

**Purpose:**

- To identify key changes and steps required to provide direction to the EMR Alliance membership

**Outcomes:**

- Understanding of key messages to share with the broader Alliance group
  - Key recommendations to assist the Alliance move forward in becoming independent from Department of Health ((DoH) funding / external support.
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**1. Department of Health expectations**

Since the first workshop, the Department released information about its change management strategy, including what it hoped would be achieved by July 2019.

By July 2019, it is expected that the:

- Sector knows how to independently find and access program and reform information to make decisions in response to change.
- Sector provides leadership in supporting each other and ongoing sector development through alliances and communities of practice.
- CHSP providers deliver services aligned to the national system and policies resulting in consistency for clients.
- Community care services are sustainable into the future with a diverse mix of service providers. This may include new providers

The Department advises that Alliances are expected to have these future roles and responsibilities:

- Regional based channel for communication, information dissemination and a platform to identify systemic issues
- Lead and support sector development and change management, innovation and good practice to achieve good outcomes for clients
- Forum for DoH, Department of Health and Human Service (DHHS) and Regional Development Coordinators (RDC) to engage and communicate program information updates
- Receive feedback and discuss successes, opportunities, risks and challenges
- Support information sharing through communities of practice
- Identify local solutions to operational issues
- Drive and facilitate change management (phase 2)
- Move to operating independent of Department, RDC and Sector Development Team (SDT) support (from July 2019)

For workshop participants, the 2 key messages heard were:

- If the Alliance is to continue it will need to be self-driven
- We will no longer receive ongoing secretariat support from the Eastern Sector Development Team (ESDT), who is currently funded by Department to provide this function.

Based on these key messages, workshop participants focused discussions on:

- The scope of the Alliance's future activities will depend on what we are willing to invest in terms of time and money
- It is important that we determine Alliance priorities and affordable activities that will benefit from collaboration
- We also need to think about the Alliance in terms of a "national" aged care system, which includes expanding the membership to the range of community aged care providers that the Commonwealth funds, including private providers
- We need to look at options for sustainability, including looking at what other Alliances / networks are doing, other opportunities for income (such as social enterprise) and opportunities to build on other infrastructure such as that provided by PCPs or PHNs

## 2. Reflection on the 2<sup>nd</sup> workshop/ write up of workshop

Table 1 summarises the key themes from the first workshop and overlays this with the responses from the 2<sup>nd</sup> member survey.

Outcomes from this discussion included:

- The range of issues and ideas generated in workshop one were still relevant, and were confirmed by the survey responses
- In relation to membership/ partners, survey respondents were very positive about including private providers
- Some respondents indicated that in addition to the range of community aged care service providers listed in table 1, there should be more inclusion of Aboriginal, palliative care and carer services
- There were a range of views in relation to networks, how these might work and/or what they might look like. Respondents appeared to be trying to find the balance between having many partners and good links with all services that impact on the lives of older people, and ensuring that the Alliance did not become so broad that it lost its focus on community aged care service provision (this raised many questions as to whether HACC PYP would be members in the future).

**Table 1: Summary of workshop 1 discussion and survey results (in brackets and/or in blue)<sup>1</sup>**

Purpose of the Alliance	Priority Alliance Memberships	Priorities to address the structure and management of the Alliance
Provide, coordinate and interpret information (76% of survey respondents agreed)	All EMR community aged care service providers: <ul style="list-style-type: none"> <li>• Commonwealth home support</li> <li>• Home care packages</li> <li>• RAS/ ACAS</li> <li>• Private and NFP</li> </ul>	Replace ESDT in secretariat role to ensure that the Alliance can function independently of DoH post July 2019 (64%)  Develop a new membership structure (e.g.: consider how to cater for and/or encourage different levels of participation from different types of members) (68%)
Be a source of information about Government priorities and requirements (84%)		Draft new terms of reference that reflect the roles and responsibilities of stakeholders and changed environment (e.g.: competition) (90%)
Advocate for services and the service system (88%)	Government	
Network and collaborate around a “joined up” service system (92%)	EMR Primary Care Partnerships EMR Primary Health Care Networks	Consider developing a more networked structure (e.g.: along LGA or workforce lines) (59%)
To improve alignment with other relevant networks (e.g.: homelessness, Primary Health Networks) (72%)	Possible membership (or strong links to): <ul style="list-style-type: none"> <li>• HACC PYP/ NDIS</li> <li>• Residential care providers</li> <li>• Representative bodies</li> <li>• Other community services</li> <li>• <b>Carer services</b></li> <li>• <b>Palliative care</b></li> <li>• <b>Aboriginal services</b></li> </ul>	Identify other networks and explore the benefits of closer links with the Alliance. It includes identifying “network” gaps which the Alliance could consider addressing (82%)
Support the workforce (e.g.: through networks, resources, training) (68%)		Think about what workforce support activities would be within the scope of a future independent Alliance to manage (73%)

<sup>1</sup> For more detail see Summary Report: Workshop 1: A changing environment, June 2018

### 3. Turning ideas into action

This last session provided an opportunity to bring together the change management strategy information from the Department, the information from the first workshop and feedback from the broader membership through the survey to identify recommendations, key messages and actions to take to the Alliance. The discussion was structured around the areas of organisation & governance, future and purpose, membership and partners, and networks.

**Table 2: Summary of Recommendations, Key Messages and Proposed Actions**

Recommendations	Key Messages	Proposed Actions	Other/ future
<b>Governance / Organisation</b>			
<ul style="list-style-type: none"> <li>Options needs to be explored to enable the EMR Alliance to function independently from the Department / ESDT in the future</li> <li>A member &amp; ESDT working group is established to:               <ul style="list-style-type: none"> <li>explore recommended options</li> <li>develop a business case for the Alliance to be self-sustaining (with a particular focus around coordination)</li> </ul> </li> <li>We need to come together to advocate for ongoing Government support for the coordination function</li> <li>We need to commence the process of moving to a sustainable structure now, while we still have the ESDT to support us</li> </ul>	<ul style="list-style-type: none"> <li>EMR (and Victoria) is unique in its “funded” alliance structure, it is not part of the national model</li> <li>The ESDT roles / current support is time limited and as they provide secretariat and other support for the Alliance, we have to find another way of delivering this (if we want it to continue)</li> <li>We want the Alliance to continue having coordination support to continue sustainability of best practice, peer support and meeting Department expectations</li> <li>Change is inevitable, can’t be avoided, so it should be viewed as an opportunity to provide regional and sector leadership</li> <li>All Alliance members need to be proactive in advocating for the Alliance. In discussions and communication with Government, Alliance members need to be able to articulate the benefits of the Alliance and how regional Alliance activities enable them to deliver Federal Government outcomes</li> </ul>	<ul style="list-style-type: none"> <li>That the working group, with the Support from the ESDT, research and benchmark other models of Alliances, associations, networks to identify the range of structures and resources that are required, creating a business case that includes an articulation of benefits for all parties</li> <li>That the sharing economy<sup>1</sup> be considered as a possibility for undertaking the coordination functions</li> <li>Ask the ESDT to assist the Alliance advocate for ongoing government support (e.g.: outlining the scope of its Alliance related activities and outcomes achieved)</li> <li>Ask EMR RDC to disseminate change strategy FAQ, overview of the changes and a summary our discussions / proposed actions</li> </ul>	<ul style="list-style-type: none"> <li>Consideration to where the Alliance secretariat function should sit. For example, ensuring perception of “neutrality” or looking at a group of smaller agencies</li> <li>Once established, the future Alliance could look at possibilities around creating an income producing entity to spend on coordination function, which could include selling what the Alliance does, including on a national level. E.g.: training, mentoring, webinars, supporting change</li> <li>Investigate opportunities for future partnerships with philanthropic organisations, universities and entrepreneurs</li> </ul>

<sup>1</sup> activity of acquiring, providing or sharing access to goods and services that are facilitated by a community based on-line platform, e.g.: air tasker

Recommendations	Key Messages	Proposed Actions	Other/ future
<b>Membership</b>			
<ul style="list-style-type: none"> <li>• That the Alliance expands membership to include the full range of community aged care providers, including all CHPSP, HCP, RAS/ ACAS and carer services, both profit and not for profit organisations</li> <li>• That the future terms of reference for the Alliance, and its structures, reflect an aim to ensure good representation from across the sector – with consideration to size, geography, diversity and service types</li> <li>• That the Alliance identify potential new member organisations, organisations that could be more active in the Alliance and seek ESDT support in engaging them</li> <li>• That being a member of the Alliance in the future will require a financial contribution, it will not be possible to just be a recipient</li> </ul>	<ul style="list-style-type: none"> <li>• The Commonwealth does not differentiate support by funding type, so if we choose to involve the Department in the future Alliance then we need to provide a forum that communicates with all of the regional sector, not just specifically funded members</li> <li>• The private sector has valuable expertise and knowledge which can be of benefit to us</li> <li>• A broader membership base, focused around the goal of providing quality aged care, can open up partnership opportunities</li> <li>• It is likely that we are not aware of all the agencies / organisations that could / should be involved with the Alliance but we need a better understanding to target future Alliance activities and information appropriately</li> </ul>	<ul style="list-style-type: none"> <li>• Develop new terms of reference which:               <ul style="list-style-type: none"> <li>○ ensure that regional aged care providers of all sizes have a voice and are represented;</li> <li>○ are clear about what is expected from being a member; and what can be expected.</li> </ul> </li> <li>• Develop a member code of conduct</li> <li>• Identify expertise of “niche” agencies and how to promote their value within the organisation and/ or use their expertise to further Alliance goals</li> <li>• Develop options for new membership strategy, including different tiers for non-community aged care service providers</li> </ul>	<ul style="list-style-type: none"> <li>• Keep an eye on DSS carer service changes (carer gateway)</li> </ul>

Recommendations	Key Messages	Proposed Actions	Other/ future
<b>Purpose / function / value</b>			
<ul style="list-style-type: none"> <li>• The Alliance remain focused on aged care service delivery in the EMR community</li> <li>• That we continue to provide opportunities for collaboration and information sharing, with the aim of supporting a connected and coordination approach to the delivery of community based aged care services - including identification of future issues, skills and gaps</li> <li>• We look at other options for information sharing. E.g. using technology</li> <li>• We look into what future Alliance activities will be needed and the target audience (i.e.: practitioner, managers)</li> <li>• We build-in evaluation into this phase of change to keep track of progress and/or changes to what we are doing</li> </ul>	<ul style="list-style-type: none"> <li>• The Alliance risks losing focus if it becomes too broad</li> <li>• While the current Alliance provides significant capacity building function, which is highly valued, this is possibly too big for an “unfunded” Alliance to manage, at least initially</li> <li>• Coordination of information and meetings is a required function that enables us to focus on information sharing, collaboration, and identification of issues</li> <li>• We have to let the new Alliance, with its new members, evolve. i.e. not dictate what is should be doing</li> <li>• The Alliance is in a good position to identify skills, gaps and issues (future directions) and this is easier to do as a collaboration than as individual agencies, so we need to make the most of the collaboration and be strategic</li> <li>• Technology opens up opportunities to improve communication with a broader range of agencies, not just regionally (including smaller organisations that find it difficult to attend meetings)</li> </ul>	<ul style="list-style-type: none"> <li>• Research new Alliance models that support information sharing and collaboration (i.e. online learning, interactive learning platforms)</li> <li>• The new Alliance terms of reference (and operations) to consider how it facilitates and enables collaboration, within a competitive environment</li> </ul>	<ul style="list-style-type: none"> <li>• The Alliance will welcome broader participation in the Alliance from the range of services/sectors</li> <li>• The Alliance is particularly well suited to identifying workforce issues and developing local solutions (a partnership with an RTO/ employment agency may be valuable)</li> </ul>

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<b>Networks</b>			
<ul style="list-style-type: none"> <li>• That we look at options for strengthening our Alliance with a broader range of partners, to meet a range of needs, as well as to ensure that we are well linked into services outside the service sector</li> <li>• That the working group identify:               <ul style="list-style-type: none"> <li>○ organisations that could participate/ would want to or be useful to link with the Alliance</li> <li>○ appropriate strategies for including a broader range of providers in the Alliance activities (including different membership based options)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The Alliance will focus on aged care service delivery in the community, however we need to find alternative ways to ensure good collaboration and networking with the broader sector</li> </ul>	<ul style="list-style-type: none"> <li>• Identify suitable formats to share information / allow a wide variety of agencies to participate (consider use of Skype or other Apps)</li> <li>• Explore other sector alliances / networks that are membership based and consider how the Alliance can best interact with them</li> </ul>	<ul style="list-style-type: none"> <li>• RTOs/ employment agencies could be valuable partners, particularly if interested in addressing workforce</li> <li>• Options for involving a broader range of providers/ supporting collaboration with a broader range of providers include:               <ul style="list-style-type: none"> <li>○ Hosting an annual forum which has a cross sector focus</li> <li>○ maintain a data base of organisations outside aged care but deal with issues experienced by aged care</li> </ul> </li> </ul>