Information for: Residents their families and HIV services



Background:

Horizon Place was established in 2002 in a unique time where we saw a number of people with HIV related dementia or complex healthcare needs benefitting from the advances in HIV medications and living longer. At the time mainstream supported accommodation options were limited and struggled to meet the specific needs of this specialist group. Horizon Place was developed as a specialist HIV supported accommodation service to meet these needs. It also allowed us the opportunity to provide HIV psychosocial respite outside of the acute care environment. In addition it provides short term stays for people from rural and regional Victoria attending Melbourne for HIV healthcare needs.

There have been significant advances in HIV care since Horizon Place opened. We now rarely see people with the same advanced HIV dementia profile and complex health issues we originally set the service up for. A wider range of supported accommodation services are also now being provided by general services in the community and they are more open to supporting people living with HIV. Horizon Place as a building is an aging facility which is not purpose build and requires considerable funds to maintain. It also has limitations for people with disabilities or frailty. The service is also not equipped to be an aged care service so as some residents have aged it is not the best care facility for them to remain in. The service has often faced challenges meeting some of the very complex and challenging behaviours of residents with mental health and drug and alcohol abuse. Horizon Place has been a valuable service for many years it is now providing accommodation to a small number of residents which makes it an expensive model of care. This model of care limits our ability to support a growing population of people requiring specialist HIV support in mainstream supported accommodation and aged care services.

The Alfred Victorian HIV Service has looked at the issues facing the service and opportunities that exist in general or mainstream services and have developed an alternative service model which we are progressing to meet future needs.

We have a commitment to continuing to support those with HIV with complex care needs and will oversee the transition for all existing residents and service users.

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Aims of the new model:

- Ensure people living with HIV with complex care needs continue to be supported
- Expand services to people living with HIV with complex health issues in aged care services and main stream services additional support
- Ensure those from Rural and Regional Victoria attending specialist HIV services in Melbourne continue to have access to short stay accommodation
- Ensure people needing carer respite and psychosocial respite have equitable options
- Ensure that residents and their families and have input into the alternative housing options for and there is an adequate implementation phase

Key components of the new model:

- HIV Assist will be established utilising the existing Horizon Place staff to support people in the new model of care.
- 12 month time frame to allow people time to adjust and transition
- We would identify appropriate and sustainable long-term supported accommodation for existing Horizon Place residents in partnership with them and their family and facilitate the transition
- We will prioritise supported accommodation services which have worked with people living with HIV and our services, places we know and have existing relationships with
- Any funds saved through this new model will be invested back into developing services for people living with HIV
- Horizon Place would not cease to operate without alternative accommodation found for all existing long term residents

Address new HIV Service demands: We plan to also use the resources to meet new needs. In addition to HIV Assist we plan to expand HIV services so we can:

- Better support people living with HIV in aged care services ensuring they have good access to HIV treatment monitoring and ongoing care and we help address social isolation
- Better support staff in aged care services in their HIV knowledge to reduce stigma and discrimination in aged care settings
- Meet the increasing demands for HIV nursing support to women living with HIV during pregnancy and support the maternal health services providing their care
- Provide new outreach clinics in outer Melbourne and rural and regional Victoria to meet increasing needs
- Provide 'HIV specialist nursing 'in-reach' services to HIV patients cared for in other clinical units at The Alfred as people living with HIV access other medical specialties as they age

Consultation with residents, their families and community:

- We have been working with the long term residents of Horizon Place and their families since December 2016 about the planned changes to the model of care. We are working closely with them in identifying alternative long term accommodation options as the model transitions over the next 12 months
- We will have ongoing discussions about the changes with key HIV community agencies and The Alfred's HIV Services Advisory Group (HSAG)
- We will continue to involve key HIV community services as we develop HIV Assist
- We are holding a formal consultation about the change which will result in a report for the Alfred Health Board. This will be promoted in HIV Community Service newsletters, at PLC, within the Alfred's HIV Service. We will feedback the outcomes of the consultation.

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Current Horizon Place Service	Proposed New Model for existing residents
Long term residents with complex care needs 4 residents	 We will transition current residents from Horizon Place to other long term supported accommodation services that will provide appropriate supported care and aged care services where appropriate. HIV Assist - Some existing Horizon Place staff will provide a new support service to these individuals and accommodation services to ensure their support needs are met and they remain linked to HIV care and support services. This will be expanded to the growing number of people in aged care services and mainstream supported accommodation services. How we would work with residents and their families: We will work closely with each resident and their family to explore the range of general/mainstream supported accommodation options to best meet each person's needs. We will prioritise services that we already work with and currently support people living with HIV.
Short stay Rural and Regional residents attending Melbourne for healthcare appoint- ments who do not have high support needs. Approx: 50 - 60 people per year.	 Rural and Regional HIV Care Access - Brokerage model to fund 1-2 nights of accommodation linked to healthcare appointments in Melbourne Providing increased HIV services in Rural and Regional Victoria to reduce travel needs over time. How we would work with community stakeholders and people from rural and regional Victoria: We will work closely existing people who regularly access short stay accommodation and transition them to the brokerage model over 12 months. Work with community services to ensure it is accessible and people from rural and regional Victoria are aware of the service.
Psychosocial respite admissions 1 week per annum usually once off. 2 regular residents	 HIV Assist will offer support to individuals in their own home and short term packages of psychosocial support How we would work with individuals accessing psychosocial respite: We would work with each individual, The Alfred Social Work Team and HIV community services involved in their care and develop a tailored model of psychosocial support to best meet each person's needs.
Healthcare respite residents 1 resident	 Appropriate mainstream respite services and National Disability Insurance Scheme as it rolls out in Victoria to be explored with individuals and their families HIV Assist to provide in-reach respite where appropriate Fairfield House to be fall back option for people with complex health issues How we would work with individuals and their family and carers: We will work closely with each resident and their family to explore the range of mainstream respite service options and disability funding under NDIS to best meet each person's needs. 18 month timeframe to transition care