet need will be used to inform community care service planning.

The model is being developed and trialled at three sites in WA, Esperance and Derby/Broome in the rural regions and the Local Government Area of Swan in the metropolitan area.

A steering group supports the Access Network project with representatives from the Australian and State Governments and the three local working groups are made up of key stakeholders representatives. CommunityWest manages the project and is also part of the steering committee and local working groups.

The Esperance Access Network commenced operating on 3 December 2007 with the other two trials due to start in early 2008.

Realignment of HACC Regional Boundaries

The WA HACC regional boundaries have been aligned with the WA Country Health Service (WACHS) boundaries. The changes have recently been jointly approved by State and Australian Governments and are incorporated into the triennial planning processes.

The WA HACC program works closely with the WACHS to ensure appropriate development and delivery of HACC services throughout rural WA. The regional HACC Project Officer operates from within the WACHS aged care teams and are based in the seven rural regions.

The HACC Project Officer based in the Midwest was previously responsible for the Wheatbelt HACC region. However the employment of a Project Officer dedicated to support HACC services in the Wheatbelt has precipitated the move to realign the boundaries and regions.

The alignment will move fifteen statistical local areas from the Great Southern Region to the Wheatbelt Region and one from the Goldfields to the Midwest Region. This will be reflected in budgets and planned activity for the regions, with increases in the Wheatbelt Region and decreases in Great Southern Region (as demonstrated in regional and summary tables).

The new alignment will facilitate the operations, planning processes and achievement of mutual goals of the HACC program and WACHS.

WA HACC Fees Policy

The Safeguards Policy (Fees) was initially implemented by the WA HACC Program on 1st July 1999 following a broad consultation process. The aim of the policy was to achieve consistency and fairness for clients paying a fee by ensuring that all clients' capacities to pay were assessed in the same way, while imposing limits for the amount paid by multiple service users. The Safeguards Policy was reviewed in 2001 with minor changes recommended to the policy.

A further review of the Safeguards Policy was carried out in 2006 with the key recommendations being to change the name of the policy to the WA HACC Fees Policy and increase the fee cap over a period of three years until parity is achieved with fees charged by other Australian Government community care programs.

The revised WA HACC Fees Policy was finalised in July 2007 and reflected the recommendations of the consultancy review conducted in 2007. Several service provider workshops were held across the metropolitan and regional areas to provide an overview of the updated policy, and to provide an opportunity for feedback and discussion.

A key improvement to the policy was the development of the Income Assessment and the Fee Reduction process and the associated forms. A Working Group comprising HACC Policy Officers and service providers revised the fee forms to enable a more streamlined process for service providers and a more transparent system for HACC clients.

The revision of the WA HACC Fee Policy is consistent with the document "*Development of a Consumer Fees Framework for Community Care*" produced by the consultant Urbis as part of the work commissioned by the Eligibility and Assessment Working Group.

Unit Costs

In May 2006 the WA HACC Program established a reference group to develop a WA Unit Cost Framework including policies and guidelines to be implemented consistently across all HACC service providers.

The first phase of the Unit Cost Framework has been completed by the eleven HACC service providers chosen to pilot the methodology. Feedback from this group has been incorporated into the documentation that will be used across WA.

The second group commenced in September 2007 and the third group commenced in October 2007. Full implementation of the Unit Cost Framework should be completed within 18 months.

Further unit cost information and training sessions have been held across the State and service providers will be supported to implement the methodology over the next 18 months.

The WA HACC Unit Costs Project has highlighted the fact that unit prices/unit costs associated with the provision of HACC services have been underestimated. As a result, HACC service providers are now being systematically supported to implement a consistent unit cost methodology to gain a better understanding of the true costs associated with the provision of services, including allowances for asset replacement.

HACC sponsors in the pilot group will have an audit carried out on their unit cost methodologies by RSM Bird Cameron (RSMBC) during 2008.

From 1 July 2008/2009 HACC Service Agreements/Deeds of Variations will incorporate unit costs for service providers that have implemented the methodology. All HACC service providers will be supported over the next 18 to 24 months to implement the unit cost methodology.

Governance

RSM Bird Cameron, Chartered Accountants, (RSMBC) has been engaged by the WA HACC Program since 2002 to conduct financial/management reviews (FMR), Reported Service Delivery Samples (RSDS), monitoring engagements of FMR and RSDS, forensic accounting and audit engagements, and a financial training program. Commencing in 2008, RSMBC will be involved in the auditing of HACC service provider unit cost reviews (UCR), which, in conjunction with RSDS, will be the focus of the HACC Financial Review Program from 2007-10.

The objective of the FMR is to assist HACC funded service providers to develop efficient and effective governance and management structures and organisational practices to contain risk, including that of contractual compliance. The RSDS are performed to measure the capacity of HACC funded service providers to accurately report service activity data via the HACC Minimum Data Set (MDS). The monitoring engagements assess the extent of HACC funded service providers' implementation of recommendations from the FMR and RSDS.

The forensic accounting and audit engagements aim to investigate HACC service providers experiencing accounting and reporting practices and verify the financial exit position of HACC service providers leaving the HACC Program.

As the unit cost project methodology is now developed and all HACC service providers consulted on the process, the HACC contract with RSMBC will extend to include UCR of HACC service providers utilising this methodology. The UCR will assist the HACC Program in determining the success of HACC service provider uptake of the unit cost methodology. It is expected that an RSDS will be completed in conjunction with each of these UCR engagements to provide insight into the accuracy of the denominator being used in the unit cost calculations i.e. the MDS.

Over the next three years, from 2007-10, RSMBC will continue to undertake a small number of FMR engagements, with a particular emphasis on UCR and RSDS. This is expected to include three FMR, eleven RSDS engagements and eight monitoring reviews across WA in 2007/08.

Unit cost reviews will comprise a large component of RSMBC's contribution to HACC program development over the next three years, including 11 reviews on the unit cost pilot group in 2007/08.

Continued assistance will be provided by RSMBC in the matters of training and other program development and consultation where required.

WA HACC Database

The WA HACC Program continues to work with the University of WA School of Population Health, Aged Care Research and Evaluation Unit to develop and manage a web-based database system to support contract management and improvements in collection and analysis of planning information.

The initial stage of development was completed in May 2007 and has provided a standardised mechanism for the entry, storage and reporting of service providers' contract specifications and contact details. The database represents an effective tool for HACC contract managers/project officers to produce service providers' Service Specification Schedules for Service Agreements and Deeds of Variations. The database also provides access to reliable contract information that is regularly required for planning and reporting processes.

The completion of a second stage, in November 2007, involved incorporation and integration of the HACC Minimum Data Set (MDS). A range of 'contract versus activity' reports are now available and will be updated on a quarterly basis in line with quarterly MDS reporting. This has added another important dimension in support of contract and program management processes.

A consolidation phase in 2008 is underway, whereby the existing systems and reports will be enhanced, and a range of further standard reports will be developed.

A third major stage of development will commence during the triennium 2008-2011. The key feature of this phase will be the broadening of database access to include HACC service providers. Service provider representatives will be able to obtain reports and information relevant to their organisation as well as being able to update their own contact details. Ultimately, an assessment repository may be developed to promote the sharing of appropriate information between service providers and to facilitate a more coordinated approach to client care.

Meals on Wheels (MOW) Reform

In 2007 a review of MOW subsidies was conducted, and as a result of the review, guidelines have been developed to ensure equity in the subsidy across the State.

From 2008/2009, the subsidy for the delivery of a meal will be indexed annually in line with funding for other HACC service types. Some service providers in rural and remote regions receive additional subsidies based on distance and isolation factors.

Service providers have been categorised into three groups - metropolitan/major rural, rural and remote. The increased subsidy in some rural and remote locations will ensure that clients will pay the same price for a meal as people living in the metropolitan area.

The subsidy categories are as follows:

- *Metropolitan and major rural* - All service providers in the metropolitan region will receive \$1.70 subsidy for delivery of a meal
- *Rural* - Service providers in some rural areas will receive a subsidy of \$5.00 per meal (inclusive of the \$1.70 subsidy for delivery)
- *Remote* - Service providers in remote areas will receive a subsidy of \$8.00 per meal (inclusive of the \$1.70 subsidy for delivery).

Guidelines for Service Provision Levels

The Guidelines for Service Provision Levels in the HACC Program in WA were developed in August 2006 to assist HACC service providers to meet the demand of increasing numbers of clients with limited resources.

Work is progressing to provide further clarity on how HACC interfaces with other State and Australian Government funded programs. Specifically, the interface between Community Aged Care Packages (CACP), Disability Services Commission (DSC), Palliative Care, Mental Health and Respite Services.

The development of interface guidelines will supplement the Guidelines for Service Provision Levels and assist HACC service providers, clients and carers to navigate across the community care system. A draft protocol with the DSC has been developed and when agreed will provide clarity regarding access to complementary services for HACC eligible clients who also receive support from DSC funded programs. The other interface protocols will be developed over the triennium.

Centre Based Day Care - Funding and Assessment Guidelines

Centre Based Day Care (CBDC) funding guidelines have been developed to outline the requirements for HACC service providers when applying for HACC Growth Funding for the establishment, or development of a CBDC facility/program. These guidelines cover a new service, a service improvement or an expansion of a service.

The guidelines will provide a structured and planned approach for considering the growth of HACC CBDC services and be consistent with the WA HACC Wellness approach. The planning framework for CBDC will seek to:

- Ensure that CBDC service provision is not fragmented
- Avoids duplication of services in a geographical area
- Provides care closer to home, supports integration into the local community and promotes independence
- Prevents service providers operating in isolation from each other.

HACC Website

The HACC Website has been revamped to reflect the uniform style of WA Government Health websites and to improve user accessibility to the information displayed.

The restructure and logical grouping of sub-pages has resulted in a user-friendly site for both consumers and service providers with each having a clearly defined section relevant to their needs that is updated regularly and designed to encourage and increase use.

The latest inclusion for consumers is a new look services directory list of HACC service providers by region that will be updated quarterly. New brochures have been produced on 'Your Rights and Responsibilities' (as a HACC client), general HACC brochure, and 'WA HACC Fees Policy' and have been added to the website.

Service providers have access to manuals and policies, the latest being a 2007 update of the WA Fees Policy and Fee Schedule Guide, January 2008 Guidelines for the Provision of Home Delivered and Centre Based Meals and a range of documentation relating to the unit cost methodology.

Further work on improvements to the usability of the website will continue based on ongoing feedback from users.

MDS Project

The development of the HACC database, unit cost project and the RSM Bird Cameron MDS sampling reviews have highlighted the need to develop a coordinated approach to training and support for all HACC services providers in the interpretation, collection and reporting of their MDS.

A project will be developed in conjunction with CommunityWest to support sector understanding of the importance of MDS for planning, contracting, unit costing and day to day operations of their service.

HACC Sector Development

CommunityWest continues to work closely with the HACC Program, HACC PO, service providers and relevant training providers to adapt and develop the on line calendar of training provision to ensure it is meeting the needs of the HACC sector. New courses have been added to the calendar, and existing ones are under continuous review based on feedback received and HACC policy developments.

The creation of a new Training and Development Consultant position within CommunityWest will develop closer links with individual HACC service providers.

The support and coverage arrangement for the South West remains unchanged, but the two Training and Development Consultants based in Perth have been given responsibility for specific country and metropolitan regions and service providers.

CommunityWest is now able to support service providers with their training needs analysis, and the consultants will be assisting service providers to explore a range of training interventions that will meet their identified needs, over and above those available through the training calendar or on-site training.

During 2008 CommunityWest will also explore interest within the HACC sector for establishing a Training Reference Group. The aim would be to establish an additional consultation mechanism that would inform CommunityWest's planning and provision of training activities.

CommunityWest continues to work in partnership with other training providers to develop innovative approaches to meeting training needs. This is particularly important in regional areas where training resources are scarce and there are particular logistical and geographic issues for HACC service providers.

During 2008-2009 the goal will be to expand the current partnership arrangements, and explore additional IT based solutions to training that are not dependent on face-to-face training.

HACC Sector Training Calendar

In line with the development of the quality standards and Wellness approach in the provision of home support services, CommunityWest has been revising and adapting courses to ensure they reflect the principles of continuous quality improvement, and the Wellness model of service assessment and delivery. The roll out of the Wellness program across the whole sector is progressing well. A one-day "Wellness Philosophy" workshop will be incorporated into the CommunityWest online calendar in early 2008. In addition two short 4-hour workshops - Wellness and Personal Care and Wellness and Domestic Assistance - will be provided from Feb/March 2008.

CommunityWest will also be providing new courses in the training calendar aimed at staff responsible for undertaking assessments of clients within the Wellness framework.

The roll out of unit cost training is nearing completion, and the current workshop will be adapted and built into the training calendar for 2008-2009 to provide access to training on an ongoing basis.

The pilot of the South West online training calendar has gone well, and in future service providers in the South West will be able to manage and book all their courses online.

HACC Workforce Development Project

HACC service providers are increasingly citing workforce issues as barriers to delivering quality support services. The CommunityWest workforce development project - *Supporting Workforce Development through a Recruitment and Retention Focus* - will focus on the three key areas of recruitment, retention and innovation to assist service providers to address the associated challenges.

The aims of the project are to:

- Identify factors that impact positively or negatively on the sector and/or organisational capacity to attract and retain staff, with particular focus on those areas that are within the sectors, or individual service providers, capacity to change and influence
- Facilitate evaluation of current practices, policies, and approaches
- Develop and implement new strategies and approaches that improve attraction and retention at industry and service provider level
- Explore opportunities for collaborative approaches within the sector
- Identify learning and innovation from elsewhere to develop creative solutions for integration into practice.

In addition, the project has four key objectives. These are to:

- Enable HACC service providers to benefit from the accumulated knowledge and learning of others
- Build capacity in the HACC sector to address workforce challenges
- Foster innovation and creativity in addressing workforce challenges
- Create connectivity and alignment with strategic plans, operational plans, workforce strategies and initiatives of other key service providers.

The project will target HACC managers and coordinators with responsibility for the recruitment, management, support and supervision of staff and will benefit them in the following ways:

- More strategic understanding of the full range of factors, both positive and negative, which influence staff recruitment and retention
- Access to knowledge and tools needed to improve capacity to attract and retain staff
- Opportunity for collaboration in strategies and approaches
- Access to an Innovation Grant Fund to test new ideas and initiatives
- Identification of recommendations and proposals for further consideration.

Foot and Nail Care Training

A policy for the provision of foot and nail care services was implemented in April 2007 that incorporates the delivery of basic foot care as a Personal Care service.

ACPD and CommunityWest will work with the podiatrist engaged by the Wickepin and Williams HACC program to identify key program requirements to develop a sustainable foot and nail care training package that can be emulated in similar regional environments.

It is proposed that the package will be piloted in 2008 in certain rural regions where the demand for foot and nail care services is currently greatest and that the service will target HACC clients who have no specific foot or nail conditions but are unable to perform this task themselves, do not have a carer that is able to assist, and whose independence will be significantly enhanced if this service were available to them.

Fundamental to its success is an existing structure within the regional area that supports a competency-based approach to the program and provides information and guidance readily to participating HACC service providers.

Community Care Engagement and Education Project

It is becoming increasingly clear that community engagement and support will play a crucial role in supporting the changing environment of the community care sector. The active engagement of the community's energy and knowledge is seen to be now a vital ingredient in supporting a sustainable approach to implementation of a Wellness Approach to community home care.

The WA HACC Program acknowledges that there is a need to shift to higher levels of public participation in both the planning and implementation of programs. Actively listening to the knowledge and ideas of community members and facilitating their role in making changes can improve decisions and results.

A community care engagement and education project will be developed in partnership with CommunityWest and other relevant peak bodies to ensure that the general community, health service providers and other relevant stakeholders participate in the development and implementation of the changes occurring across community care.

It is anticipated that the focus of this project will develop over the next 12 months and a range of strategies will be developed to support a community care engagement and education approach.

Metropolitan HACC Transport Service

CommunityWest has provided a metropolitan wide transport service for HACC eligible clients since 2001. During this time the role of CommunityWest, continued to expand and develop with the main focus being on a training and sector development role to support the implementation of the Community Care Reform Agenda and WA HACC sector wide policy and program reforms.

In strategic discussions to determine its future direction, CommunityWest and the WA HACC Program agreed that the transport service would be better placed with a HACC direct service delivery service provider to allow CommunityWest to focus on core business as a training and development of the HACC sector.

An Expression of Interest (EOI) process was undertaken late in 2007 to identify a new sponsor for the transport service. Part of the EOI included the need for the successful service provider to continue to operate the current service delivery model while working in partnership with the WA HACC Program and the community care sector to review, develop and implement a new transport model over the next 12 to 18 months.

Volunteer Task Force (VTF) was the successful service provider and the current model of transport was successfully transitioned from CommunityWest to VTF in December 2007.

To inform the development of the new transport service model a questionnaire was developed by the WA HACC Program and distributed to 49 metropolitan HACC community transport providers. Analysis of the questionnaires has commenced and will provide the means to estimate volume and growth, determine service provision gaps and inform the potential development of the new transport model across the metropolitan region.

6. Building the Evidence Base

Wellness in Practice

City of Canning

The City of Canning adopted the Wellness approach in 2006 and believes that with increased longevity and societal expectations in the future the Wellness approach is what people want and it is the most efficient, responsible use of limited resources. It reflects the independent character of the baby boomers and generations to follow.

Implementation of the Wellness approach in the City's HACC services has occurred at various levels. Policies and procedures have been reviewed and Wellness has been incorporated into the recruitment, interview and induction of new staff. Formal staff training occurred as part of the implementation process as well as training on an informal, daily basis. Documentation has been developed to reflect Wellness including assessment forms and care plans with long and short-term goals. In addition, tools were developed to record achievements of client care goals. The City of Canning now applies the Wellness approach to all HACC funded programs and sees Wellness becoming the standard in HACC practice.

A key example of the Wellness approach in practice is the City's Learning for Life program. The program is held over a period of 16 weeks and places an emphasis on involving clients in active exercises both physically and mentally. The aim of the program is to keep clients more active for longer, raise awareness of health issues and the importance of keeping physically fit.

The fitness program is run by a qualified fitness instructor and all clients have to have their GP's consent prior to inclusion. Clients are also weighed, measured, body fat recorded and their flexibility tested at the commencement of the program and at the end. Each client is given a home workout plan to continue if they wish.

Part of the program involves a healthy eating plan where the clients cook a meal on the night they attend. Clients are given menu planners as well as fitness information to take away each week.

The program has been running successfully for three years with an increased demand for the fitness and health segments. Due to the popularity of the program, 'stand alone' fitness classes, running over 48 weeks will be introduced in the future.

Bayswater ECHO

Bayswater ECHO has embraced the Wellness approach and is implementing the philosophy to the delivery of all their HACC services. After reviewing their existing approach to community services, Bayswater ECHO developed an implementation plan in order to put into practice the philosophy of Wellness, supported by the Board and the Chief Executive Officer.

Staff have been supported during the process of change through training sessions, staff meetings, discussions, written material and encouragement from supervisors. Since the implementation of Wellness, staff have expressed feelings of achievement when a client is able to do something new or participate in an activity they have been unable to carry out for a while.

The way in which clients are managed and the related documentation has been modified accordingly. Assessment forms have been altered to reflect a Wellness approach and clients now have the opportunity to include a family member at all assessments. Support plans have been changed to ensure goals are clearly stipulated whilst at the same time ensuring the client feels supported. Ongoing assessment of clients and their increased involvement in day-to-day activities and growth in independence is conducted on a regular basis.

Bayswater ECHO has noted some encouraging results with clients since implementing the Wellness approach. One client has been very dependent on her carers and hesitant to do anything to help herself. With lots of encouragement and suggestion she has gone from doing almost nothing to now managing to wash most of her body independently. She is also applying her own deodorant, combing her hair, fastening her buttons, all of these things she previously felt she was not able to manage.

Another way Bayswater ECHO is implementing Wellness is through their home maintenance service. Clients assist volunteers and paid staff to do minor weeding, gardening and are supported where possible to do this.

St Ives Group

The St Ives Group is implementing the Wellness philosophy in a variety of ways across the organisation, from initial staff recruitment through to the delivery of support services.

St Ives Group has incorporated the Wellness approach into job advertisements for support workers and all office based coordination staff. Interview questions reflect Wellness, a history and clear understanding of the use of the Wellness approach in care planning and goal setting are all incorporated into the recruitment process. Orientation for new staff includes a Wellness PowerPoint presentation and the philosophy is reinforced for staff through regular internal and external training sessions. Person centred care has been promoted to all support workers through regular staff workshops.

Policies and procedures are audited regularly for inclusion of Wellness i.e. Financial Independence Policy. Assessment tools focus on abilities rather than inabilities. For example, the St Ives Dementia Specific Assessment Tool and care plans all include goals directly negotiated with recipients and incorporate strategies to achieve those goals and are reviewed regularly.

Esperance Home Care

Esperance Home Care has developed and implemented a Men's Cooking Class as a way of supporting men to prepare meals for themselves. The cooking group developed because of the need of a few men who had lost partners and were not in a position to prepare nutritional food for themselves. They had all been receiving on Meals on Wheels.

The cooking group operates for 3 hours weekly with the Community Support Worker and a volunteer working with a group of between 3 and no more than 6 men to prepare and cook a main meal and dessert in the MOW kitchen during the afternoon while it is not in use. The men are taught skills in food preparation and nutrition, and have the opportunity to socialise with other men in similar situations. The goal of the program is to enable men to learn how to prepare simple nutritional meals for themselves and to understand how to shop for and use cooking ingredients properly, enabling them to remain independent and able to provide for themselves, without relying on Meals on Wheels.

Esperance Home Care is also developing a project called "Future Proofing Your Garden" so that people can continue to enjoy the positive physical and social benefits of their garden but work towards making the garden more manageable as their personal health status or physical ability changes.

A landscape architect has been employed to support the development of an assessment tool that can be used to identify maintenance hot spots in a person's home and a range of options so that staff can advise on how to reduce the maintenance needs of the garden. Gardens play an important part in the mental well being of people and encourage them to remain physically active. This type of support will allow them the option of minimising but still retaining this important aspect of their life.

Community First

Community First Inc. set up pilot program (Ability Arts) to deliver centre-based day care with a focus of inclusion in the arts community. Ability Arts is a centre-based day care service that offers in-centre activities and social support. Activities are designed to meet the needs of the individuals and in developing their own unique creative talents in a supportive and creative environment. The program provides the participants with opportunities for inclusion through continuing involvement in community festivals, performances and participation in an international art project. The team of staff, volunteers, local artists, musicians and performers will continue to share their skills and expert knowledge to benefit all the participants of Ability Arts. Ability Arts provides a comprehensive coordinated and integrated range of art activities for the HACC client group.

Independent Living Centre Outreach Program

The outreach program was designed to provide an information and advisory service on assistive technology and equipment to the HACC target population who are unable to access the Independent Living Centre services due to inability to travel, difficulty using a telephone or the Internet. In most cases each visit consists of an audiovisual presentation (eg. PowerPoint) related to the particular client's needs, augmented by the opportunity to discuss, view and trial relevant equipment. This is followed by a period of time for individual consultations, in which clients have the opportunity to discuss their particular needs, try a limited range of equipment and receive printed information from the database of 6500 items of assistive equipment (including descriptions and pictures of the item, supplier details, and approximate costs).

Audiovisual presentation packages developed for the outreach program that have been well received by different HACC client groups include the following:

- "Living Independently" - showing the total range of assistive equipment available for a range of needs
- "Living with Arthritis" - information on joint protection and work simplification techniques and range of equipment available for those with arthritis and related conditions
- "After Stroke" - showing a range of equipment suitable for those who have suffered a stroke, or for Carers
- "Keeping Safe to Maintain Independence in the Home" - information on techniques and equipment that will assist the elderly person to remain safe and independent in their home environment.

The range of equipment taken on each visit varies as it is tailored to the specific group requirements and is taken from the over 2800 display items on the showroom floor of the Independent Living Centre.

Research

APEA: WA - Research into Elder Abuse

The WA HACC Program continues to provide support to Advocare for the Alliance for the Prevention of Elder Abuse WA (APEA: WA). APEA: WA promotes a whole of government policy framework that values older people and supports their rights. A major achievement of APEA: WA has been the publication of the *Elder Abuse Protocol: Guidelines for Action in 2006*. This was designed to assist service providers to develop their own specific policies, procedures and training material. As a follow up to this publication, workshops were held in 2007 across the state for service providers to assist them to use the protocol effectively.

APEA: WA member organisations have also been involved in a number of important elder abuse research projects in 2007. These include 'Investigating the Mistreatment of Older People in Aboriginal Communities', 'Elder abuse in Culturally and Linguistically Diverse Communities' and 'Human Rights of Older People and Agency Responses to Elder Abuse.'

HACC have also committed to grant \$20,000 per year for the next 3 years totalling \$60,000 for APEA: WA research projects. Some of the research projects that are proposed for 2008/2011 include:

- Collaborating with University of Western Australia on a number of Pilots Projects
- Pilot education program on Elder Abuse in Aboriginal Communities
- Collaborating with Curtin University WA to explore 'An Examination of the Effectiveness of Rights-focused Advocacy in Dealing with Elder Abuse: Developing Best-practice'
- Other strategic projects for 2008/09 include working to develop protocols to assist in responding to older people when in crisis situation.

Financial abuse is the most reported form of elder abuse and has been identified as a priority. APEA: WA held a forum in June 2007 with the banking/finance sector and the Minister for Seniors Interests and Volunteering to explore ways to protect those vulnerable to abuse. A number of recommendations for change were made. APEA: WA will continue to work with the sector to raise awareness of the issue and find ways to support the industry to respond to financial abuse and exploitation of their older customers.

In 2008 and onwards, APEA: WA will be promoting the World Elder Abuse Awareness Day on the 15 June, which has become an important focal point in raising awareness of Elder Abuse.

HACC Dementia Models of Care

The WA HACC Program is currently undertaking a research project to investigate models of dementia care currently provided by HACC service providers, including identifying specific programs/activities and staff training and support.

A research paper will be prepared that gives an overview into the current practices of dementia care services within the framework of the Wellness approach. The paper will provide an information document for HACC Project Officers to gain a better understanding of the range of services across the state, identify any gaps, and provide innovative ideas to other HACC service providers to encourage new activities and services for clients with dementia. It will also provide background information for future planning and growth for services to meet the needs of this client group.

Personal Care Research Project

Anecdotal evidence and MDS reporting analysis has identified that the current workforce issues being experienced across the sector may be impacting across the State in the recruitment and retention of staff who are skilled, willing and able to provide personal care support to clients.

The WA HACC Program will work in partnership with CommunityWest and the community care sector to research this issue and develop an appropriate approach based on the outcomes of the research.

Target Population

The HACC target population is currently quantified using the ABS Survey of Disability, Ageing and Carers (SDAC). However, this method is recognised as having some significant limitations, for example:

- the measure includes people with severe disabilities who are more likely to require higher levels of care such as packaged community care, residential care or disability services
- disability is self-reported, and there is evidence that older people may not perceive age-associated changes or frailty as disability
- the small size of the survey means that in WA region-specific estimates of disability can not be accurately determined using this method.

Some analytical work is planned to improve or refine the measurement of the WA HACC target population. Whilst the new method will probably continue to be based on the SDAC, it will also incorporate other important factors such as age and indigenous status. Ideally, the refined method will also enable the measurement of region-specific target populations.

Multicultural Support

Multicultural Specific Centre Based Day Care

People from Culturally and Linguistically Diverse (CALD) backgrounds are under-represented in most areas of HACC services. The Multicultural Services Centre of WA Inc. is expanding its Centre Based Day Care (CBDC) services to address this area of need. The Multicultural Services Centre provides a service model that is culturally appropriate to people from CALD backgrounds by creating an environment similar to that which the clients would encounter in their hometown or village.

The Centre encourages clients to speak in their own language, provides activities appropriate to their culture and employs staff from the same ethnic background able to speak the same language. Current clients and staff come from a range of ethnic groups. Volunteers from the same ethnic background cook the meals. All of the Centre's staff have considerable experience with CALD clients and are very sensitive to the cultural differences.

The Centre has been in operation since 1989 and has received HACC funding for the construction a new building that is purpose built to provide CBDC. It is anticipated that the building will be constructed in 2009.

Melville Multicultural activities

Ethnic Melville Active Seniors is a centre based day care program that operates two days a week for frail aged people from an Asian/European background, one day a week for clients from a South Asian background and one day a week for clients from a European background. The City of Melville provides additional funding to enable seniors who are not HACC eligible to participate in the program. The mix of frail aged and well aged encourages a range of supportive relationships to develop that assists HACC clients to participate in community activities.

Another benefit of this program include an activity and exercise program that centres on the cultures of the groups and ensures that body, mind and spirit are stimulated.

Carer Support

Prepare to Care

Carers WA have been receiving HACC funding since 2003 for the 'Prepare to Care' program to provide carers with information and support, and to support hospital processes become more carer-friendly, so that discharge and transition into community support services is smoother.

The Prepare to Care support service is the only one of its kind in Australia and evaluation of the program shows a positive response from both carers and hospital staff across WA suggesting that the service is meeting a very real need.

The Carers Advisory Council set up as part of the Carers Recognition Act 2004, recently highlighted the Prepare to Care support service as a significant achievement. This service will continue to expand across the state to provide ongoing support to carers.

Aboriginal and Torres Strait Islander Support

Remote HACC Program - Kimberley

The Kimberley Region of Western Australia is a unique area with unique issues of huge distances between towns and communities and tropical weather conditions that can make some areas inaccessible for weeks at a time. The local target population is predominantly Aboriginal and there is often a lack of housing and overcrowding issues to face.

Because of these and other support issues, a specialised Remote HACC Program model has been developed and continues to be refined to establish partnerships with local communities to assist in empowering them to develop support services within their own community, staffed by community members.

An example of this model was an approach by a community to establish a local HACC meals service. Kimberley Aged and Community Services (KACS) provides the necessary funding and support for establishing suitable kitchen facilities, service development and staff training, which is conducted onsite at the community.

Twenty such partnerships have been developed with regional communities. While sustainability of their services can ebb and flow due to conditions in the communities, HACC support is always available to maintain or re-establish services.

The experience of the KACS model for HACC and other aged care service delivery continues to inform the Statewide development, implementation and support of ATSI services.

Working with Warralong Remote Community

Pilbara Community Aged Care Services (PCACS) continues to focus on establishing and expanding its remote HACC programs. The PCACS team has been building relationships with Warralong, an indigenous community that is located approximately 150 kilometres north east of Port Hedland.

The establishment and continuation of services in this community has depended on the commitment of the PCACS team and access to an Aboriginal Liaison Officer who is able to speak the local language and who also visits the community regularly.

Over the past two and half years the PCACS team has worked with the community to access a recently renovated building and were successfully running personal care, laundry and centre based day care support until the centre fell into disrepair and was unable to be used. The PCACS team continued to work with the community to re-establish the services. Other suitable buildings are currently being sourced so that all services can be reinstated. This issue is not uncommon and the experience has provided a valuable learning experience for all those involved.

The results of this ongoing support and community liaison has lead to continuity of service, improved cultural understanding, better follow up care and access to specialists facilitated by the PCACS team.

Meals to Music

The City of Melville runs a Centre Based Day Care (CBDC) service that is also linked to supporting ATSI clients to access nutritious meals. The CBDC service caters for ATSI clients from a range of different regional groups such as Noongars, Wongi, Murri, Koori, Nunga and Torres Strait Islanders. Following the meal, clients participate in karaoke, specifically country rock, Aboriginal bands and other music for the older generation.

Beyond nutritional benefits, this program allows clients to develop friendships and reconnect with extended families. When required, the program provides a crèche service to assist these elderly clients who care for their grandchildren. The crèche enables clients to attend the centre, enjoy a meal and activities while the grandchildren enjoy the crèche activities.

MOW in Dundas Multi Purpose Service (MPS)

The Meals on Wheels service that operates as part of the Dundas MPS has adapted the way it delivers meals to better meet the needs of local indigenous people. Meals are delivered to a community meeting place (peppercorn tree at the back of the shopping centre). This approach has increased community contact and provides an opportunity to identify potential HACC clients and provides an opportunity for them to tell the support staff about their ongoing health and community support needs.

In consultation with members of the indigenous community it is anticipated that the service will be extended to include a range of social support and the opportunity for members of the local community to participate in assisting the elders by cooking their meals. The focus of the meals on wheels service will be developed to include diet and diabetes education, filling out forms and yarning about meals in the bush, in a healthy and alcohol free environment.

Centre Based Day Care

Churches of Christ have been funded to develop a Centre Based Day Care (CBDC) for ASTI clients in the South West.

The Djidi Djidi kindy located in Carey Park in Bunbury is being refurbished to provide a culturally appropriate CBDC service. The significant appeal of the new centre is that it will provide innovative CBDC for ATSI clients along with mainstream HACC clients. This will comprise combined activities and specifically targeted activities to small groups.

Given that the centre's main focus is on provision of support to ATSI clients it is anticipated that the service delivery model will need to continue to develop based on trialling and feedback as the model develops.

Dementia Support Services

Perth Home Care

Perth Home Care Services commenced Dementia Monitoring Program (DMP) in February 2005 to support early intervention through social support to monitor the health and well being of people displaying early stages of dementia.

The focus of the support is:

- assisting clients to establish routines, formal and informal structures in their lives that will assist them to live at home independently
- providing flexible service arrangements that are highly responsive to client need
- problem solving and developing solutions to issues that are likely to impinge on the client's ability to maintain their independence.

An evaluation of the DMP was conducted at the end of 2007 to:

- Evaluate the effectiveness of the Dementia Monitoring Program
- Identify key successes and areas for improvement of the program
- Provide feedback and recommendations to the key funding body
- Identify if the program fits within the HACC framework
- Determine if DMP is a best practice model that can be adopted by other HACC funded service providers.

The evaluation concluded that the DMP is an evidence-based approach to community dementia care. It is a very effective program to meet the special and very individual needs of isolated and vulnerable people in the early stages of dementia, who are at risk without the introduction of community support services.

The evaluation also identified that other service providers could successfully run the DMP, as long as they met the characteristics identified to have underpinned Perth Home Care's Program. Some of these characteristics were also identified in the 2004 evaluation of the DMP operated by Mercy Care in New South Wales.

Regional Activities

Kimberley

West Kimberley Team Model

Kimberley Aged and Community Services (KACS) trialled and evaluated an innovative model of service for remote HACC and Community Aged Care Package (CACP) clients in the West Kimberley region.

The model was developed in response to issues recognised by staff, clients and communities in the context of a large geographical area with 100% Aboriginal clients. These issues included: isolation of staff in remote offices and supervision of these staff; confusion by clients, community members and staff over various roles with KACS, and ineffective communication between programs and staff.

The West Kimberley region has been divided geographically into three areas with each area having a two person team that provides HACC assessment, client care coordination, training and HACC service development and support, CACP case management and basis continence assessment.

Each team has the shared skills of program expertise, clinical expertise and cultural expertise relevant to remote Kimberley Aboriginal communities. One of the benefits of this model is the sharing of knowledge and recognition of the value of different skills and knowledge in a team, and by extension for the community.

The six month evaluation has shown many benefits: increased confidence and program understanding of Aboriginal staff members through close working relationships with their other team member; increased job satisfaction by all participating; communities now know who to contact; greater understanding of barriers to service provision by program managers, and increased service provision to clients.

Great Southern

Drivers Licence Reassessment

The model has been developed to support frail aged and younger people with disabilities when they are required to complete an annual reassessment to allow them to continue to hold a current drivers licence. A support worker provides assistance to the client through the screening process at the Albany Lions Community Care Centre, then provides support with the booking of tests or lessons, medical appointments and other resources related to transport and maintenance of skills required to retain their licence and continue to live independently in the community.

Support is also available to discuss alternative options with clients who may not have their licence renewed. This is done using a transport resource manual and by providing information on alternative forms of transport available in the community so they are able to remain as independent as possible.

Feedback from clients has been very positive as the support puts the clients at ease and assists to streamline the drivers licence reassessment process.

Foot And Nail Care Service

Wickepin and Williams HACC have developed a foot and nail care service to provide nail care to HACC eligible clients who are unable to perform their own basic nail care due to limited mobility, failing eye sight, decreased dexterity and strength in their hands.

The service includes assessment, support planning and service evaluation of the client by a suitably qualified nurse (with the support of a podiatrist). The nail cutting service is offered on a 6 weekly basis, or more frequently if required, and is performed in the clients own home. It will assist the clients in maintaining their nail care and facilitating their independence.

A podiatrist was engaged to provide training in appropriate foot care and nail cutting techniques and support to a registered nurse. Protocols have been developed, together with procedures for cleaning and sterilisation of equipment by the Senior Nurse, Podiatrist and Regional CSSD staff.

The outcomes from this project will inform the development and implementation of the State-wide HACC Foot and Nail Care program.

Goldfields

Ravensthorpe Weekly BBQ

An innovative support service has been developed specifically to meet the needs of male HACC clients. The weekly BBQ is attended by a core group of seven men and other occasional attendees. A male support worker runs the support service. Each week the BBQ is held at different locations, decided on by the men.

Funding for the support service included the purchase of a trailer with a BBQ, table and chairs so the men are not limited to utilising existing public BBQ's. Sometimes they will take their fishing gear and head off to the river, or go yabbing in one of the local dams. At other times the men just take advantage of scenic beaches and the National Park. The program is an opportunity for the men to socialise in a positive environment and provides them with a sense of belonging as they attend to their 'Men's Business'. Three of the men who attend are very mobility impaired and do not get out much other than to the BBQs.

7. Quality

The Community Care reform agenda includes the development of a streamlined quality reporting process and a consistent set of standards across all community care programs to simplify and streamline service provider reporting across programs. While the community care reform around quality standards continues to develop the WA HACC Program is still required to report annually to the Australian Government on the progress of HACC service providers in meeting the HACC National Service Standards (NSS).

A quality coordinator and quality partner have been employed by CommunityWest to work in partnership with the WA HACC Program. The role of the quality team at CommunityWest will support the implementation of the of the revised Community Care Standards and Continuous Quality Improvement approach to identify and build on current service provider best practice.

The Quality Team is currently using the draft Community Care Standards as the tool for the requirements of the HACC NSS. Service providers that have been involved in other quality assessment are able to have this information considered as part of the NSS process to reduce the amount of time and the level of information to be provided.

The process for the metropolitan commenced in September 2007 and roll out to the regional areas is underway. As it is a Statewide project, a region by region approach has been developed. HACC service providers in the metropolitan area were the focus initially with rural and remote regions being included in stage two.

CommunityWest has developed a feedback evaluation form in conjunction with the WA HACC Program and each service provider has been provided with an electronic copy of the form and a self addressed envelope for completion after the site visit. Feedback on the tools, approach and verification process will be provided to the Community Care Reform Planning and Accountability working group (PAWG) to inform the ongoing development of the national standards and continuous quality improvement approach.

Client wellbeing and quality of life indicators

A review of home based care services conducted in May 2007, by the Office of the Auditor General (OAG) identified as one of the recommendations that the Department of Health should adopt key effectiveness measures that are directly linked to improvement of wellbeing and quality of life for people in home based services.

The WA HACC Program will work with CommunityWest through the Quality Team, Aged Care Services WA (ACSWA) and the DSC to identify, develop and adopt appropriate key effectiveness measures for clients. Information from the Wellness assessment process will also inform this project.

8. HACC Budget

Table 7: Regional Budgets for 2008/09 incorporating growth funding and cost supplementation

HACC Planning Region	Current Base Funding 2008/09 i.e. 2007/08 FYE (\$)	Adjustments* (\$)	New 2008/09 Base (\$)	Indexation @ 2.1% (\$)	Real Growth 2008/09 PYE (\$)	Real Growth 2008/09 FYE (\$)	Total Regional Budget 2008/09 PYE (\$)	Total Regional Budget 2008/09 FYE (\$)
Metro								
East Metro	24,357,420	92,006	24,449,425	513,438	780,555	1,561,111	25,743,418	26,523,974
North Metro	35,158,236	-17,677	35,140,559	737,952	883,573	1,767,147	36,762,084	37,645,657
South East Metro	28,244,032	-82,501	28,161,530	591,392	786,614	1,573,228	29,539,537	30,326,151
South West Metro	29,426,863	106,986	29,533,849	620,211	868,167	1,736,334	31,022,227	31,890,394
Rural								
Goldfields	4,315,077	-355,425	3,959,652	83,153	117,099	234,198	4,159,904	4,277,003
Great Southern	7,990,944	-1,647,478	6,343,466	133,213	153,125	306,250	6,629,804	6,782,929
Kimberley	3,030,486	195,979	3,226,465	67,756	71,338	142,675	3,365,558	3,436,896
Midwest	4,833,965	8,003	4,841,968	101,681	105,656	211,312	5,049,306	5,154,962
Pilbara	3,250,437	-281,221	2,969,216	62,354	39,818	79,636	3,071,387	3,111,205
South West	12,950,161	-92,338	12,857,823	270,014	381,324	762,648	13,509,161	13,890,485
Wheatbelt	4,582,912	1,807,322	6,390,234	134,195	186,688	373,376	6,711,117	6,897,805
Statewide	8,244,467	266,346	8,510,813	178,727	750,000	1,500,000	9,439,540	10,189,540
TOTALS	166,385,000	0	166,385,000	3,494,085	5,123,957	10,247,915	175,003,043	180,127,000

Note:

PYE refers to Part Year Effect

FYE refers to Full Year Effect

* Great Southern and Wheatbelt boundary changes

* Others relate to contract adjustments

Table 8: Regional Budgets for 2009/10 incorporating growth funding and Cost supplementation

HACC Planning Region	Base Funding 2009/10 (\$)	Indexation @ 2.1% (\$)	Real Growth 2009/10 PYE (\$)	Real Growth 2009/10 FYE (\$)	Total Regional Budget 2009/10 PYE (\$)	Total Regional Budget 2009/10 FYE (\$)
Metro						
East Metro	26,523,974	557,003	870,236	1,740,472	27,951,213	28,821,449
North Metro	37,645,657	790,559	985,090	1,970,181	39,421,306	40,406,397
South East Metro	30,326,151	636,849	876,991	1,753,982	31,839,991	32,716,981
South West Metro	31,890,394	669,698	967,914	1,935,828	33,528,006	34,495,920
Rural						
Goldfields	4,277,003	89,817	130,553	261,106	4,497,373	4,627,926
Great Southern	6,782,929	142,442	170,718	341,436	7,096,088	7,266,806
Kimberley	3,436,896	72,175	79,534	159,068	3,588,605	3,668,138
Midwest	5,154,962	108,254	117,795	235,591	5,381,011	5,498,807
Pilbara	3,111,205	65,335	44,393	88,785	3,220,933	3,265,326
South West	13,890,485	291,700	425,135	850,271	14,607,321	15,032,456
Wheatbelt	6,897,805	144,854	208,137	416,275	7,250,796	7,458,934
Statewide	10,189,540	213,980	836,170	1,672,340	11,239,690	12,075,861
TOTALS	180,127,000	3,782,667	5,712,667	11,425,333	189,622,334	195,335,000

Table 9: Regional Budgets for 2010/11 incorporating Growth funding and Cost Supplementation

HACC Planning Region	Base Funding 2010/11 (\$)	Indexation @ 2.1% (\$)	Real Growth 2010/11 PYE (\$)	Real Growth 2010/11 FYE (\$)	Total Regional Budget 2010/11 PYE (\$)	Total Regional Budget 2010/11 FYE (\$)
Metro						
East Metro	28,821,449	605,250	923,906	1,847,812	30,350,605	31,274,511
North Metro	40,406,397	848,534	1,045,844	2,091,687	42,300,774	43,346,618
South East Metro	32,716,981	687,057	931,077	1,862,155	34,335,115	35,266,193
South West Metro	34,495,920	724,414	1,027,608	2,055,215	36,247,942	37,275,549
Rural						
Goldfields	4,627,926	97,186	138,604	277,209	4,863,716	5,002,321
Great Southern	7,266,806	152,603	181,247	362,493	7,600,656	7,781,903
Kimberley	3,668,138	77,031	84,439	168,878	3,829,608	3,914,047
Midwest	5,498,807	115,475	125,060	250,120	5,739,342	5,864,402
Pilbara	3,265,326	68,572	47,131	94,261	3,381,029	3,428,159
South West	15,032,456	315,682	451,355	902,709	15,799,492	16,250,847
Wheatbelt	7,458,934	156,638	220,974	441,947	7,836,545	8,057,519
Statewide	12,075,861	253,593	887,739	1,775,478	13,217,193	14,104,932
TOTALS	195,335,000	4,102,035	6,064,983	12,129,965	205,502,018	211,567,000

Table 10: Summary of Planned Non-recurrent Allocations 2008/09

Project Description	Planned Output	Planned Funding Level (\$)
Research Projects	Improved analysis, research and evaluation of the program	150,000
Client/Carer - quality of life indicator	Identify, develop and adopt appropriate key effectiveness measures for clients	80,000
Personal Care	Research workforce issues and develop an appropriate approach based on the outcomes of the research	20,000
Community Care Education Program	Ensure relevant stakeholders participate in the development and implementation of the changes occurring across community care	100,000
Workforce Development Project	Support and development for the HACC workforce that encourages a focus on Wellness and valuing staff	100,000
Innovative Pilot Projects	Support for new and innovative models of service delivery that may be proposed via successful business cases through GFA process	655,555
Minor One-Off Allocations	In support of delivery of HACC services	1,922,957
Capital Funding Allocations	In support of delivery of HACC services	2,095,445
Total		5,123,957

Table 11: Planned Statewide Recurrent Funding 2008/09

Purpose of Funding	2008/09 Planned Dollars	
	PYE (\$)	FYE (\$)
Goods and Equipment	653,755	653,755
Other Client Service Delivery	4,080,465	4,430,465
Training and Service Development	1,834,088	2,209,088
Governance	660,309	660,309
Database Management/Research	129,346	154,346
Administration	2,081,576	2,081,576
Total	9,439,540	10,189,540

Table 12: Statewide Planned Non-Recurrent Allocations 2008/2009

Purpose of Funding	Description	2008/09 Planned Dollars (\$)
Personal Care Research Project	Examination of workforce and other issues related to provision of personal care support/ development of appropriate response	20,000
Client/Carer Quality of Life Indicator	Identify, develop and adopt appropriate key effectiveness measures for clients	80,000
Workforce Development Project	Support and development for the HACC workforce that encourages a focus on Wellness and valuing staff	100,000
Community Care Education Program	Ensure relevant stakeholders participate in the development and implementation of the changes occurring across community care	100,000
Other Research Projects	Research, Analysis and Evaluation to support the WA HACC Program	150,000
Other Minor One-Off Allocations in Support of HACC Service Delivery		200,000
Capital Funding Allocations		100,000
Total		750,000

Bonus Pool Funding

Table 13: Bonus Pool Funding

Project Description	Planned Output	Planned Funding Level (\$)
Access Network Project/ Common Arrangements	Development of infrastructure (IM/IT) to support the Access Network Project and progression of common arrangements	3.34 million*
Total		3.34 million*

* Separate submission to detail implementation of common arrangements across HACC and Australian Government community care programs when these have been agreed.

9. Regional Funding

The Triennial Plan sets out a plan for total program funds and includes both whole-of-state and regional specific issues. As well as a focus on strategic direction and priorities, the plan covers planned outputs and funding by region, including details on base and expected growth funding. Regional information includes indicative funding allocations for each region and planned outputs by service group and service type. The use of service groups provides the flexibility to vary the service mix within the group to meet the needs of the community. It may also assist in identifying trends in service delivery and models of service provision over time.

Methodology for Allocation of Growth Funding 2008/2011

Regional equity is a key consideration in the allocation of growth funding in WA. In 2008/2011, the methodology outlined below will be applied.

Distance & Isolation Factors for Rural Western Australia

Rural regions experience increased costs of living because of the higher costs of goods and services. These increases naturally translate to the relative cost of delivering HACC services. Distance and Isolation factors produced by the WA Local Government Grants Commission are incorporated in the HACC resource allocation process to adjust for such regional differences in order to ensure equity. These indices for local government areas are combined to create average HACC regional factors as presented in the following table:

Table 14: Distance and Isolation Factors

Region	Distance/Isolation Factor
North Metro	1.00
South East Metro	1.00
South West Metro	1.00
East Metro	1.00
Kimberley	1.59
Pilbara	1.54
Midwest	1.27
Wheatbelt	1.15
Goldfields	1.44
South West	1.09
Great Southern	1.15

For example, if the distance and isolation factor for health and welfare services in the Goldfields region is 1.44, it is considered that the purchasing power of \$1.44 in the Goldfields region is equivalent to \$1.00 in the metropolitan area.

Regional Allocations

The equity-funding model used for 2008/2011 is a combined model that takes into account the following criteria:

- Expenditure per head of target population per region
- Expenditure per HACC client per region

The distribution based on target population (adjusted for distance/ isolation) is based on obtaining an equal distribution of expenditure per head of target population across the state. A limitation of the current derivation of the target population is its ability to accurately reflect those who actually access HACC across the age spectrum.

The expenditure per client approach reflects the current utilisation of HACC resources by existing clients, and provides the opportunity to equalise the amount of funds current clients receive on average per region. The limitation of this model is predicting the number of potential clients not currently receiving services.

The combined model has been chosen to reduce the effects of the limitations of either component while allowing regions that are considered to be under-funded to move closer to equity.

Future refinement of the model is predicated on improvements in estimating the HACC target population.

HACC Growth Funding Process 2008/2009

Current HACC service providers will be invited to submit applications for recurrent and non-recurrent growth for the year 2008/2009.

Regional Project Officers/Contract Managers evaluate all submissions against the agreed assessment criteria. Recommended regional submissions are presented to a Departmental Joint Officers Group prior to seeking Ministerial approvals.

The DOH will aim to inform service providers of the outcome of their applications in December 2008.

A Regional Approach to Planning in Western Australia

A regional approach to planning for the WA HACC Program acknowledges the diversity in client needs across the 12 regions.

The regional approach to planning combined with the growth funding allocation methodology aims to promote regional equity and extend the reach of the program. It is intended that growth be allocated appropriately to provide basic support services to an increased proportion of the HACC target population.

Resource allocation within each region is based on the identified Priorities, which were derived from both Needs Analysis and Consultation processes.

East Metropolitan

The East Metropolitan Region includes the Local Govt Areas of Perth, Vincent, Stirling South-East, Bassendean, Bayswater, Kalamunda, Mundaring and Swan.

There are 40 HACC-funded organisations operating within the East Metro Region.

Table 15: East Metropolitan Region Funding Priorities for 2008/2009

Service Type	Service Group	Target Growth Units (units of service)	Target Growth Outputs (\$)
Domestic Assistance	1	3,916	156,111
Home Maintenance	1	4,309	156,111
Other Food Services	1	2,711	78,056
Personal Care	1	1,639	78,056
Social Support	1	7,845	234,167
Assessment	2	1,722	78,056
Client Care Coordination	2	1,443	78,056
Centre Based Day Care	4	21,040	390,278
Transport	7	20,417	312,222
TOTAL			1,561,111

Table 16: East Metropolitan Planned Non-Recurrent Funding

Purpose of Funding	2008/09 Planned Dollars (\$)
Minor One-Off Allocations in Support of HACC Services	307,470
Capital Funding Allocations in Support of Delivery of HACC services	357,089
Innovative Pilot Projects - Support for new models of service delivery that may be proposed via business cases through the GFA process	115,996
Total	780,555

Table 17: East Metropolitan Region Planned Funding 2008/09

Service Group	Unit Type	2008/09 Base Funding (\$)	2008/09 Base Outputs (Units of service)	2008/09 Planned Dollars (\$)		2008/09 Planned Outputs (Units of service)	
				PYE	FYE	PYE	FYE
Service Group 1	Hours	13,158,665	349,811	13,786,246	14,137,496	360,021	370,231
Service Group 2	Hours	1,631,810	45,541	1,744,134	1,822,189	47,124	48,706
Service Group 3	Hours	2,273,114	26,804	2,320,850	2,320,850	26,804	26,804
Service Group 4	Hours	4,862,004	293,683	5,159,245	5,354,383	304,203	314,723
Service Group 6	Units	331,603	163,160	338,566	338,566	163,160	163,160
Service Group 7	Trips	2,127,676	156,245	2,328,469	2,484,580	166,454	176,662
Goods and Equipment	Units						
Home Modification	Dollars						
Formal Linen Service	Units						
Non-MDS Services	N/A	64,553		65,909	65,909		
TOTAL		24,449,425		25,743,418	26,523,974		

North Metropolitan

The North Metropolitan Region includes the Local Government Areas of Cambridge, Claremont, Cottesloe, Mosman Park, Peppermint Grove, Joondalup, Nedlands, Stirling Central and Stirling West, Subiaco, and Wanneroo.

There are 35 HACC-funded organisations operating within the North Metro Region.

Table 18: North Metropolitan Region Funding Priorities for 2008/2009

Service Type	Service Group	Target Growth Units (Units of service)	Target Growth Outputs (\$)
Domestic Assistance	1	7,303	265,072
Home Maintenance	1	9,970	353,429
Social Support	1	6,326	176,715
Assessment	2	2,079	88,357
Client Care Coordination	2	1,707	88,357
Centre Based Day Care	4	26,221	441,787
Transport	7	28,106	353,429
TOTAL			1,767,147

Table 19: North Metro Planned Non-Recurrent Funding

Purpose of Funding	2008/09 Planned Dollars (\$)
Minor One-Off Allocations in Support of HACC Services	348,051
Capital Funding Allocations in Support of Delivery of HACC services	404,217
Innovative Pilot Projects - Support for new models of service delivery that may be proposed via business cases through the GFA process	131,305
Total	883,573

Table 20: North Metropolitan Region Planned Funding 2008/09

Service Group	Unit Type	2008/09 Base Funding (\$)	2008/09 Base Outputs (Units of service)	2008/09 Planned Dollars (\$)		2008/09 Planned Outputs (Units of service)	
				PYE	FYE	PYE	FYE
Service Group 1	Hours	19,784,132	543,168	20,597,207	20,994,815	554,968	566,767
Service Group 2	Hours	2,723,005	68,203	2,868,546	2,956,903	70,096	71,989
Service Group 3	Hours	3,777,119	43,031	3,856,439	3,856,439	43,031	43,031
Service Group 4	Hours	5,559,468	410,000	5,897,110	6,118,004	423,111	436,221
Service Group 6	Units	409,548	248,862	418,149	418,149	248,862	248,862
Service Group 7	Trips	2,887,286	191,060	3,124,634	3,301,349	205,113	219,166
Goods and Equipment	Units						
Home Modification	Dollars						
Formal Linen Service	Units						
TOTAL		35,140,559		36,762,084	37,645,658		

South East Metropolitan

The South East Metropolitan Region includes the Local Government Areas of Armadale-Kelmscott, Belmont Canning, Gosnells, Serpentine-Jarrahdale, South Perth and Victoria Park.

There are 43 HACC-funded organisations operating within the South East Metropolitan Region.

Table 21: South East Metropolitan Region Funding Priorities for 2008/2009

Service Type	Service Group	Target Growth Units (Units of service)	Target Growth Outputs (\$)
Domestic Assistance	1	9,363	393,307
Home Maintenance	1	4,572	196,654
Personal Care	1	1,609	78,661
Social Support	1	8,104	275,315
Assessment	2	1,941	39,331
Client Care Coordination	2	941	39,331
CSIA (Care Recipient)	2	1,259	39,331
Centre Based Day Care	4	16,338	275,315
Transport	7	15,652	235,984
TOTAL			1,573,228

Table 22: South East Metro Planned Non-Recurrent Funding

Purpose of Funding	2008/09 Planned Dollars (\$)
Minor One-Off Allocations in Support of HACC Services	309,857
Capital Funding Allocations in Support of Delivery of HACC services	359,861
Innovative Pilot Projects - Support for new models of service delivery that may be proposed via business cases through the GFA process	116,896
Total	786,614

Table 23: South East Metropolitan Region Planned Funding 2008/09

Service Group	Unit Type	2008/09 Base Funding (\$)	2008/09 Base Outputs (Units of service)	2008/09 Planned Dollars (\$)		2008/09 Planned Outputs (Units of service)	
				PYE	FYE	PYE	FYE
Service Group 1	Hours	15,815,348	452,552	16,619,439	17,091,408	464,376	476,200
Service Group 2	Hours	1,853,666	53,439	1,951,589	2,010,585	55,510	57,580
Service Group 3	Hours	2,521,031	28,246	2,573,972	2,573,972	28,246	28,246
Service Group 4	Hours	4,871,288	324,500	5,111,243	5,248,900	332,669	340,838
Service Group 6	Units	398,998	233,860	407,377	407,377	233,860	233,860
Service Group 7	Trips	2,701,199	193,712	2,875,916	2,993,909	201,538	209,364
Goods and Equipment	Units						
Home Modification	Dollars						
Formal Linen Service	Units						
TOTAL		28,161,530		29,539,536	30,326,150		

South West Metropolitan

The South West Metropolitan Region includes the Local Government Areas of Cockburn, East Fremantle, Fremantle, Kwinana, Mandurah, Melville, Murray, Rockingham and Waroona.

There are 40 HACC-funded organisations operating within the South West Metropolitan Region.

Table 24: South West Metropolitan Region Funding Priorities for 2008/2009

Service Type	Service Group	Target Growth Units (Units of service)	Target Growth Outputs (\$)
Domestic Assistance	1	4,594	173,633
Home Maintenance	1	6,084	260,450
Other Food Services	1	1,985	86,817
Personal Care	1	2,124	86,817
Social Support	1	9,649	347,267
Assessment	2	1,575	43,408
Client Care Coordination	2	1,027	43,408
CSIA (Care Recipient)	2	2,303	86,817
Centre Based Day Care	4	20,668	347,267
Transport	7	17,208	260,450
TOTAL			1,736,334

Table 25: South West Metro Planned Non-Recurrent Funding

Purpose of Funding	2008/09 Planned Dollars (\$)
Minor One-Off Allocations in Support of HACC Services	341,982
Capital Funding Allocations in Support of Delivery of HACC services	397,169
Innovative Pilot Projects - Support for new models of service delivery that may be proposed via business cases through the GFA process	129,016
Total	868,167

Table 26: South West Metropolitan Region Planned Funding 2008/09

Service Group	Unit Type	2008/09 Base Funding (\$)	2008/09 Base Outputs (Units of service)	2008/09 Planned Dollars (\$)		2008/09 Planned Outputs (Units of service)	
				PYE	FYE	PYE	FYE
Service Group 1	Hours	17,122,424	466,341	17,959,516	18,437,007	478,559	490,777
Service Group 2	Hours	2,123,588	58,759	2,255,000	2,341,817	61,212	63,664
Service Group 3	Hours	2,658,378	33,815	2,714,204	2,714,204	33,815	33,815
Service Group 4	Hours	4,563,845	340,584	4,833,319	5,006,953	350,918	361,252
Service Group 6	Units	458,762	250,340	468,396	468,396	250,340	250,340
Service Group 7	Trips	2,600,555	206,340	2,785,392	2,915,617	214,944	223,548
Goods and Equipment	Units	-	-	-	-	-	-
Home Modification	Dollars	6,296	-	6,399	6,399	-	-
Formal Linen Service	Units	-	-	-	-	-	-
TOTAL		29,533,849		31,022,227	31,890,394		

Goldfields Region

The Goldfields Region is located in the South Eastern part of Western Australia and incorporates the following Local Government Areas - the City of Kalgoorlie-Boulder and the Shires of Coolgardie, Dundas, Esperance, Laverton, Leonora, Menzies, Ngaanyatjarraku, Ravensthorpe.

There are 14 HACC-funded organisations operating within the Goldfields Region.

Table 27: Goldfields Region Funding Priorities for 2008/2009

Service Type	Service Group	Target Growth Units (Units of service)	Target Growth Outputs (\$)
Domestic Assistance	1	1,107	35,130
Home Maintenance	1	522	17,565
Personal Care	1	588	17,565
Respite Care (for Carer)	1	344	11,710
Social Support	1	1,304	40,985
Assessment	2	152	5,855
Client Care Coordination	2	167	5,855
Nursing Care (Home)	3	138	11,710
Centre Based Day Care	4	3,667	52,695
Transport	7	3,532	35,130
TOTAL			234,198

Table 28: Goldfields Planned Non-Recurrent Funding

Purpose of Funding	2008/09 Planned Dollars (\$)
Minor One-Off Allocations in Support of HACC Services	46,127
Capital Funding Allocations in Support of Delivery of HACC services	48,015
Innovative Pilot Projects - Support for new models of service delivery that may be proposed via business cases through the GFA process	22,958
Total	117,099

Table 29: Goldfields Region Planned Funding 2008/09

Service Group	Unit Type	2008/09 Base Funding (\$)	2008/09 Base Outputs (Units of service)	2008/09 Planned Dollars (\$)		2008/09 Planned Outputs (Units of service)	
				PYE	FYE	PYE	FYE
Service Group 1	Hours	1,691,090	56,867	1,788,080	1,849,557	58,800	60,732
Service Group 2	Hours	229,605	7,569	240,282	246,137	7,729	7,888
Service Group 3	Hours	308,402	4,304	320,733	326,588	4,373	4,442
Service Group 4	Hours	795,156	60,650	838,202	864,549	62,484	64,317
Service Group 6	Units	252,712	46,688	258,019	258,019	46,688	46,688
Service Group 7	Trips	256,157	30,180	279,101	296,666	31,946	33,712
MPS		426,530		435,487	435,487		
TOTAL		3,959,652		4,159,904	4,277,003		

Great Southern Region

The Great Southern Region includes the Local Government Areas of Albany, Broomehill, Cranbrook, Denmark, Gnowangerup, Jerramungup, Katanning, Kent, Kojonup, Plantagenet, Tambellup and Woodanilling.

There are approximately 12 HACC-funded projects operating within the Great Southern region.

Table 30: Great Southern Region Funding Priorities for 2008/2009

Service Type	Service Group	Target Growth Units (Units of service)	Target Growth Outputs (\$)
Domestic Assistance	1	1,840	76,562
Home Maintenance	1	1,031	30,625
Personal Care	1	823	30,625
Social Support	1	552	15,312
Assessment	2	162	7,656
Client Care Coordination	2	113	7,656
CSIA (Care Recipient)	2	435	15,312
Centre Based Day Care	4	283	61,250
Transport	7	3,633	61,250
TOTAL			306,250

Table 31: Great Southern Planned Non-Recurrent Funding

Purpose of Funding	2008/09 Planned Dollars (\$)
Minor One-Off Allocations in Support of HACC Services	60,318
Capital Funding Allocations in Support of Delivery of HACC services	70,052
Innovative Pilot Projects - Support for new models of service delivery that may be proposed via business cases through the GFA process	22,755
Total	153,125

Table 32 : Great Southern Region Planned Funding 2008/09

Service Group	Unit Type	2008/09 Base Funding (\$)	2008/09 Base Outputs (Units of service)	2008/09 Planned Dollars (\$)		2008/09 Planned Outputs (Units of service)	
				PYE	FYE	PYE	FYE
Service Group 1	Hours	2,971,462	93,761	3,110,426	3,186,988	95,884	98,007
Service Group 2	Hours	350,852	9,313	373,532	388,845	9,668	10,023
Service Group 3	Hours	890,395	16,008	909,094	909,094	16,008	16,008
Service Group 4	Hours	1,078,065	67,087	1,131,329	1,161,954	67,229	69,370
Service Group 6	Units	86,136	32,587	87,945	87,945	32,587	32,587
Service Group 7	Trips	312,348	29,281	349,532	380,157	31,098	32,914
MPS		654,208		667,947	667,947		
TOTAL		6,343,466		6,629,804	6,782,929		

Kimberley Region

The Kimberley Region is located in the remote North West area of Western Australia and includes the Shires of Broome, Derby-West Kimberley, Halls Creek and Wyndham-East Kimberley.

There are 7 HACC-funded Projects operating within the Kimberley region.

Table 33: Kimberley Region Funding Priorities for 2008/2009

Service Type	Service Group	Target Growth Units (Units of service)	Target Growth Outputs (\$)
Domestic Assistance	1	275	10,701
Personal Care	1	844	35,669
Social Support	1	403	14,268
Assessment	2	74	3,567
Client Care Coordination	2	166	7,134
Nursing Care (Home)	3	403	21,401
Centre Based Day Care	4	1,696	28,535
Transport	7	1,636	21,401
TOTAL			142,675

Table 34: Kimberley Planned Non-Recurrent Funding

Purpose of Funding	2008/09 Planned Dollars (\$)
Minor One-Off Allocations in Support of HACC Services	28,101
Capital Funding Allocations in Support of Delivery of HACC services	32,636
Innovative Pilot Projects - Support for new models of service delivery that may be proposed via business cases through the GFA process	10,601
Total	71,338

Table 35: Kimberley Region Planned Funding 2008/09

Service Group	Unit Type	2008/09 Base Funding (\$)	2008/09 Base Outputs (Units of service)	2008/09 Planned Dollars (\$)		2008/09 Planned Outputs (Units of service)	
				PYE	FYE	PYE	FYE
Service Group 1	Hours	1,225,377	41,069	1,281,429	1,311,747	41,830	42,591
Service Group 2	Hours	291,011	7,652	302,473	307,823	7,772	7,892
Service Group 3	Hours	286,857	5,313	303,581	314,282	5,515	5,716
Service Group 4	Hours	466,252	40,091	490,311	504,578	40,939	41,787
Service Group 6	Units	622,030	83,705	635,092	635,092	83,705	83,705
Service Group 7	Trips	334,938	32,971	352,672	363,373	33,789	34,607
TOTAL		3,226,465		3,365,558	3,436,896		

Midwest Region

The Midwest Region includes the City of Geraldton and the Shires of Ashburton, Carnamah, Carnarvon, Coorow, Cue, Exmouth, Greenough, Irwin, Meekatharra, Mount Magnet, Mullewa, Murchison, Perenjori, Shark Bay and Wiluna.

There are 19 HACC-funded projects operating within the Midwest region.

Table 36: Midwest Region Funding Priorities for 2008/2009

Service Type	Service Group	Target Growth Units (Units of service)	Target Growth Outputs (\$)
Domestic Assistance	1	1,410	42,262
Home Maintenance	1	554	21,131
Personal Care	1	753	26,414
Social Support	1	700	21,131
Assessment	2	140	5,283
Client Care Coordination	2	118	5,283
CSIA (Care Recipient)	2	150	5,283
Nursing Care (Home)	3	228	15,848
Centre Based Day Care	4	2,703	36,980
Transport	7	2,645	31,697
TOTAL			211,312

Table 37: Midwest Planned Non-Recurrent Funding

Purpose of Funding	2008/09 Planned Dollars (\$)
Minor One-Off Allocations in Support of HACC Services	41,619
Capital Funding Allocations in Support of Delivery of HACC services	48,336
Innovative Pilot Projects - Support for new models of service delivery that may be proposed via business cases through the GFA process	15,701
Total	105,656

Table 38: Midwest Region Planned Funding 2008/09

Service Group	Unit Type	2008/09 Base Funding (\$)	2008/09 Base Outputs (Units of service)	2008/09 Planned Dollars (\$)		2008/09 Planned Outputs (Units of service)	
				PYE	FYE	PYE	FYE
Service Group 1	Hours	1,814,375	54,192	1,907,946	1,963,416	55,901	57,609
Service Group 2	Hours	177,517	4,799	189,169	197,093	5,003	5,207
Service Group 3	Hours	707,589	8,105	730,373	738,297	8,219	8,333
Service Group 4	Hours	404,837	45,529	431,828	450,318	46,881	48,232
Service Group 6	Units	105,243	28,444	107,453	107,453	28,444	28,444
Service Group 7	Trips	335,056	37,650	357,941	373,789	38,973	40,295
Formal Linen Service	Units	6,706	400	6,847	6,847	400	400
MPS		1,290,645		1,317,749	1,317,749		
TOTAL		4,841,968		5,049,306	5,154,962		

Pilbara Region

This diverse region comprises the Local Government Areas of Port Hedland, Karratha, Newman Tom Price, Roebourne, Wickham, Dampier, Marble Bar and Paraburdoo.

There are 8 HACC-funded projects operating within the Pilbara region.

Table 39: Pilbara Region Funding Priorities for 2008/2009

Service Type	Service Group	Target Growth Units (Units of service)	Target Growth Outputs (\$)
Domestic Assistance	1	321	13,936
Assessment	2	36	1,991
Client Care Coordination	2	43	1,991
Nursing Care (Home)	3	678	39,818
Centre Based Day Care	4	595	11,945
Transport	7	881	9,954
TOTAL			79,636

Table 40: Pilbara Planned Non-Recurrent Funding

Purpose of Funding	2008/09 Planned Dollars (\$)
Minor One-Off Allocations in Support of HACC Services	15,685
Capital Funding Allocations in Support of Delivery of HACC services	18,216
Innovative Pilot Projects - Support for new models of service delivery that may be proposed via business cases through the GFA process	5,917
Total	39,818

Table 41: Pilbara Region Planned Funding 2008/09

Service Group	Unit Type	2008/09 Base Funding (\$)	2008/09 Base Outputs (Units of service)	2008/09 Planned Dollars (\$)		2008/09 Planned Outputs (Units of service)	
				PYE	FYE	PYE	FYE
Service Group 1	Hours	1,308,249	34,006	1,342,690	1,349,658	34,167	34,327
Service Group 2	Hours	233,552	5,440	240,448	242,439	5,480	5,519
Service Group 3	Hours	72,732	1,382	94,168	114,077	1,721	2,060
Service Group 4	Hours	682,631	40,077	702,939	708,912	40,375	40,672
Service Group 6	Units	367,845	45,162	375,570	375,570	45,162	45,162
Service Group 7	Trips	301,324	31,298	312,629	317,607	31,739	32,179
Formal Linen Service	Units	2,882	939	2,943	2,943	939	939
TOTAL		2,969,216		3,071,387	3,111,205		

South West Region

The South West Region contains the three Sub Regions of Bunbury Wellington (Preston), Vasse and Warren Blackwood. There are twelve Local Government Areas in the Region: They are Bunbury, Harvey, Dardanup, Capel, Busselton, Augusta-Margaret River, Nannup, Donnybrook-Balingup, Collie, Bridgetown-Greenbushes, Boyup Brook, and Manjimup.

There are 35 HACC-funded projects operating within the Southwest region.

Table 42: South West Region Funding Priorities for 2008/2009

Service Type	Service Group	Target Growth Units (Units of service)	Target Growth Outputs (\$)
Domestic Assistance	1	3,411	133,463
Home Maintenance	1	2,195	95,331
Personal Care	1	815	38,132
Social Support	1	2,673	95,331
Assessment	2	437	19,066
Client Care Coordination	2	836	38,132
Centre Based Day Care	4	11,332	171,596
Transport	7	10,359	171,596
TOTAL			762,648

Table 43: Southwest Planned Non-Recurrent Funding

Purpose of Funding	2008/09 Planned Dollars (\$)
Minor One-Off Allocations in Support of HACC Services	150,208
Capital Funding Allocations in Support of Delivery of HACC services	174,448
Innovative Pilot Projects - Support for new models of service delivery that may be proposed via business cases through the GFA process	56,667
Total	381,324

Table 44: South West Region Planned Funding 2008/09

Service Group	Unit Type	2008/09 Base Funding (\$)	2008/09 Base Outputs (Units of service)	2008/09 Planned Dollars (\$)		2008/09 Planned Outputs (Units of service)	
				PYE	FYE	PYE	FYE
Service Group 1	Hours	6,332,711	169,010	6,646,827	6,827,955	173,557	178,104
Service Group 2	Hours	740,337	20,526	784,483	813,082	22,081	23,636
Service Group 3	Hours	1,321,556	20,033	1,349,309	1,349,309	20,033	20,033
Service Group 4	Hours	2,047,707	160,965	2,176,507	2,262,305	166,631	172,297
Service Group 6	Units	384,366	151,400	392,438	392,438	151,400	151,400
Service Group 7	Trips	1,557,588	103,542	1,676,096	1,761,893	108,722	113,901
MPS		473,557		483,502	483,502		
TOTAL		12,857,823		13,509,161	13,890,485		

Wheatbelt Region

The Wheatbelt Region covers numerous Local Government Areas, extending from Jurien in the west to Southern Cross in the east and from Wubin in the north to Dumbleyung in the south.

There are approximately 30 HACC-funded projects operating within the Wheatbelt region.

Table 45: Wheatbelt Region Funding Priorities for 2008/2009

Service Type	Service Group	Target Growth Units (Units of service)	Target Growth Outputs (\$)
Domestic Assistance	1	528	18,669
Home Maintenance	1	487	18,669
Personal Care	1	2,308	93,344
Respite Care (for Carer)	1	547	18,669
Social Support	1	1,801	56,006
Assessment	2	207	9,334
Client Care Coordination	2	265	9,334
Nursing Care (Home)	3	317	18,669
Centre Based Day Care	4	5,439	74,675
Transport	7	3,315	56,007
TOTAL			373,376

Table 46: Wheatbelt Planned Non-Recurrent Funding

Purpose of Funding	2008/09 Planned Dollars (\$)
Minor One-Off Allocations in Support of HACC Services	73,539
Capital Funding Allocations in Support of Delivery of HACC services	85,406
Innovative Pilot Projects - Support for new models of service delivery that may be proposed via business cases through the GFA process	27,743
Total	186,688

Table 47: Wheatbelt Region Planned Funding 2008/09

Service Group	Unit Type	2008/09 Base Funding (\$)	2008/09 Base Outputs (Units of service)	2008/09 Planned Dollars (\$)		2008/09 Planned Outputs (Units of service)	
				PYE	FYE	PYE	FYE
Service Group 1	Hours	2,502,593	78,716	2,657,826	2,760,504	81,552	84,387
Service Group 2	Hours	224,454	6,792	238,502	247,837	7,028	7,264
Service Group 3	Hours	391,089	5,774	408,636	417,971	5,933	6,091
Service Group 4	Hours	914,706	76,660	971,253	1,008,590	79,380	82,099
Service Group 6	Units	81,065	42,086	82,767	82,767	42,086	42,086
Service Group 7	Trips	329,090	29,719	364,004	392,007	31,377	33,034
Home Modification	Dollars	431		440	440		
MPS		1,946,805		1,987,688	1,987,688		
TOTAL		6,390,234		6,711,117	6,897,805		



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