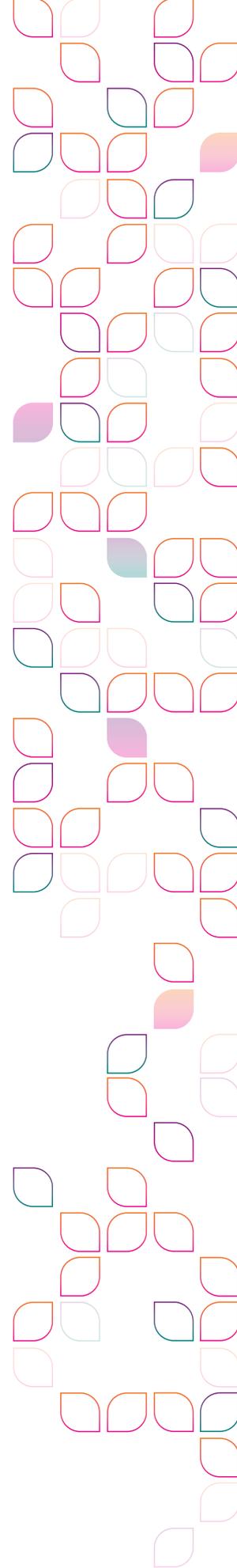


EMR HACC Alliance Executive group discussion paper:

The role of a Regional Alliance
in local practice change

May 2015



This report was prepared by Kate Pascale (EMR HACC Alliance Consultant) on behalf of the EMR HACC Alliance Executive group. The EMR HACC Alliance is supported by the Commonwealth and Victorian governments under the HACC program.



Preface

On behalf of the EMR HACC Alliance, we are pleased to present this discussion paper that describes the EMR HACC Alliance's journey over the last 5 years and its achievements. The Alliance provides an excellent example of the power of local collaboration and highlights how local partnerships can be utilised to support effective practice change.

The EMR HACC Alliance has become a highly valued collegiate group and resource across the Eastern Metropolitan Region and provides an important platform for staff to come together, share ideas and resources. It is an essential source of information and support for local HACC agencies through this period of major change.

With strong support from the sector, the Alliance has achieved impressive results. It has built the capacity of local staff and organisations to deliver quality HACC services, implemented a number of innovative projects and developed a range of resources that are now used across Victoria and beyond. The networking and partnership opportunities created through the Alliance have also resulted in more frequent and effective communication between its members and a number of formal and informal partnership agreements. This supports the most important aim of the Alliance, agencies working together to support our clients and their carers achieve the best possible outcomes.

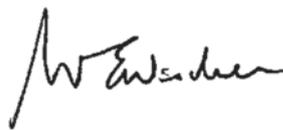
This paper provides tangible local evidence of the value and importance of local networks to support good practice and provides useful insights into what makes local partnerships work. We hope it will allow other regions and sectors to learn from our experience and consider opportunities to adopt a similar approach.

The Alliance highlights our sector's commitment to working together to achieve great results for our community. Moving forward, we are committed to continuing to work together to support local HACC agencies embed good practice and prepare for HACC transition. We strongly support the ongoing investment in local partnerships (such as the EMR HACC Alliance) that can provide much needed support for local organisations and the community.



Carol Fountain

Chair EMR HACC Alliance Executive 2014 – Current
Director East Communities & the Environment
East Victoria Region
Uniting AgeWell



Martin Wischer

Chair, EMR HACC Alliance Executive 2011 – 2014
Victorian General Manager
Royal District Nursing Service



Executive Summary

Purpose of the discussion paper

While partnership approaches are widely promoted, there is limited local evidence that describes their success in supporting practice change. The EMR HACC Alliance has achieved great results and is an excellent example of how agencies can work together to facilitate positive outcomes for local organisations and the local community.

This discussion paper documents the journey of the EMR HACC Alliance, a local partnership that was established in 2010 to support the local HACC sector. The paper provides an overview of the Alliance's work over the last 5 years, its achievements, challenges and the factors that have contributed to its success. It provides evidence of how the Alliance has built the capacity of the local HACC sector to respond to changing policy and support quality, coordinated service delivery.

Background and Introduction

The Victorian Home and Community Care (HACC) program funds a range of services to support people to remain active and independent in the community (DH 2013). In recent years, a number of initiatives have been undertaken to support the sector's shift towards a more person centred, capacity building model of care (DH 2014). These include the introduction of a new HACC Assessment framework, the Active Service Model (ASM) and Diversity Planning and Practice (DHS 2007, DH 2010, DH 2011).

While these initiatives were designed to build on good practice within the sector, for many agencies, they required a significant shift in the way services were delivered. In the Eastern Metropolitan Region (EMR), the EMR HACC Alliance was therefore established in 2010 as a platform for local HACC agencies to work together, share information and resources to support good practice. The Alliance's key objectives are to:

- create a shared understanding of the ASM and Diversity Planning and Practice initiatives
- strengthen working relationships between local HACC agencies
- build the capacity of local HACC agencies to embed key elements of quality service delivery.

All EMR HACC funded agencies are considered members of the Alliance. While the Department of Health and Human Services (DHHS) EMR Regional office provides ongoing support, the group's structure and agenda is driven by its members. The Alliance facilitates a range of face to face events including regular meetings, forums and targeted workshops. Information is also shared with members via the Alliance's *e-bulletin* and key resources are available via dedicated Alliance pages on the local [Inner](#) and [Outer](#) Eastern Primary Care Partnership (PCP) websites.

'Alliance meetings are now seen to be the most valuable meetings we attend. The information updates and presentations provide a perfect model for keeping informed and driving ASM forward and provides invaluable support' (Alliance member survey 2012)

'The Eastern Alliance is the place to go for information and ideas. We are actively linked to the Department and the Alliance provides the forum for us to access accurate and timely information. This is unique in Victoria and highly valued' (Alliance member 2014)



Benefits of the Alliance

The sector's commitment and active engagement in the EMR HACC Alliance has exceeded original expectations, with strong and consistent attendance at meetings and active contributions from a diverse range of members. Local HACC agencies have contributed a significant amount of time and energy to participate in the Alliance over several years and this has created some excellent results.

It has become a highly valued and effective platform to support local HACC agencies that has created:

- a shared understanding of key issues and initiatives between local HACC providers and the DHHS
- a strong commitment to working collaboratively to identify and address operational and strategic challenges / barriers
- opportunities for effective, targeted education and resources that support local HACC agencies deliver evidence based, quality services in alignment with the relevant policy and quality standards
- alignment of the Active Service Model (ASM) and Diversity Planning and Practice and a collaborative local planning approach
- proactive engagement of relevant stakeholders within and beyond the local HACC sector
- efficient and effective distribution of information and resources
- coordination and implementation of innovative projects and practice approaches with efficient use of limited resources
- opportunity for local service providers to maintain and build relationship with DHHS regional office that supports effective communication, issue identification and collaboration.

'The Alliance has helped us realise that we're all in this together. People have become more open and have started sharing their experiences about the things that have and haven't been successful. This is very rare, but understanding why some things don't work is so helpful' (Alliance member 2014)

'Without the Alliance, implementation of the ASM, service development and Policy direction would not have been as streamlined, coordinated or successful' (Alliance case study 2014)

Key enablers

Formal and informal evaluations of the Alliance have identified that the Alliance has been an efficient and effective use of resources that has successfully supported practice change within the local HACC sector.

This has also highlighted a number of features of the Alliance's approach that have contributed to its success. These include that the Alliance:

- was introduced at a time when local HACC agencies were actively seeking information and support to implement a new policy (the Active Service Model)
- encourages members to lead and drive the Alliance, supporting a sense of shared ownership
- maintains a clear focus on shared goals and objectives
- has evolved over time in response to the changing needs of its members
- adopts an inclusive and integrated approach, recognising that HACC service delivery occurs in the context of a range of other activities
- Is supported by dedicated resources, including ongoing funding to coordinate and facilitate the group
- Uses a multi-pronged strategy and harnesses the expertise and experience of its members to ensure that all members have the opportunity to learn with, and from, each other
- Facilitates open and transparent communication between local HACC agencies and with the DHHS EMR Regional office.

'Over the past four years, the Alliance has delivered exactly what it promised and has provided immeasurable support and benefits for our agency. The importance of developing and delivering services in partnership with others cannot be underestimated and is a key government Policy direction' (Alliance member 2014)



Next steps

The breadth and quality of work being delivered by the Alliance has placed the EMR as a leader in the HACC sector. Not only have the EMR HACC Alliance's resources been used to support local practice change, but a number of resources are used across the State and in other sectors.

Moving forward, the Alliance is committed to continuing to support the local HACC sector through this period of ongoing change. Its approach will remain flexible to ensure it remains a relevant and useful platform to support the needs of its members.

The learnings from the EMR HACC Alliance provide valuable evidence of the efficacy of partnership work and the importance of ongoing support and resources to maximise the group's potential. The Alliance's Executive Group strongly advocates for continued investment in local networks and hopes that the learnings from the EMR HACC Alliance will be useful to inform the development of other local partnerships and networks into the future.



Glossary

Term	Definition
ACAS	Aged Care Assessment Service
A&S	Access and Support
ASM	Active Service Model
CCCS	Community Common Care Standards (also referred to as the Home Care Standards)
CCW	Community Care Workers (also referred to as Direct Care Workers)
CHS	Community Health Service
CHSP	Commonwealth Home Support Program
CPD	Continuous Professional Development
CQI	Continuous Quality Improvement
DHHS	Victorian, Department of Health and Human Services (On 1 January 2015, the Victorian Government established the Department of Health & Human Services (DHHS), bringing together the former Department of Health (DH), Department of Human Services (DHS) and Sport and Recreation Victoria).
DSS	Commonwealth Department of Social Services
EMR	Eastern Metropolitan Region
GDCP	Goal Directed Care Plan / Planning
HACC	Home and Community Care
HDA	Home And Community Care (HACC) Diversity Advisor
IC	Industry Consultant
NDIS	National Disability Insurance Scheme
OT	Occupational Therapy / Occupational Therapist
PAG	Planned Activity Group
PASA	Program And Service Advisor
PCP	Primary Care Partnership
STCM	Short Term Case Management



Contents

Preface	1
Executive Summary	2
Glossary	5
1. Background and Introduction	8
1.1 Purpose of this discussion paper	8
1.2 The Victorian HACC sector	8
2. The EMR HACC Alliance	10
2.1 Structure of the EMR HACC Alliance	10
3. The Alliance's Key Activities and Achievements	13
3.1 Broad Alliance meetings	13
3.2 Executive group meetings	14
3.3 Targeted project / focus group meetings	15
3.4 Targeted forums and workshops	17
3.5 Collaborative ASM and Diversity planning	18
3.6 Regional projects	20
3.7 Resource development	23
4. Benefits and Challenges of the Alliance	25
4.1 Creating a shared understanding of HACC policy and practice	25
4.2 Strengthening working relationships between local HACC agencies	26
4.3 Building the capacity of local HACC agencies to embed key elements of quality HACC service delivery.	28
4.4 Meeting members' expectations and needs	30
4.5 Benefits for DHHS	30
4.6 Challenges	31
5. Key Enablers of the EMR HACC Alliance	32
5.1 Good timing	32
5.2 Shared ownership	32
5.3 Strong leadership	32
5.4 Clear vision and purpose	33
5.5 Responsive to the changing needs of members	33
5.6 Inclusive and integrated approach	34
5.7 Dedicated resources	34
5.8 Transparency and information sharing	34



6. The Role of the Alliance Moving Forward	35
7. Conclusion	35
References	36
Appendices	39
Appendix 1: Overview of the initial structure of the EMR ASM Alliance (2010)	39
Appendix 2: Overview of the 2012 re-structure of the EMR ASM Alliance	40
Appendix 3: EMR HACC Alliance: Summary of achievements 2010–2014	42
Appendix 4: EMR HACC Alliance Executive group key action areas for 2014–15	44



1. Background and Introduction

1.1 Purpose of this discussion paper

While partnership approaches are widely promoted, there is limited local evidence that describes their success in supporting practice change. The EMR HACC Alliance has achieved great results and is an excellent example of how agencies can work together to facilitate positive outcomes for local organisations and the local community.

This discussion paper documents the journey of the EMR HACC Alliance and describes its efficacy as a forum to support quality service delivery. It describes the Alliance's approach, key achievements and challenges, then discusses the factors that have contributed to the group's success. Evaluation results, feedback from Alliance members and case studies (referred to as *'the Alliance in action'*) have also been included to highlight member's experiences and reflections.

We hope that this paper will provide valuable evidence of the benefits of local partnerships as an important enabler of change. Moving forward, the local HACC sector is committed to maintaining the Alliance and seeks to advocate for ongoing support for the group. We anticipate that this paper can also inform the development of other local partnerships and networks into the future.

1.2 The Victorian HACC sector

The Victorian Home and Community Care (HACC) program funds a range of services to support people to remain active and independent in the community. The program is jointly funded by the Commonwealth and Victorian governments and is targeted to people whose capacity for independent living is at risk, including frail older people, younger people with disabilities and their carers (DH 2013). The provision of HACC services also reduces the need for people to access more expensive health and community services including acute hospitals and residential care (DH 2014).

Across Victoria, approximately 470 agencies deliver HACC services to more than 300,000 people each year (DH 2014). Services funded by the HACC program (DH 2013) include:

- Assessment
- Domestic assistance
- Personal care
- Nursing
- Access and support
- Allied health services
- Delivered meals and centre based meals
- Planned Activity Groups (PAG)
- Property maintenance
- Respite
- Volunteer coordination
- Activities to build capacity of the service system.

In recent years, there has been significant development in the policy framework that supports Victorian HACC services. These include the introduction of the:

- HACC Assessment framework (DHS 2007)
- the Active Service Model (ASM) (DH 2010)
- Diversity Planning and Practice (DH 2011).



These initiatives built on existing good practice within the sector¹ to support the reorientation of HACC services to deliver care that focusses on supporting and/or improving people's independence, quality of life and social participation. Key elements of this approach are:

- A holistic 'person-centred' approach to care in which clients and carers are actively involved in making decisions about their care.
- An emphasis on capacity building and restorative care to maintain or promote a client's capacity to live as independently as possible.
- Provision of more timely, flexible and targeted services that are tailored to the specific characteristics of each person, their goals and priorities. (DH 2013, DH 2013, DH 2014).
- Promotion of the benefits of working in partnership and collaborating with clients, carers, staff and agencies to deliver quality, coordinated care.

This has required HACC funded agencies to think differently about the way services are delivered and complete a range of new planning and reporting activities. As part of the Commonwealth, State and Territory Governments ongoing reform agenda, the quality standards for the HACC program were also revised. The *Community Care Common Standards (CCCS)* and the *Victorian HACC Quality Review Resource* also support this new approach (DOHA 2010, DH 2012).

When the Active Service Model (ASM) was introduced in 2009, the Department of Health and Human Services (DHHS)² provided a range of resources and funding opportunities to support HACC funded agencies implement this new approach. This included:

- Publishing a comprehensive implementation plan that outlined the purpose, rationale and functions of the ASM approach (DH 2010).
- Providing a range of resources and tools that provide guidelines and information about the key elements of ASM practice such as *ASM Prepare*, the *ASM Communications Toolkit* and *Strengthening Assessment and Care Planning* (DH 2010, DH 2011, DH 2011).
- Appointing 'ASM Industry Consultants' within each DHHS Region to provide education, advice and practical support to local service providers.
- Funding a range of seeding grant projects to support agencies transition to ASM and trial innovative practice approaches.

The ASM also emphasised the need for agencies to work together to deliver coordinated, holistic care. Strong working relationships, effective collaboration and communication between local HACC funded agencies were identified as key to successful ASM implementation.

¹ A range of 'wellness' initiatives were in place in the Victorian HACC sector prior to ASM implementation including the 'Well for Life' and 'Make a Move' programs, *Community Health Integrated Health Promotion and Municipal Public Health and Wellbeing Planning* (DH 2013, DH 2014).

² On 1 January 2015, the Victorian Government established the Department of Health & Human Services (DHHS), bringing together the former Department of Health, Department of Human Services and Sport and Recreation Victoria. DHHS has been established to develop and deliver policies, programs and services that support and enhance the wellbeing of all Victorians. Prior to this, the HACC program was supported by the Department of Health. To promote continuity and readability, only DHHS is referred to within the body of this document.



2. The EMR HACC Alliance

Across the Eastern Metropolitan Region (EMR), HACC services are delivered by more than 80 agencies. There is significant diversity in the size, structure and context of local HACC providers and among the community they serve. When the ASM was introduced, many of the concerns and challenges raised by local providers were shared across the sector. It became evident that local agencies required support to understand the change management process and support to effectively embed the change. The DHHS EMR Regional office recognised the wealth of knowledge, experience and expertise of local HACC providers. Creating a platform for agencies to work together, share information and build on existing initiatives was therefore identified as a priority in the EMR. In 2010, the EMR ASM Alliance was created to support local agencies understand and adopt the ASM.

While public policy and evidence supports local networks and alliances as an effective means to build capacity and facilitate practice change, in reality, many partnerships fail to deliver (Dowling, Powell et al. 2004, Boydell 2007). The DHHS EMR team were therefore aware that a thoughtful approach to planning and managing the Alliance was required. An external consultant, with partnership expertise, local knowledge and change management experience was appointed to support the DHHS EMR HACC team to develop and facilitate the Alliance.

The team led a number of consultations, which brought together staff from local HACC agencies to understand the sector's needs, expectations and priorities for collaboration. Staff working across all local HACC providers were invited and participants included staff working across a range of roles and service types. Participants identified a number of goals that informed the initial structure and agenda of the group and led to the development of the following Vision and Mission statements.

Vision

The EMR ASM Alliance seeks to enable a collaborative approach to the implementation of the ASM in order to enhance the delivery of high quality, holistic and coordinated service provision across the EMR. The Alliance is committed to maximising its reach by proactively engaging relevant service providers, creating opportunities to share expertise and information and retaining a focus on client empowerment and successful outcomes for the individual and the community.

Mission

The EMR ASM Alliance will provide a forum in which all HACC funded agencies, service delivery partners and key stakeholders can come together to support the implementation of the ASM. The Alliance will facilitate timely and effective information sharing between agencies, promote collaborative problem solving and seek opportunities to strengthen and/or create new partnerships to address common issues.

2.1 Structure of the EMR HACC Alliance

The Alliance works within the context of HACC policy and in alignment with the broader policy and practice guidelines (e.g. the *Common Community Care Standards, Living Longer, Living Better* and the *DHHS EMR Regional Operating Model*). The DHHS EMR Regional office provides leadership and support for the Alliance, including ongoing funding. The structure of the Alliance has evolved over time to ensure it remains relevant within the rapidly changing practice environment and to reflect shifting needs of members. Enabling members to drive the evolving structure and scope of the Alliance has been fundamental to its ability to remain responsive and add value for the sector.

Initially, the Alliance was established to support ASM implementation in the EMR and was therefore called the EMR ASM Alliance. Within the EMR, the ASM Industry Consultant (EMR ASM IC) sits within the DHHS EMR HACC team and was a key resource in the initial establishment of the Alliance. To support the Alliance Consultant and the EMR ASM IC, a part time project officer was also employed for the first 12 months to provide secretariat and administrative support.

As agencies progressed with ASM implementation and the 'Diversity Planning and Practice' initiative was introduced, the Alliance recognised its potential to support a broader quality improvement agenda across the local HACC sector (DH 2011). Driven by member feedback, in 2012 the Alliance underwent a major re-structure. It was re-named the EMR



HACC Alliance, Diversity planning became another focus of work and the EMR HACC Diversity Advisor (HDA) joined the Alliance's leadership team. The structure, purpose and function of the groups were also reviewed and revised.

Please refer to the Appendices for a brief overview of the Alliance's initial structure in 2010 (Appendix 1) and the re-structure that occurred in 2012 (Appendix 2).

All EMR HACC funded agencies are considered members of the Alliance and the structure, schedule and priorities of the Alliance are driven by the sector. Given the diversity of its member agencies, the Alliance utilises a range of strategies to ensure that ALL members have an opportunity to participate in, and contribute to Alliance activities and resources. This includes facilitating a number of face to face events including regular meetings, forums and targeted workshops. Information is also shared with members via the Alliance's *e-bulletin* and key resources are available on dedicated Alliance pages within the local **Inner** and **Outer** Eastern Primary Care Partnership (PCP) websites.

In addition to the **Broad Alliance** meetings available to all members, the Alliance is represented through an executive group and a number of targeted project / focus groups that support key local projects and initiatives.

The **Executive group** leads and champions the Alliance by providing its strategic direction and overseeing the development and implementation of Alliance priorities and activities. The Executive Group is comprised of senior management representatives of the local HACC sector, DHHS EMR executive staff and key stakeholders (including representatives from the Acute sector, PCP and Medicare Locals).

Targeted **working groups and focus groups** provide the opportunity for relevant staff to work together on common issues and projects in a supportive environment. By facilitating staff to work collaboratively, share their knowledge and resources and access peer support, the groups seek to promote consistency and maximise the impact of the projects / initiatives across the EMR.

Each group has developed Terms of Reference and/or purpose statements that articulate the group's role, function, expectations and responsibilities of members. This has been important to reinforce local ownership and develop a sense of shared ownership among members.

While the scope of the Alliance has grown over time, its core purpose remains as a forum to promote a strong partnership approach through effective information sharing and collaborative problem solving remains unchanged. The diagram below represents the Alliance's current meeting structure (developed in 2014).

EMR HACC Alliance 2014 Meeting Structure

EMR HACC Alliance Members (All EMR HACC agencies)

HACC Alliance Meetings

(2 hour meetings – bimonthly)

Purpose: Provide a forum for the EMR HACC sector to share knowledge, information and ideas that will enhance local agencies capacity to work together and deliver quality HACC services.

Agenda includes:

- HACC Updates (including ASM, diversity & general HACC information)
- Presentations of local projects, resources and initiatives
- Group Discussion / Consultation &/or Education session re. effective service delivery, program planning etc.



Forums & Workshops

(meetings scheduled as required)

Purpose: Address specific priorities and practical skill development through targeted forums and workshops

2014 events will include:

- GDCP Reviews and Reflective practice
- Collecting and using consumer feedback
- Person centred systems , policies and procedures
- Engaging DCW in an ASM approach

HACC Executive Group Members

HACC Executive Group Meetings (2 hour meetings – bimonthly)

Purpose: Oversee the strategic direction and priority action areas for the Alliance

Agenda: Preparing for HACC transition, building capacity for quality service delivery and promoting effective collaboration and partnerships

Project / Focus Groups

Targeted Project / Program Staff

Consumer Feedback Project

Pilot working
group meetings
(until June 2014)

OT in Council Project

Working group
& Steering
Committee

Short Term Case Management

Access & Support Program

Focus group
meetings

Volunteer Coordination

Focus Group
meetings



3. The Alliance's Key Activities and Achievements

Since it was established in 2010, the Alliance has utilised a range of strategies to:

- create a shared understanding of the ASM and Diversity Planning and Practice initiatives
- strengthen working relationships between local HACC agencies
- build the capacity of local HACC agencies to embed key elements of quality service delivery.

A summary of the Alliance's key actions is outlined in this section. Feedback from members and case studies (referred to as *'the Alliance in action'*) have been included to provide an indication of members' experience and perceptions of these activities.

Please refer to Appendix 3 for a diagrammatic summary of the Alliance's key actions and achievements.

3.1 Broad Alliance meetings

Broad Alliance meetings are held bimonthly and include updates about Departmental activities, presentations about local projects, resources and initiatives, group discussion, consultation and education. Feedback has consistently reiterated the value of these meetings as a platform to share information, knowledge and ideas to support quality service delivery.

Participation rates at Broad Alliance meetings have remained fairly stable, with an average of 65 staff attending each meeting. While the majority of attendees work within local HACC funded agencies, a number of other stakeholders attend regularly. These include HACC staff working in other regions and staff from Aged Care Assessment Services (ACAS), an Acute health service, local Primary Care Partnerships (PCP) and Medicare locals.

Broad Alliance meetings are also a key source of information and support to assist agencies to understand and implement ASM and Diversity. Findings of the 2012 staff survey included that:

- 80% of participants were highly likely to seek information about implementing ASM via Alliance meetings
- 90% of participants felt that attending Alliance meetings helped keep them on track with ASM implementation.
- Agencies attending the Broad Alliance meetings were more confident in their understanding of the goals of the ASM than those not attending the meeting
- Agencies attending an Alliance meeting are more likely to have a holistic understanding of the needs of consumers and families.

(DH EMR HACC Team 2012)

'Alliance meetings are now seen to be the most valuable meetings we attend. The information updates and presentations provide a perfect model for keeping informed and driving ASM forward and provides invaluable support' (Member Survey 2012)

'Alliance meetings/forums are informative and always provide something which can assist in our practice and service delivery to the community' (EMR ASM Implementation Plan 2011)

'The idea to use Alliance meetings as a 'mini-training' forum is of great benefit to learn a little and be able to determine the requirement for further training/information gathering on subjects' (EMR ASM Implementation Plan 2012)

'I enjoy our EMR meetings in regards to this as they reinforce what you are doing and help to keep you on target' (EMR ASM Implementation Plan 2012)



3.2 Executive Group meetings

The Alliance's Executive Group meets bimonthly to provide strategic advice and direction about the development and implementation of Alliance priorities and activities. The Executive Group harnesses the support of a cross section of senior staff who were already leaders in the sector. These staff have the 'managerial' skills to influence change within their own organisations and create the authorising environment for their staff to participate in other Alliance activities. The Executive Group's commitment also provides a strong message to the sector about the importance of local leadership and creates opportunities for other local providers to learn from their experience and expertise.

The Executive Group includes representatives who work across a range of settings and sectors. This creates opportunities for members to share information about a range of issues and activities occurring across the broader health and community service sector that may impact on HACC service delivery.

'Membership on the Executive has enhanced our organisational capacity for partnership opportunities and excellent knowledge of regional activity. This provides an up and down process of communication and, ultimately, action to progress the aims of the Alliance' (Executive Group member 2015)

'By having a senior member of the organisation sitting on the Executive, I found there was a real synergy between the discussion that occurred at the Executive around the topics planned for the Alliance and the authorisation (and expectation) that staff would be involved. There was a strong connection between the staff experiences and issues and the planning process of what was required and this was enabled because of the connection with the staff and myself sitting as part of the Executive' (Executive Group member 2015)

'Working in partnership to deliver individual and jointly agreed outcomes is frequently complex, time-consuming and difficult. The EMR HACC Alliance helped overcome these barriers and provided an important opportunity for the Eastern Melbourne Medicare Local to collegially contribute to regional action. Executive membership of the Alliance helped us improve the wellbeing of our shared communities of interest by remaining aware of the views and aspirations of our organisational colleagues and stakeholders to ensure that all our resources were being used as effectively as possible. It's a great place to plan, do, revise and enhance our work' (Executive Group member 2015)

Please refer to Appendix 4 for a summary of the EMR HACC Alliance Executive Group's Key Action Areas for 2014–15.



3.3 Targeted project / focus group meetings

The Alliance also brings together staff working on key projects or initiatives via project and focus groups. These meetings are facilitated by members of the Alliance team and are often attended by other DHHS EMR staff (e.g. team leaders and Program and Service Advisors [PASA]).

These targeted groups aim to promote consistency across the region and provide a forum for local staff to share information, resources and develop solutions to shared challenges. The groups work collaboratively to strengthen their practice, maximise the reach and impact of the programs by:

- identifying and addressing common challenges (for consumers, staff and agencies)
- creating resources and tools to support practice
- documenting local agreements and/or guidelines to support consistency across the region that aligns with best practice evidence (and the relevant quality standards)
- developing shared marketing materials and promotion strategies.

Within many of these programs, staff work as 'sole clinicians' so the peer support opportunities created via these focus groups are highly valued. In many cases, this has led to strong working relationships, and staff continue to provide formal and informal support outside of the focus groups. Examples of local groups are outlined below.

3.3.1 Access and Support (A&S) focus group



The A&S program was introduced in 2013 to provide additional support to HACC eligible people who have difficulty accessing appropriate services, due to challenges related to their diversity (DH 2013, DH 2013).

The A&S focus group was established in February 2013 to support the introduction of this new program. It brings together managers and staff from the 7 A&S service providers across the EMR to promote a consistent approach to promoting and delivering the A&S program across the region.

The group have worked together to develop and promote their programs to community groups and service providers. A regional A&S brochure has also been developed. Designed for consumers, the brochure includes information and contact details about the 7 A&S programs across the EMR and reinforces staff's commitment to working together to support consumers access the right service for them. These promotional activities have created a better understanding of the support available through A&S, strengthened working relationships between providers and supported appropriate referrals. They have also built on the *Statewide A&S practice guides* and created local agreements to support consistent and streamlined referrals, communication and secondary consultation between local A&S providers.

'Through the A&S focus group agencies are able to learn from the each other's experience and identify areas where they can work together to strengthen service delivery to clients. The involvement of Departmental staff in the focus group allows for participants to clarify the Department's expectations of service delivery through the HACC program and to utilise their experience in the development of new approaches to delivering A&S services' (A&S focus group member 2015)

'As a manager of the A&S service, it has been a great benefit to be involved in the A&S Focus Group. I have found it to be a supportive network to share information and resources, clarify reporting expectations as well as build capacity for effective reporting, and create an opportunity for sharing the challenges of developing a new service. I think one of the greatest benefits has been the peer support and the development of partnerships within the group, which I think can only result in positive outcomes for our clients' (A&S focus group member 2015)



3.3.2 Occupational Therapy (OT) in Council steering committee and working group

Across the EMR, 4 local Councils have been involved in the OT in Council pilot projects. An OT is employed within each local Council and provides assessment and intervention for local HACC eligible people who receive, or require, other Council services. The OTs also work with the Council's broader HACC team to build their capacity to adopt an ASM / wellness approach. Delivering OT services within local government is unique and the Alliance has provided extensive support and guidance throughout the development and implementation of these projects.

In addition to the focus group activities described above, the project's Steering Committee and Working Group have worked together to:

- design the model of service delivery for the OT in Council services (including development of consistent eligibility criteria across the services)
- develop the organisational systems and tools required to support the programs (e.g. policies and procedures, assessment tools, referral protocols)
- create a consistent reporting and evaluation structure
- explore opportunities to maximise the reach and scope of the OT in Council services and investigate opportunities for ongoing service development.

The information that has been collected via the Alliance (including quarterly reports, case studies and evaluation data) has created a robust body of evidence that describes each Council's implementation journey, the enablers, challenges and the impacts of this unique approach. This information has been valuable to support the DHHS EMR team successfully advocate for recurrent funding for the programs. It also provides valuable evidence of the resources and time required to establish a new program that will continue to inform the design and development of future initiatives.

The Alliance in Action: Supporting local project work

'The Alliance's support through a coordinated approach has been integral in achieving a successful project at Maroondah City Council. Council would recommend this approach for future projects or initiatives where multiple HACC providers are participating across our region.'

'The Alliance has been pivotal in enabling project objectives to be met. The Alliance is beneficial in supporting a consistent approach across councils with divergent cultures. The Alliance's support has facilitated the OT in Council to achieve the identified objectives through structured processes including the organisation of working and steering groups and the design of the evaluation strategy and documentation. This will in turn hopefully demonstrate a need for an OT in Council as a complementary part of our HACC team.'

(Tanya Clark, Program Manager, Aged and Disability Services, Maroondah City Council)



3.3.3 Short Term Case Management (STCM) steering group and peer support group

Created in June 2014, the STCM groups bring together staff working across 3 Councils to support the development and implementation of STCM across the EMR. The groups have adopted a similar approach to that described in the 'OT in Council' projects, including the development of a consistent data collection and reporting approach during the program's establishment phase.

'The STCM peer support group is invaluable. Because we each work alone in our agencies, being able to come together, share ideas and develop the resources we need to run the service, has been incredibly helpful. It's also an excellent opportunity to reflect on what we're doing and make sure that we're on track and working in the best possible ways' (STCM peer support group member 2015)

3.4 Targeted forums and workshops

Based on identified needs, the Alliance has coordinated a range of forums and workshops to build staff's knowledge and skill to address key practice issues. Wherever possible, the forums include opportunities for local agencies to showcase examples of good practice, share their knowledge, experience and resources. Members are also encouraged to identify strategies to embed the learnings in their own practice and consider opportunities for ongoing collaboration.

3.4.1 Local forums

Many of the Alliance forums have focussed on the needs and experiences of specific HACC target groups (aligned with Diversity planning) and opportunities for agencies to respond effectively. Examples include:

- Working with people with Dementia
- Supporting and empowering older Victorians to live safely, with dignity and independence (Elder Abuse forum)
- Surviving or Thriving – Older people at risk of homelessness
- Delivering an ASM approach in community palliative care
- Understanding individual health beliefs.

'Today's [homelessness forum] has given me a much better understanding of homelessness and options available to those who are homeless or at risk. It is a great first step towards breaking down barriers'
(Homelessness forum participant 2013)

'Having the expert panellists was great - very clear and informative. To workshop case scenarios with the expert panellist and have their feedback was very valuable. It was great to hear in depth what agencies have to offer and the cross over between agencies' (Elder Abuse forum participant 2015)

'Hosting regional forums and workshops has allowed me to reach the widest possible HACC audience in the most resource effective way. I have been able to ensure consistent and detailed messages about diversity topics are communicated with agencies and workers and build their capacity to respond to the needs of the community and clients' (EMR HACC Diversity Advisor 2015)

3.4.2 Workshops / staff education

Practical workshops are delivered to build staff's knowledge, skill and confidence to deliver effective, person centred care. Some workshops have been designed to assist local agencies utilise the resources and tools developed within local projects, while others build on broader evidence. These include workshops that have focussed on:

- specific elements of effective, person centred service delivery (e.g. holistic assessment and Goal Directed Care Planning)
- supportive organisational systems and approaches (e.g. evaluation, consumer engagement, partnership practice, policies and procedures, project management)



- workforce development (e.g. change management, managing staff resistance)
- HACC policy, planning and quality improvement initiatives (e.g. *ASM Prepare*, the *Community Care Common Standards* and application of the *Carers Recognition Act 2012*).

Overall, feedback has indicated that staff have been very satisfied with the content and quality of the workshops. The use of practical activities, examples and opportunities to learn from other local agencies are often highlighted as key to participant's confidence to apply key learnings in their work.

'Workshops are great because of interaction with other staff from other organisations, learning from what other organisations are doing' (Developing Effective Policies and Procedures workshop participant 2014)

'Today's workshop stepped out the process to achieving successful [GDPC] implementation – there's so much to do, but this training acknowledged it's a big job and provided a step by step approach to help us get there' (GDPC Workshop participant 2013)

3.5 Collaborative ASM and Diversity planning

Each year, Victorian HACC agencies are required to submit *ASM and Diversity implementation plans* to their Regional ASM Industry Consultant and HACC Diversity Advisor respectively. In 2013, the Alliance executive endorsed a revision of these processes to align ASM and Diversity planning activities in the EMR. This has been useful to reinforce the common purpose of the ASM and Diversity initiatives in relation to supporting person centred service delivery. It also streamlines reporting requirements for agencies which has been an important benefit for many local agencies. A range of activities have been delivered through the Alliance to support agencies develop and implement their annual plans.

These include:

- Delivering information and education to members about planning requirements, timelines and processes
- Sharing the key themes of local plans and identifying opportunities for local collaboration
- Facilitating opportunities for agencies to work together to understand the needs of their local community and develop coordinated responses.

Information collected via *ASM and Diversity implementation plans* is also used to inform the ongoing priorities and activities for the Alliance.

'Members often comment about the value of being able meet with peers to share, discuss and compare issues relating to the way services are planned and delivered. It great to see (and hear) the high level of interaction at 'round table' discussions' (EMR ASM Industry Consultant 2015)

'As an outcome of the Diversity plan a Community Aged Care Service Providers Network of Whitehorse (CASPNOW) is established to network, identify opportunities for common projects, support each other and advocate to the relevant agencies burning issues' (EMR ASM Implementation Plan 2012)

'The Alliance has been an excellent avenue for strengthening and developing new partnerships especially with the locally driven diversity planning forums' (EMR ASM Implementation Plan 2012)

The Alliance in action: Local Diversity planning

In 2012, the Alliance brought agencies together, via a number of workshops to facilitate a shared approach to Diversity Planning across the region. Agencies were split up into groups, based on their Local Government Area (LGA) to understand current practice within their LGA, identify shared challenges and develop collaborative solutions. These workshops provided key information to inform each agency's Diversity Plan. The HDA then worked with each LGA group to develop an LGA Diversity Plan.

'The Alliance's Diversity planning approach gave agencies operating within local catchments 'permission' to focus on their 'patch'. For providers in the Manningham area, this was also the impetus for ongoing collaboration and partnering through the Manningham HACC Service Provider Group.

The group currently consists of around 11 agencies providing services within the Manningham local government area including Local Government, Community Health Service (CHS), nursing, large and small non-government providers and ethno specific organisations. The Manningham HACC Service Provider Group aims to build strong working relationships between Manningham HACC service providers and seeks to improve assessment and coordination of service delivery and referral pathways for all HACC eligible people within the City of Manningham. This local group provides the opportunity and space to build relationships and talk through the 'nuts & bolts' of delivering HACC services at a local level. Outcomes include:

- Access to shared / interagency training
- Shared program development (e.g. Chinese Community Social Services Centre Inc. [CCSSCI] and Manningham CHS Falls Prevention Program)
- Staff exchange programs (e.g. Manningham City Council personal care staff attended a dementia specific day centre to increase their understanding about supporting people with dementia)
- Improving referral pathways and access to services (e.g. CCSSCI client visits to Doncare to assist with program familiarity).'

Tina Beltramin (Coordinator, Positive Ageing) Manningham City Council

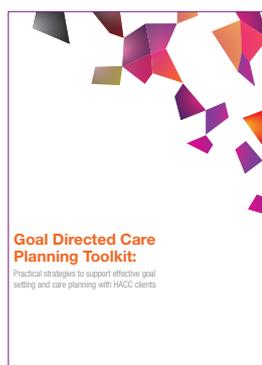
3.6 Regional projects

The Alliance has provided a valuable platform to inform the design, development and implementation of a number of successful regional HACC projects. This has been achieved by utilising Alliance meetings to:

- understand and prioritise local issues and challenges
- engage members to participate in project design and implementation
- collect staff feedback and validate project findings
- share project learnings and resources efficiently and effectively
- provide ongoing support for implementation.

3.6.1 The EMR HACC Goal Directed Care Planning (GDCP) project

The EMR HACC GDCP project brought together staff from 40 local HACC agencies to understand current goal setting and care planning practices and identify opportunities to enhance practice in line with the relevant quality standards. Following extensive consultation and a review of best practice literature, education was delivered to staff and managers about effective GDCP practice and systems. A toolkit was also developed to support agencies embed the approach (Pascale 2012).



The *EMR Goal Directed Care Planning Toolkit* was subsequently provided to all Victorian HACC agencies and training programs, based on the learnings of the EMR GDCP project was rolled out across Victoria as part of the Statewide HACC training calendar.

In the *ASM Prepare 3 year review*, the *EMR GDCP Toolkit* was identified by 66.7% of agencies as being one of the most useful resources that had enabled ASM implementation across the State (AHA 2014). This was second only to 'local/regional networks' which were identified by 67% of participants. In the EMR, the GDCP toolkit was the most commonly identified enabler (76%). Many of the 'most significant changes' identified within the review also relate to enhanced assessment and care planning processes and described key elements of the GDCP approach (AHA 2014).

The *EMR GDCP Toolkit* is also being used by a number of other sectors and has been included in Commonwealth Home Support Programme materials to support the adoption of a Wellness approach.

The Alliance has continued to support staff to embed effective GDCP in a number of ways, including:

- delivering 21 practical workshops to more than 300 local HACC staff
- creating a range of additional resources, case studies and support tools
- providing regular updates and targeted education within Alliance meetings.

Following the implementation of the GDCP project and rollout of staff training and resources, almost 100% of agencies identified implementing or improving their GDCP processes and practices as a key achievement in their *2011/12 ASM implementation plans* (DH EMR 2012). Every EMR HACC funded agency went on to prioritise activities related to GDCP in their *2012/13 ASM and Diversity implementation plans*. In 2013, EMR HACC agencies were also asked to complete the *GDCP template audit tool* as part of their annual plans. This provided valuable benchmarking information that has been used to understand and tailor the ongoing support provided through the Alliance. In 2014, 90%³ of the EMR agencies that participated in the *ASM Prepare 3 year review* reported actions relating to GDCP among the most significant changes they had made to support ASM implementation (AHA 2015).

³ 44 of the 49 EMR agencies who responded to the questions relating to the most significant changes in both *ASM Prepare* and *ASM Prepare Express* questionnaires. A total of 89 of the 183 'most significant changes' identified by EMR HACC agencies related to GDCP.



The Alliance in action: The Alliance's role in supporting GDCP practice

WaveCare is a community based not-for-profit counselling and community support provider which incorporates Glencare – a small Planned Activity Group (PAG) providing a social support service, for the frail aged residents of Monash.

The introduction of the Active Service Model (ASM) posed a number of issues and opportunities for Glencare and it was acknowledged that the service would benefit by engaging with other service providers implementing an ASM approach. The EMR HACC Alliance provided the perfect opportunity for this to occur. The program Coordinator regularly attended Alliance meetings and gained invaluable information to support Glencare's ASM implementation, whether it be through presentations by other agencies about what's working, what's not, targeted education sessions, small group discussions and problem solving activities or information about useful resources.

Glencare participated in the EMR HACC Alliance Goal Directed Care Planning (GDCP) pilot project. This experience was invaluable in helping to understanding the principles and practise of person centred assessment and care planning and the systems and processes needed to implement care plans across Glencare. The opportunity to interact, discuss and problem solve practical challenges with other HACC providers was particularly important.

'Being involved in the GDCP project was invaluable in helping to understanding the principles and practise of person centred assessment and care planning and the systems and processes needed to implement care plans across Glencare. The opportunity to interact, discuss and problem solve practical challenges with other HACC providers was particularly important.

We have been able to engage all staff and volunteers, who now understand their roles. All PAG participants are now very actively engaged in care planning as part of the Glencare program and during the recent Community Care Common Standards (CCCS) audit, the auditors commented that client care plans were excellent, very individual and 'the best in the state'.

Glencare's coordinator continues to attend around 80% of EMR HACC Alliance meetings and it is acknowledged that sharing and understand the successes (and challenges) of local HACC providers through the EMR HACC Alliance is a priority if Glencare is to continue to refine strategies and processes to support an ASM approach within Glencare.

(Margaret Lemondine, Coordinator, Glencare)

3.6.2 The Consumer Feedback project



Commencing in October 2013, the 'EMR HACC Consumer Feedback project' sought to build the capacity of local HACC agencies to develop and implement effective and efficient consumer feedback systems to support ongoing quality improvement and inform service planning.

10 local HACC agencies worked with the EMR Alliance Consultant to understand current practice and pilot a range of resources that were developed to address key practice challenges. Information was also collated from the best practice literature and the consultant's experience designing and implementing evaluations with healthcare consumers.

The *Consumer Feedback Toolkit* is now being finalised. It contains a range of practical tools and information to help agencies maximise the value of their consumer feedback strategies. Initial feedback has been very positive, highlighting the value of practical resources that are tailored to the needs of HACC agencies.

'The Toolkit is very impressive!! It is comprehensive and well structured. It is simple to use and the checklists and examples are fantastic' (EMR Consumer Feedback Toolkit evaluation 2015)

'Wonderful job as always. Another great example of the quality of work being done in East with ASM Alliance. Thanks' (EMR Consumer Feedback Toolkit evaluation 2015)

'Outstanding. The quality of the work is excellent and already, I am confident that using these tools will make a big difference for many agencies' (EMR Consumer Feedback Toolkit evaluation 2015)

'Initially, it looks like a lot of information, but when you look more closely, everything is broken down step by step so this is precisely the information that services need to complete the process well'
(EMR Consumer Feedback Toolkit evaluation 2015)

The Alliance in action: Consumer feedback workshops

In late 2014, 60 local HACC staff attended workshops that were led by the Alliance to introduce the *Consumer Feedback Toolkit* and build staff's understanding and confidence to collect and utilise consumer feedback effectively.

100% of participants reported that the workshop they attended was valuable and would recommend it to others. 98% of participants felt that the workshop they attended contained practical information that would be useful in their work. The group discussions, practical activities and tools were identified as the most useful elements of the workshops.

'Today has made us feel much more confident in running focus groups'

'I have learnt a lot about what you should not put on a survey, why you are doing the survey – its purpose. We will now be revising all current surveys'

'Brainstorming with others in the group was a great way to learn from others on consumer feedback & others experiences'

(Consumer feedback workshop participants 2014)



3.6.3 Supporting volunteers to take an Active Service approach



The City of Boroondara received funding via the ASM Seeding grants, for the 'Volunteers in ASM' project. The project sought to assist HACC organisations to support their volunteer workforces in taking an active service approach with HACC clients. Information was collected from local HACC agencies about the roles of Volunteers and opportunities to build their capacity to deliver an ASM approach. A project resource kit was then developed.

Supporting Volunteers to take an Active Service Approach. A Resource Kit for Victorian Home and Community Care services includes a guide for HACC organisations and a suite of handouts for volunteers that explore in practical, jargon-free, terms what it means to take an active service approach to their work (Effective Change 2013). The resource kit has since been provided to HACC providers across Victoria.

3.7 Resource development

In addition to the tools developed within local projects, the Alliance team create a range of resources to support agencies understand and embed good practice approaches. This includes collating existing evidence and creating tools and resources that are locally relevant to the EMR HACC sector. Resources are presented in Alliance meetings and then uploaded on the dedicated Alliance pages within the local **Inner East** and **Outer Eastern** Primary Care Partnership (PCP) websites. This ensures that members can access information and resources quickly and easily.

Examples include:

- Evaluation planning and data collection tools
- Summaries of local ASM seeding grant projects
- Change management and project management resources
- Partnership, collaboration and information sharing guidelines and resources.

Sharing resources and examples of good practice was also identified as an important enabler of ASM implementation in the *ASM Prepare 3 year review* (AHA 2015). Feedback from Alliance members has also reinforced the value of these resources and the importance of making information easily accessible.

'I have found the development of tools and documentation in the local group setting to be very helpful'
(EMR ASM Implementation plan 2012)

'The resources that you have developed for the Alliance are so useful. They cut out all the unnecessary bits of information and just provide us with the information that matters to us. I refer to several of these documents – not just for our HACC program, but right across (the agency). We all find them so helpful. The evaluation information and tips about how to measure the difference our services make are my favourite. This is just another way the Alliance makes my job so much easier. Thank you!' (Member feedback 2014)

3.7.1 E-bulletin

The Alliance team create a bimonthly electronic newsletter '*the EMR HACC e-bulletin*' to share information with members. Each edition includes updates about relevant projects and initiatives, information about upcoming events and links to useful resources. It also provides an opportunity to share good practice and celebrate examples of the new and innovative work that is happening across the local HACC sector.

The *e-bulletin* is a key source of information for Alliance members. In 2012, 81% of survey participants reported that they regularly distributed the *e-bulletin* within their organisation and 66% reported they were highly likely to use the *e-bulletin* to find information about the ASM (DH EMR HACC Team 2012). Staff working within small agencies find the *e-bulletin* and other written resources particularly valuable.



'The [e-bulletin] is an excellent tool to keep other team members informed about current practice developments' (EMR ASM Implementation Plan feedback 2011)

'I get lots of opportunities to see, and hear about the ways organisations are implementing new or different approaches to service delivery. The e-bulletin is a great way to share these stories and it's nice to be able to acknowledge the achievements of individual agencies' (EMR ASM Industry Consultant 2015)



4. Benefits and Challenges of the Alliance

Ultimately, the purpose of the Alliance is to improve the quality of HACC services being delivered to the local community. As with any systemic initiative, it is challenging to demonstrate tangible evidence of the links between partnership initiatives and improved consumer outcomes (Mann, Pritchard et al. 2004). In the 2012 staff survey however, 82% of members reported that the Alliance has been useful to facilitate better access to care for clients and 81% reported that it is contributing to better client outcomes (DH EMR HACC Team 2012).

Evaluations of the Alliance have therefore focussed on the efficacy of the Alliance as a platform to support practice change within the local HACC sector by:

- creating a shared understanding of the ASM, Diversity and other HACC policies and practices
- strengthening working relationships between local HACC agencies
- building the capacity of local HACC agencies to embed key elements of quality HACC service delivery.

A range of measures have been used to understand the impact of the Alliance against these objectives. These include measuring member's satisfaction, attitude and perception of the difference that the Alliance has made for them in practice. Member engagement and resource utilisation have also been tracked to understand the effectiveness of key processes and activities (as described in Chapter 3).

It is evident that the Alliance plays a valuable role in supporting the local HACC sector and has delivered a range of benefits at the individual, service and partnership levels. A summary of the key benefits of the Alliance is outlined in this section, followed by an overview of the associated challenges.

4.1 Creating a shared understanding of HACC policy and practice

Alliance members value the opportunity to receive regular updates, share ideas and learn through Alliance meetings and events. The 2012 staff survey identified that the Alliance had been useful for gaining new ideas (98%), keeping me up to date with the latest practice (96%) and providing access to tools and research (93%). Feedback has also highlighted that the Alliance is viewed as a pathway to access expert assistance, information and support from the Alliance team and DHHS more broadly. Members who participated in Alliance activities also reported that they:

- felt more confident in their understanding of the goals of the ASM
- were more likely to have a holistic understanding of the needs of consumers and families
- were more likely to seek support and information about ASM implementation from the Alliance than any other source (e.g. Departmental correspondence, staff or website)

(DH EMR HACC Team 2012).

'The Eastern Alliance is the place to go for information and ideas. We are actively linked to the Department and the Alliance provides the forum for us to access accurate and timely information. This is unique in Victoria and highly valued' (Alliance member 2014)

'The Alliance is one of the few opportunities to learn about what others are doing within the sector and to pick up ideas that can be applied in your own agency' (EMR ASM Implementation Plan 2011)

'I learn something new every time I attend an Alliance meeting or workshop. It's my first stop when I have questions because I know I'll get the correct information. I appreciate how hard you work to answer everyone's questions and help us find the information we need. It's even better that you often know the questions I need answered before I do' (Alliance member 2014)

Over time, the Alliance has created an environment where agencies feel comfortable to raise concerns and discuss their challenges. This has supported a cultural shift across the local sector that has seen increased levels of trust, more transparent information sharing and a commitment to cooperation to support achievement of shared goals.



'The Alliance has helped us realise that we're all in this together. People have become more open and have started sharing their experiences about the things that have and haven't been successful. This is very rare, but understanding why some things don't work is so helpful' (Alliance member 2015)

'The Alliance has a homogenous feel, providing a safe environment for local providers to share ideas, and address the challenges (and success) of major change' (Alliance member 2014)

'The Alliance provides a voice for local HACC agencies – it allows us to ask questions and communicate easily and openly with the Department and other agencies' (Alliance member 2013)

The Alliance has allowed for open and transparent communication with Regional DHHS staff, provided a forum to ask questions and remain linked in to what's happening across the HACC sector. For many agencies, this has been an important driver for their participation in Alliance meeting. In turn, this has raised their understanding and confidence in relation to ASM and Diversity policy and practice guidelines, Departmental implementation planning and reporting activities. Developing strong links to decision making authorities is also identified as an important strategy within the change management literature to gain buy in for change and create a sense of shared ownership (Stern and Green 2005).

'The Alliance provides a regular opportunity for organisations to explore and discuss issues and initiatives as well as understand the expectations and future directions of the Department of Health in an open and supportive environment. It also provides good opportunity to network and maintain these networks to ensure the sustainability of the developing approaches to the ASM' (EMR ASM Implementation Plan 2011)

'The Alliance has been the primary avenue for receiving and understanding Departmental requirements regarding ASM/Diversity implementation. Much easier to understand when presented rather than having to plough through all the documentation involved yourself' (EMR ASM Implementation plan 2012)

'The updates from the Department are an extremely important aspect. What is happening in the Department, what is coming up, planning, timelines, reporting, expectations, and an opportunity to ask questions about these areas. The opportunity to have face-to-face time with [DHHS] staff. These are worth going to the Alliance meeting alone without the other benefits' (EMR ASM Implementation plan 2012)

'The Alliance is always useful, staff in the Department become very approachable' (EMR ASM Implementation plan 2012)

4.2 Strengthening working relationships between local HACC agencies

Partnership development is identified as an important enabler of ASM implementation and has been integral to the Alliance's change management approach and drives many of its activities (DH 2010, AHA 2015). This has been promoted by facilitating regular networking opportunities, timely and effective information sharing and collaboration.

'Being able to work together with other agencies is invaluable. The HACC Alliance has a really clear purpose and is run very well, so we all know it is worth taking the time out to participate' (Alliance member 2014)

'In the current environment it is essential that services collaborate to find meaningful solution to complex issues – and the current complex issues are around how we can better provide services that meet the needs of the clients and adjust to the reforms – by coming together it was possible to participate at a higher level than the day to day agency issues and learn from each other as well as share thoughts and ideas. The Executive brought together agencies that would not have found a regular time to sit together and I found that valuable'

(Executive Group member 2015)



Since the introduction of the Alliance, there has been a marked increase in partnering activity across the local HACC sector. This includes more frequent communication between agencies and a range of formal and informal partnership activities such as the development of local referral pathways, shared service delivery and interagency mentoring and shared training. Staff working across the region have also participated in a number of local projects and planning activities that have encouraged them to share their knowledge and resources and provide peer support.

'The quality of the projects that have been completed within the Alliance is outstanding. The resources being developed not only inform practice in EMR HACC services, but they are used much more broadly in other service types and other areas. Kate's ability to create fit-for-purpose tools and resources is unrivalled and staff are always enthusiastic about attending her engaging training and workshops. This provides practical benefits for staff and has been important in encouraging staff to work together. The sector have developed huge trust in [the Alliance team], because we know they deliver – usually above and beyond expectations. This has resulted in real collaboration and practice change across the region. Staff now work together with their peers to find solutions and learn better ways of doing things' (Alliance member 2015)

Feedback from members has also highlighted the Alliance's achievements in this space. This includes that:

- 93% of members found the Alliance useful to build and strengthen working relationships with other organisations.
- 83% of participants believed that participating in Alliance activities had increased their knowledge about other organisations and what they offer.
- Staff who participate in Alliance activities reported they were more likely to make referrals to other local organisations or partner with other agencies to deliver client care.
- 85% of participants felt that the Alliance had been useful to increase their confidence to seek support from their peers, discuss challenges and share information or resources.

(DH EMR HACC Team 2012)

'Over the past four years, the Alliance has delivered exactly what it promised and has provided immeasurable support and benefits for our agency. The importance of developing and delivering services in partnership with others cannot be underestimated and is a key government Policy direction' (Alliance member 2014)

'...partnership has been the biggest change over the last four years. Previously even referrers weren't seen as partners. We can see and can show how we can benefit by putting effort in with other organisations – this benefit is directly coming out of the Alliance' (Alliance member 2012)

'Working with 'like' agencies is so very useful – but then so is working with agencies that are in your area – no matter the type' (EMR ASM Implementation plan 2012)

'The networking and sharing of ideas around particular topics of current focus have helped provide resources to enhance our service' (EMR ASM Implementation plan 2012)

Other service providers and stakeholders are also encouraged to participate. This includes:

- HACC funded agencies from other regions (i.e. the EMR is not their lead region)
- Staff working within other sectors (e.g. ACAS, Acute and Subacute services)
- Medicare Locals and PCPs
- Commonwealth Department of Social Services.

Over time, the links and relationships being created within the Alliance should also create opportunities for broader partnership work and collaboration.



'The Alliance is inclusive of other non-HACC funded organisations who could benefit from coming together to network, partner, share challenges and resolve issues. There have been a large number of positive engagements, which have supported change management within organisations and had a broader impact to ensure services are provided in a more streamlined way to clients and carers' (DHHS staff member 2015)

Ensuring that the Alliance considers the broader context that HACC services are delivered in, has also been an important way to remain relevant and inclusive for all members. The Alliance's work has highlighted the alignment between the ASM and Diversity approaches and the links with similar person centred care initiatives being rolled out in other sectors. A number of the resources created by the Alliance are now used in a range of sectors (e.g. Goal Directed Care Planning Toolkit). Members have therefore reported that the work conducted within the Alliance has also been valuable to support the implementation of person centred approaches in a range of others program areas (e.g. Consumer Directed Care).

'Resources and training provided by the Alliance have been key to successfully managing changes in practice and expectations. This has added value, not only for our HACC programs, but also as we progress change across the broader organisation' (Executive Group member 2015)

4.3 Building the capacity of local HACC agencies to embed key elements of quality HACC service delivery

The evaluations have demonstrated that participation in Alliance activities has delivered a range of benefits in relation to staff's confidence and ability to implement ASM and Diversity. The 2012 staff survey identified that:

- 98% of participants believe the Alliance has been valuable in supporting them to implement the ASM (including 58.7% highly valuable and 39.1% somewhat valuable).
- 89% of participants found the Alliance useful in building their confidence to make changes to the way they work.
- 85% reported that the Alliance had given them confidence to introduce and lead change in their workplace.

(DH EMR HACC Team 2012)

This is supported by the results of the ASM Prepare 3 year review, in which local and regional networks were the most commonly identified resource that supported ASM implementation (AHA 2015).

'The Alliance is about building sector capacity to respond to change. The partnership approach of the Alliance has meant that organisations need to engage to benefit and where there has been strong, enduring engagement, organisations have been able to use the information/tools to build their capacity and be more responsive to the changing landscape' (DHHS EMR staff member 2015)

The EMR HACC Alliance has been proactive in addressing practical challenges, concerns and 'removing obstacles' that local services have faced along the way. This has been achieved by providing user friendly tools and resources, targeted education and opportunities for collaborative problem solving and discussion.

'The HACC Alliance has been instrumental in assisting the region wide education of staff in many agencies about ASM process. Organisations within the Alliance worked with the Alliance team to develop the Goal Directed Care Planning Toolkit which has now been widely disseminated across Victoria. My organisation has educated staff in the use of these tools and it is now part of 'Business As Usual' in our admission process for all new clients' (Executive Group member 2015)



By working together and sharing practical examples and resources, the Alliance has supported members to maintain the change momentum, identify and celebrate short term wins while continuing to build on, and embed change (DH EMR HACC Team 2012). The Alliance has also supported ongoing reflection and opportunities to create, celebrate and acknowledge 'short term wins'. Examples include:

- The six monthly review of the Alliance which served to legitimise the process and its value.
- Publishing a summary of the first round seeding grants which acknowledged the work undertaken and shared what agencies had learnt.
- Opportunities for agencies to present their work and receive feedback and recognition from their peers at both Alliance and working group meetings.
- The integration of 'success stories' in the e-bulletin.

The evaluation data has reinforced the success of this – in particular that agencies who regularly or sometimes attend Alliance meetings were more likely to feel acknowledged for the work they have done (DH EMR HACC Team 2012). The opportunity to share examples of good practice and discuss common needs, challenges and experiences is highly valued by members.

'I think it is good to share success stories. When a good strategy is identified agencies should be able to learn from this. If it's good and it works well we should share it. I am a big believer in not having to reinvent the wheel'
(EMR ASM Implementation plan 2012)

'This is a useful way to connect with other providers to share innovations, ideas and collaborate to remove/reduce barriers to implementing an ASM approach in a consistent manner' (EMR ASM Implementation Plan 2011)

The Alliance in action: The benefits of engagement

'Since its inception, Whitehorse Community Health Service (WCHS) have been actively involved in the Alliance. The opportunity to have a Department supported 'vehicle' for implementing the ASM was most appealing. Initial workshops to assist in agencies to undertake the ASM prepare, sharing experiences at all levels and resources with other HACC services, developing relationships that led to partnerships, having input into planning and implementation of the ASM including funding of specific projects to support local work have been instrumental in WCHS' success with ASM. This would not have been possible without the Alliance.

WCHS staff have benefited from training and professional opportunities, developing relationships and partnerships with other HACC staff, improved client referral pathways and co-ordinated care.

Critical to the success of the Alliance has been the direct involvement of the Department from the Executive Group through the Alliance forums, project funding and resources and training. Involvement from a diverse range of HACC funded agencies has also resulted in its success. This has resulted in a consistent and high standard of service delivery across the EMR. Without the Alliance, implementation of the ASM, service development and Policy direction would not have been as streamlined, coordinated or successful.'

(Janine Scott, General Manager, Primary Health Care, Whitehorse Community Health Service)
Please note: In late 2014, Whitehorse Community Health Service was re-named Carrington Health

4.4 Meeting members' expectations and needs

Members' primary motivators for participating in the Alliance have been consistent across all evaluations. The most common motivators are reported as:

- sharing, collaborating and learning with, and from, others
- networking, relationship building, developing and/or strengthening partnerships
- learning about specific strategies and information to support ASM and Diversity implementation
- understanding DHHS requirements regarding ASM and Diversity policy, practice and reporting.

Evaluations have consistently demonstrated that the Alliance is addressing these needs. As shown in the table below, on average, 98% of participants feel that their needs are being met by the Alliance.

Is the Alliance currently meeting your needs and expectations?						
Evaluation Strategy:	Yes		Partially		No	
	n	%	n	%	n	%
2011 Initial evaluation (Pascale 2011)	53	60%	33	38%	2	2%
2011–12 EMR ASM Implementation plans	30	64%	16	34%	1	2%
2012 Staff Survey (DH EMR HACC Team 2012)	30	64%	16	34%	1	2%
TOTAL	113	62%	65	36%	4	2%

'A key factor in the success of the EMR HACC Alliance has been its ability to remain contemporary and relevant to its members. Seeking ongoing consultation and feedback from participants on how the EMR HACC Alliance is delivering its purpose and effectively responding to this feedback has maintained members engagement in the Alliance and provided the right environment for members to be active contributors in all elements of the Alliance. In turn, the EMR HACC Alliance has demonstrated good practice and leadership in development and ongoing maintenance of effective partnerships' (Executive Group member 2015)

4.5 Benefits for DHHS

While the primary purpose of the Alliance was to build the capacity for change within the local HACC sector, a number of benefits for the Department have also been realised.

The EMR HACC Alliance has become a key platform for DHHS EMR staff to share important information with the local HACC sector, seek feedback effectively and efficiently and remain informed about the issues affecting staff and agencies 'on the ground'. This approach has created an environment where the commonalities and differences within the local sector can be easily identified and this has been valuable to inform ongoing priorities and planning initiatives.

The Alliance has strengthened the working relationship between Departmental and agency staff and facilitated a more collaborative approach to change management. This has been evident in the implementation of the ASM and Diversity, but has also created opportunities for further collaboration and supported the creation of innovative projects and practice initiatives (such as the OT in Council pilot projects and the Goal Directed Care Planning work). The EMR HACC sector is now identified as a leader in ASM and Diversity implementation and has created a range of resources that are highly valued and applauded across Victoria.

'The Alliance was established at a time of great change in the HACC program, and was seen as a vehicle to ensure all HACC funded organisations could implement changes associated with the Active Service Model, Diversity Planning and Assessment. The Department of Health and Human Services has through the Alliance been responsive to the needs of the HACC sector to manage change. All resources and tools developed have been in response to sector need. The Alliance has provided a benefit to the region, in that we are more aware of the various challenges faced by organisations, no matter their size, and how we can advocate for change/support' (DHHS EMR staff member 2015)



'Alliance members demonstrate a real willingness to share their challenges and successes. In many ways the Alliance directs regional activities by helping us to understand where, and how we can best target our support'
(EMR ASM Industry Consultant 2015)

'The joint ASM and Diversity planning process has helped me as a Program and Service Advisor (PASA) identify the interface between these two quality improvement processes and supported my discussions with local organisations about how they complement each other. Agencies' plans and their outcomes have improved significantly since we adopted this streamlined process' (DHHS EMR PASA 2015)

4.6 Challenges

While the benefits of the Alliance have exceeded initial expectations, the operation of the EMR HACC Alliance is not without its challenges.

The HACC program provides a broad range of services to older people, younger people with disabilities and their carers. In order to cater to the needs of this broad target group, the HACC sector itself, is also very diverse. In the EMR, HACC services are delivered by more than 80 agencies which vary in size, structure and focus. Many agencies deliver HACC services along with a range of other programs, each of which has its own funding and reporting requirements. While the Alliance aims to engage all local HACC providers, the diversity of the Alliance's membership has made it challenging to structure priorities and agendas to meet the needs of the entire group.

Much of the Alliance's work has focussed on bringing agencies together to share information and ideas. Face-to-face meetings and events that assist agencies to network and build relationships have therefore been a key focus. While these have been very effective, it can be difficult for staff from small agencies to attend. Initially, this was a key challenge for a number of members and feedback indicated that small agencies (less than 5 EFT) were more likely to find the Alliance only somewhat valuable (62%). Over time, the Alliance has therefore focussed on restructuring meeting calendars and sharing information in other ways, to ensure that all members have the opportunity to participate. Over time, the rate of attendance among many small agencies has improved and staff have provided positive feedback about the value of their attendance. Written information from the Alliance is also particularly important for some smaller agencies who report this is their key source of information about ASM, Diversity and other HACC initiatives.

'The Alliance is of vital importance to our small organization to be attending these meetings as often as possible as it opens up so many opportunities to better networking' (EMR ASM Implementation plan 2011)

'The meetings are very helpful in disseminating information about new requirements, tools for implementing new models of care etc. especially as we are a small agency' (EMR ASM Implementation plan 2012)

Across Victoria, approximately two thirds of HACC services are delivered to older people (DH 2014). Therefore supporting healthy ageing and responding to the needs of older clients is a priority for many HACC providers. The Alliance has delivered a range of events and meetings that have focussed on working effectively with older people. While these have been very well received by participants, they are not relevant to all members. The Alliance have undertaken a number of activities that have specifically targeted staff working with young people with disabilities. This has included working with these agencies to contextualise ASM and Diversity initiatives and to understand the specific needs and priorities of these agencies. To date, these have had limited success and finding effective ways to engage with these service providers is an ongoing priority.

'Unfortunately most of the HACC service providers in the EMR work with older people rather than young people with a disability which makes much of the information sharing etc. irrelevant for our Afternoon social program'
(EMR ASM Implementation plan 2012)



5. Key Enablers of the EMR HACC Alliance

Partnership initiatives are identified in public policy, quality standards and accreditation systems as an important element of effective service delivery across the health and community service sectors (NPHT 2008, DPCD 2010, COAG 2011, ACSQHC 2012, PCP Victoria 2012). There is also a plethora of evidence that identifies collaboration and partnership as an effective means to build capacity and facilitate practice change (Lewis, Baeza et al. 2008, Nowell and Harrison 2011, Parker D, Charlton J et al. 2012, Prosci Inc 2014). Despite the rhetoric of partnerships, reports of success are uncommon (Huxham and Vangen 2004). It has therefore been important to reflect on how the Alliance has achieved such positive results.

Evaluations of the Alliance have highlighted a number of features of the Alliance's approach that have contributed to its success. Further work has also been completed to map the Alliance's approach against the theoretical frameworks that effective partnership practice and change management (Boydell 2001, Social Compass 2007, Kotter 2014, Pope and Jolly 2008). Although no single model was used in the development of the Alliance, this has validated that the Alliance's structure and approach is consistent with best practice evidence and support the following key features as enablers of its success.

5.1 Good timing

The Alliance was established in 2010, when the ASM was first being rolled out and local agencies were actively seeking information and support to understand the implications of this policy initiative. There were also a range of ASM seeding grant projects being funded and agencies recognised the need to collaborate and share information about how to achieve their project objectives. The Alliance was therefore able to respond to an identified need and provide agencies with information and support they were looking for. While this supported initial engagement of agencies, sustained participation is dependent on the Alliance delivering useful and relevant outcomes.

5.2 Shared ownership

While the DHHS EMR Regional office provides ongoing support, expertise and resources, ownership of the Alliance remains with its members. Success is therefore dependent on a strong commitment from local agencies. The Alliance's structure and agenda is driven by members (including setting TOR, identifying priorities) and strategic oversight is provided by the Alliance's executive group.

The Alliance team continues to seek formal and informal feedback and members are encouraged to identify and prioritise ongoing work. The sector's active participation in Alliance activities is a testament to the success of this approach which has enabled what was essentially a 'top down' change process, to be owned at the local level (DH EMR HACC Team 2012).

5.3 Strong leadership

Effective leadership is identified as a key enabler of partnership practice and effective change management (Hardy, Hudson et al. 2000, Swerissen 2007, VCOSS 2009, Nowell and Harrison 2011, Kotter 2014).

Strong, visible support from leaders assists to gain buy-in from staff and increases the likelihood that staff will adopt and embed new practices (Elearn 2007, Prosci Inc 2014).

The Alliance has provided a structure to identify, support and encourage leadership across the sector at various levels. A number of individuals and agencies adopt leadership roles within the Alliance.

- The Alliance team members (including the EMR ASM IC, HDA and Alliance Consultant work) each bring a unique skill set to their role in facilitating the Alliance. Together they are able to deliver a combination of activities, resources and opportunities that capitalise on their own skills and those of Alliance members.



- The Alliance's strategic direction and priorities are driven by its Executive Group which is comprised of senior managers from member agencies.
- Members are encouraged to demonstrate leadership by participating in Alliance projects, sharing local practice examples and resources (e.g. through presentations at Alliance meetings and case studies in the *e-bulletin*).
- The DHHS EMR team are actively involved in Alliance activities. Senior executive leaders (Regional Director and Inner East team leader) sit on the Executive Group and maintain a visible presence in other Alliance activities and meetings.
- Having the EMR ASM IC and HDA roles sitting within the DHHS EMR regional office has also supported their ability to provide effective leadership and facilitate effective communication and information sharing between DHHS and service providers through the Alliance. These links with the Department are highly valued by its members.

5.4 Clear vision and purpose

Since its initial establishment, the Alliance has maintained a clear focus and communicated consistent messages about the group's purpose and role. While the scope of work has evolved over time, the central focus has remained the same and changes have been discussed in relation to how they could support Alliance members achieve their goals. By focusing on shared goals and objectives, the Alliance provides the mechanism for local agencies to build and strengthen the working relationships and partnerships required to create sector-wide change (Newman 2002).

5.5 Responsive to the changing needs of members

The Alliance team constantly seeks formal and informal feedback from members to inform ongoing planning. The structure of the Alliance has therefore been revised as needs change and the scope of work has been expanded to meet the group's new and emerging priorities. The inclusion of Diversity planning is a key example of this. When Diversity planning was introduced in 2011, the sector recognised that ASM and Diversity are not isolated activities, but need to be integrated as core practice to support a person centred approach across all HACC services. The Alliance was therefore rebranded to become the EMR HACC Alliance and the scope broadened. This was further supported when the EMR HACC Alliance worked with the sector to lead the alignment of annual ASM and Diversity planning processes.

5.6 Inclusive and integrated approach

Alliance membership remains open to all EMR HACC funded agencies. The Alliance team work hard to ensure that all members have an opportunity to participate in Alliance activities and remain engaged in setting the group's ongoing agenda. Ongoing planning and development within the Alliance is informed by, and integrated with a range of other processes. For example:

- The key themes from local HACC agencies' annual *ASM and Diversity plans* are used to inform local priorities and develop Alliance workplans.
- Including a range of local projects under the Alliance banner helps to maximise project outcomes but also understand and share the enablers and barriers of these innovative approaches with other agencies.
- Learnings & resources from the Alliance are used by PASAs to support ongoing conversations with local HACC agencies. Concerns raised via the Alliance are also reported back to PASAs to ensure that staff can access timely and appropriate support.



5.7 Dedicated resources

DHHS EMR has provided dedicated funds and ‘people power’ to support the Alliance. This has been utilised to provide a range of supports, including engagement of a consultant with expertise in partnership development, change management and person centred practice to facilitate the group. This has enabled the Alliance to deliver a range of practical skill development workshops and project support across the region. Initially, an ASM Alliance project worker was also employed to provide secretariat support, however once the group was established and running effectively, this work has been absorbed into the role of the ASM IC and HDA.

In 2012, an evaluation of the cost of the Alliance reinforced how important these dedicated resources and funding have been. The evaluation also found that the Alliance had been a cost effective change management strategy (DH EMR HACCC Team 2012).

5.8 Transparency and information sharing

Effective communication is a core principal of effective partnership practice (Social Compass 2007, The Partnering Initiative 2014). The Alliance has always made it a priority to share information, resources and leanings so that good practice is celebrated and agencies have the opportunity to learn from, and with each other. As described earlier, the Alliance has adopted a multi-pronged strategy to maximise the reach of relevant information and resources (e.g. meetings, forums, e-bulletin, websites). Over time, agencies have become more open about sharing their own experiences and utilise the Alliance as a forum to raise concerns and discuss their challenges.



6. The Role of the Alliance Moving Forward

The Victorian HACC sector is continuing to undergo major change. Moving forward, services for older people will be delivered as part of the *Commonwealth Home Support Programme*⁴ and the *National Disability Insurance Scheme (NDIS)* will be phased in to support people aged under 65 (DH 2014). These programs emphasise the importance of individualized, flexible service delivery, in which clients are actively engaged in making decisions about their care (Treasury 2013, DSS 2015). The work that the HACC sector has completed to support the implementation of the ASM and Diversity, along with the partnerships and skills that staff have gained through their engagement in the EMR HACC Alliance, provides a strong foundation for local HACC providers to deliver this approach.

Moving forward the Alliance seeks to maintain the momentum for change that has been created and will continue to support the sector to deliver quality HACC services in alignment with the changing environment. This will include assisting agencies to remain informed and prepare for transition and by continuing to build staff's understanding, skill and confidence to deliver effective, person centred services. The Alliance will also continue to look for opportunities to broaden its work around the interactions between HACC and other local sectors, however this will continue to evolve as planning for HACC transition and NDIS implementation continue.

7. Conclusion

The sector's commitment and active engagement in the EMR HACC Alliance has exceeded original expectations, with strong and consistent attendance at meetings and active contributions from a diverse range of members. It has added significant value in relation to creating a shared understanding of the policy drivers, expectations and practice issues related to ASM and Diversity implementation and fostered a strong commitment across the sector to working collaboratively to identify and address operational and strategic challenges / barriers.

The Executive group strongly recommends the need for ongoing funding and support for local partnerships, within and beyond the EMR HACC sector. We recognise that the changes occurring within the Victorian HACC sector are typical of broader reform across the health and community service sectors. The reform agenda consistently reiterates the need for coordination of care and interagency collaboration to support person centred services. This level of change can result in strong resistance and fear from staff and requires a comprehensive change management approach. The Alliance is an excellent example of the benefits of collaboration and the value of investing in local partnerships and networks to support practice change. We hope that the learnings from the EMR HACC Alliance can therefore be used to support further partnership work in other regions, sectors and settings.

⁴ The Commonwealth and Victorian governments are working together to finalise arrangements for the transition of HACC services. As part of transition planning, the DSS has committed to maintaining current funding levels and arrangements over the next 3 years (2015-2018) for HACC services delivered within the Commonwealth Home Support Programme. Information about HACC Transition is available at: <http://www.health.vic.gov.au/hacc/transition/>



References

- ACSQHC (2012). Australian Safety and Quality Framework for Health Care. Australian Commission on Safety and Quality in Healthcare (ACSQHC). Sydney, NSW, Australian Health Ministers' Conference (AHMC).
- AHA (2014). ASM Prepare 3 Year Review: DRAFT report. Australian Healthcare Associates (AHA) on behalf of the Victorian Department of Health. Unpublished – Draft only.
- AHA (2015). ASM Prepare 3 Year Review: Final Report Australian Healthcare Associates (AHA) on behalf of the Victorian Department of Health. Melbourne, Australia.
- Boydell, L. (2001). Partnership Framework: a model for partnerships for health. Institute of Public Health in Ireland. Dublin.
- Boydell, L. (2007). Partnerships: A Literature Review, . Institute of Public Health in Ireland. Dublin Ireland.
- COAG (2011). National Health Reform Agreement. Council of Australian Governments (COAG). Canberra.
- DH (2010). ASM Prepare. Department of Health (DH). Melbourne, Victorian Government.
- DH (2010). Victorian HACC Active Service Model Implementation Plan 2009–2011. Victorian Government Department of Health (DH). Melbourne, Victoria.
- DH (2011). HACC Active Service Model communications toolkit handbook. Department of Health (DH) with support from Evergreen Advertising and Marketing. Melbourne, Victorian Government.
- DH (2011). Strengthening assessment and care planning A guide for HACC assessment services in Victoria. Aged Care Branch, Victorian Government Department of Health (DH). Melbourne, Victoria.
- DH (2011). Strengthening diversity planning and practice: A guide for Victorian Home and Community Care services. Victorian Government Department of Health (DH). Melbourne, Victoria.
- DH (2012). Victorian Home and Community Care (HACC) Quality Review Resource. Department of Health (DH). Melbourne, State Government of Victoria.
- DH (2013). Community Health Integrated Health Promotion Program: Planning Guidelines 2013–17. Department of Health (DH). Melbourne, Victorian Government.
- DH (2013). Diversity planning and practice in Home and Community Care services in Victoria: A practice guide for HACC Access and Support roles (September 2013). Prepared by the HDG Consulting Group for the Victorian Department of Health (DH). Melbourne, State of Victoria.
- DH (2013). Diversity planning and practice in Home and Community Care services in Victoria: Working with HACC Access and Support services (September 2013). Prepared by the HDG Consulting Group for the Victorian Department of Health (DH). Melbourne, State of Victoria.
- DH (2013). Guide to municipal public health and wellbeing planning. Victorian Government Department of Health (DH). Melbourne, Victoria.
- DH (2013). Victorian Home and Community Care program manual 2013. Victorian Government Department of Health (DH). Melbourne, Victoria.
- DH. (2014). 'Aged Care in Victoria: Well for Life.' Retrieved 06/08/14, from <http://www.health.vic.gov.au/agedcare/maintaining/wellforlife.htm>.
- DH (2014). HACC fact sheet 2012–13. Department of Health (DH). Victoria, Victorian Government.
- DH. (2014). 'HACC in Transition.' Retrieved 09/08/2014, 2014, from <http://www.health.vic.gov.au/hacc/transition/index.htm>.
- DH. (2014). 'Home and Community Care: Major Projects & Strategies: Active Service Model.' Retrieved 13/05/2014, from http://www.health.vic.gov.au/hacc/projects/asm_project.htm.



- DH (2014). Retaining the benefits of the Victorian HACC System: a state of stable service delivery. Background Paper for HACC Transition Consultations over February 2014. Ageing and Aged Care Branch, Department of Health (DH), Melbourne, Victorian Government.
- DH EMR (2012). Active Service Model (ASM) Implementation plans. 2012–13 Regional Report. Department of Health (DH) Eastern Metropolitan Region (EMR) Home and Community Care (HACC), Unpublished document.
- DH EMR HACC Team (2012). The Active Service Model Alliance – What does it cost? A research project for the Home and Community Care (HACC) Team, Eastern Metropolitan Region (EMR),, Department of Health (DH), Available on request.
- DHS (2007). Framework for Assessment in the Home and Community Care Program in Victoria. Department of Human Services (DHS). Victoria, State of Victoria.
- DOHA (2010). Community Care Common Standards Guide. Department of Health and Ageing (DOHA). Canberra, Australian Capital Territory, Commonwealth of Australia.
- Dowling, B., M. Powell and C. Glendinning (2004). 'Conceptualising Successful Partnerships.' Health and Social Care in the Community 12(4).
- DPCD (2010). A Fairer Victoria: Real support – real gains. Department of Planning and Community Development (DPCD). Melbourne, Victoria, Victorian Government,.
- DSS (2015). Commonwealth Home Support Programme: Programme Manual 2015 DRAFT FOR CONSULTATION AS AT 2 MARCH 2015. Department of Social Services. Canberra, Commonwealth of Australia.
- Effective Change (2013). Supporting Volunteers to take an Active Service Approach. A Resource Kit for Victorian Home and Community Care services. B. C. Council. Melbourne.
- Elearn (2007). Change Management (Revised Edition). Oxford, Elsevier.
- Hardy, B., B. Hudson and E. Waddington (2000). What makes a good partnership? Leeds, Nuffield Institute for Health.
- Huxham, C. and S. Vangen (2004). 'Doing things collaboratively: realizing the advantage or succumbing to inertia?' Organizational Dynamics 33(2): 190–201.
- Kotter, J. (2014). 'The 8-step Process for Leading Change.' from  <http://www.kotterinternational.com/our-principles/changesteps/changesteps>.
- Lewis, J. M., J. I. Baeza and D. Alexander (2008). 'Partnerships in primary care in Australia: network structure, dynamics and sustainability.' Social Science & Medicine(2): 280.
- Mann, P., S. Pritchard and K. Rummery (2004). 'Supporting inter-organisational partnerships in the public sector'.' Public Management Review 6(3): 417–439.
- Newman, J. (2002). 'Changing governance, changing equality? New Labour, Modernization and public services.' Public Money and Management Jan–Mar 7–13.
- Nowell, B. and L. M. Harrison (2011). 'Leading Change Through Collaborative Partnerships: A Profile of Leadership and Capacity Among Local Public Health Leaders. .' Journal of Prevention and Intervention in the Community. 39: 19–34.
- NPHT (2008). Australia: the healthiest country by 2020 A discussion paper. National Preventative Health Taskforce (NPHT). Canberra, Australian Capital Territory, Commonwealth of Australia,.
- Parker D, Charlton J, Ribeiro and R. Pathak (2012). 'Integration of project-based management and change management. .' International Journal of Productivity and Performance Management 62(5): 534–544.



Pascale, K. (2011). Evaluation of the value and effectiveness of the Eastern Metropolitan Region's (EMR) Active Service Model (ASM) Alliance following initial establishment. EMR ASM Alliance Report. Available on request.

Pascale, K. (2012). Goal Directed Care Planning Toolkit: Practical strategies to support effective, goal setting and care planning with HACC clients. Melbourne, Eastern Metropolitan Region (EMR) HACC Alliance, Outer Eastern Health and Community Services Alliance.

PCP Victoria (2012). The Victorian Service Coordination Practice Manual 2012. Primary Care Partnerships (PCP) Victoria. Melbourne, State of Victoria.

Pope, J. and P. Jolly (2008). Working in Partnership: Practical advice for running effective partnerships. Department of Planning and Community Development (DPCD). Melbourne, State of Victoria.

Prosci Inc (2014). Prosci Benchmarking Report, Best Practices in Change Management – 2014 Edition. P. Inc. Loveland, Colorado.

Social Compass (2007). The Practical Partnering toolkit: Strengthening Australian Communities ... it's your business. The Prime Minister's Community Business Partnership. Canberra, Australian Government.

Stern, R. and J. Green (2005). 'Boundary workers and the management of frustration: a case study of two Healthy City partnerships.' Health Promotion International 20(3): 269–276.

Swerissen, H. (2007). Understanding the Sustainability of Health Programs and Organisational Change. Victorian Quality Council, Victorian Government Department of Health (DH). Melbourne, Victoria.

The Partnering Initiative. (2014). 'The Partnership Cycle and Partnering Principles.' from <http://thepartneringinitiative.org/w/who-we-are/philosophy-and-approach/the-partnering-cycle-and-partnering-principles/>.

Treasury (2013). DisabilityCare Australia: Stronger. Smarter. Fairer. The Treasury. Canberra, Commonwealth of Australia.

VCOSS (2009). Partnership Practice Guide. Guide 1: Preparing to Partner. Victorian Council of Social Service (VCOSS). Melbourne.



Appendices

Appendix 1: Overview of the initial structure of the EMR ASM Alliance (2010)

When the EMR ASM Alliance was first established in 2010, members identified the need to share information across the sector via Broad Alliance meetings that would provide regular updates about the HACC program and work being completed within local agencies. The **Broad Alliance meetings** were also identified as an opportunity for staff to come together, network and strengthen working relationships.

Members also sought more targeted, practical support to key staff working to implement ASM within their organisation. This was delivered via the **Process and Implementation working group**.

The **Project and Research working group** brought together staff working on ASM seeding grant projects across the region to come together, share their learnings and access project management support. This was achieved

The **Executive group** was also established to provide the strategic directions of the Alliance. Nominations from senior executives across the sector were sought to create an Executive Group that was representative of the breadth of HACC services across the region. The group lead and champion the Alliance and oversee its strategic and operational workplan.

The following diagram provides an overview of the initial structure of the EMR ASM Alliance.





Appendix 2: Overview of the 2012 re-structure of the EMR ASM Alliance

Please note: This document was prepared to support discussion with Alliance members. Further information about the review and restructure are available on request.

The EMR ASM Alliance was created in 2010 to support EMR HACC agencies implement the ASM. Since then, local HACC agencies have made great progress in their understanding and implementation of the ASM. The recent evaluation of the Alliance highlighted the value of the Alliance, particularly in relation to sharing information, learning from others and networking with their colleagues. Working group members also valued the education that had been delivered and reported increased sense of confidence and skill in their roles implementing quality improvement and/or project activities. A number of opportunities for improvement were also identified, many of which relate to inefficiencies created by the existing Alliance structure. Based on this feedback, the meeting structure for the Alliance has been reviewed and the following structure has been developed.

We anticipate that this structure will better reflect the progression of local HACC agencies in their ASM implementation and deliver a number of benefits including that:

- ALL members will have an equal opportunity to participate in Alliance activities (e.g. group discussion and education sessions)
- Duplication will be significantly reduced
- Time and resource commitments will be streamlined for members
- **Focus groups** will bring together a targeted group to complete a specific piece of work with dedicated resources and support.
- **Project Worker Meetings** provide the opportunity for project workers to share their knowledge, seek support, access resources and maximise the impact of ASM seeding grant projects.

Kate Pascale (EMR ASM Alliance Consultant), Lisa Dean (ASM Industry Consultant) and the EMR DH HACC team will provide ongoing support within this new structure. The EMR ASM E-bulletins will also continue and relevant resources will be shared via our local PCP websites.

For further information about how to participate in the ASM Alliance or to provide feedback please contact us.



EMR HACC Alliance 2012 Meeting Structure

Bimonthly Meetings (Feb, April, June, August, October, December 2012)

EMR HACC Alliance Members
(All EMR HACC agencies)

HACC Alliance Meeting

(90 minutes – bimonthly)

Agenda Items:

- HACC Updates (including ASM, Diversity & general HACC)
- ASM for us (Agency presentations / Project reports)
- + Feature: Group Discussion / Consultation &/or Education session re. ASM implementation

Focus Group Meeting

(60 minutes – bimonthly)

Agenda: Select members of HACC Alliance to create short term focus groups that come together for 3–4 meetings to complete a key piece of work e.g. development of MoU to

Key HACC Networks

(60 minutes)

e.g. HACC TAC (meet 3 x year)

Bimonthly Meetings (March, May, July, September, November 2012)

HACC Executive
Members
Group

HACC Executive Group Meeting (120 minutes)

Agenda: ASM Alliance Strategic Direction, Focus and Priority actions

Monthly Meetings (March – September 2012)

ASM Seeding
Grant Project
Workers

Project Worker Support Sessions (60 minutes)

Agenda: Project Q&A, Support and Guidance

Appendix 3: EMR HACC Alliance: Summary of Achievements 2010–2014

Action Areas	2010	2011	2012	2013	2014
Partnership development / collaboration within and beyond the HACC sector	Broad Alliance Meetings & Executive Group Meetings				
	EMR HACC Alliance e-bulletins				
	Building effective partnership (including provision of comprehensive resource list)	Workshop and panel discussion re learnings of local partnership projects	Access & Support Focus Group	Volunteer Partnership Group	
	Strategies for engaging GPs	Case Management / Care Packages	HAS referral & service delivery protocol		
Person centred assessment and care planning	Building awareness of your partners	Diversity planning focus groups x 3 to support collaborative planning in local	Delivering an ASM approach in Community Palliative Care	Partnership Projects – where are they now?	
	Strategies for engaging GPs		EMR ACAS / HAS protocol		
	Introduction to 'Strengthening Assessment & Care Planning'	Introduction to Dementia practice guidelines	Goal Directed Care Planning (GDCP) Toolkit	GDCP workshops x 7	
	HAS Q&A Session with DH Central Office team member		GDCP Introductory workshops	GDCP in Volunteer Transport workshops x 3	
Consumer engagement	Goal Directed Care Planning (GDCP) Project			Carers in HACC – Carers Recognition Act	Introduction to DH LAHA tool
	Understanding client perspectives			Consumer Feedback project	Consumer Feedback Toolkit Consumer Feedback workshops (3 sessions)
Supporting ongoing practice improvement	Project & Research working group	Seeding Grant Project Summaries (round 1 2012 & round 2 2013) included summaries of each of the region's projects including key learnings, resources and contact details.			Short Term Case Management working group
	Process & Implementation working group				
	Project and Research working group provided a range of education sessions and opportunities for information sharing, problem solving and collaboration to support implementation of round 1 & 2 ASM seeding grant projects	Project worker focus group established to support Round 2 ASM seeding grant projects	OT in Council project steering group and working group		LGA forums: Flexible service delivery

Action Areas	2010	2011	2012	2013	2014
Evidence based planning	Evaluation workshops x 2	Information and resources provided throughout each ASM & Diversity Implementation Planning cycle to clarify reporting expectations, build capacity of members for effective reporting, promote collaboration and create opportunities for shared actions.			
	Reflective practice	ASM and Diversity implementation plan templates revised to support effective reporting	ASM Prepare workshops		
		Evaluation (2 sessions) Evaluation resources (i.e. staff questionnaire, evaluation planning, evaluation methods) Workshop for small agencies to support implementation planning	Choosing outcome measures Quality processes to support evaluation of ASM / Diversity initiatives Executive Group Planning Day	Evaluation planning workshop Executive Group Planning Day	Evaluation Planning questionnaire included in annual ASM & Diversity reports CCCS Review findings
Policies & procedures		Introduction to the CCCS	Workforce Development Project	Workforce Development toolkit	Policy and Procedure workshops
Workforce development	Link with EMR HACC training committee (HACC TAC) to ensure that challenges / barriers identified through Alliance were addressed in relevant HACC training (e.g. reflective practice, evaluation, project management, Volunteers and ASM, GDGP)				Engaging & supporting a volunteer workforce
		Change management			Maintaining the Change Momentum
		Managing staff resistance			
Supporting Diverse clients			Volunteers & ASM Project		
				Diversity Forums (homelessness, ATSI, dementia)	Mental Health Act (Presentation)
				EMR Dementia Resource Guide	Health Beliefs Presentation (GEH)
				Access & Support Focus Group	
KEY:	Workshops & Forums	Resources developed for Alliance members	EMR HACC Projects	Alliance Working Groups / Focus Groups	

Appendix 4: EMR HACC Alliance Executive group key action areas for 2014–15

EMR HACC Alliance Executive Group: Key Action Areas for 2014–15

Vision: The EMR HACC Alliance seeks to enable a collaborative approach that supports the delivery of high quality, holistic and coordinated service provision across the EMR. The Alliance is committed to maximising its reach by proactively engaging relevant service providers, creating opportunities to share experience and information and retaining a focus on client empowerment and successful outcomes for the individual and the community.

Mission: The EMR HACC Alliance will provide a forum in which all local HACC funded agencies, service delivery partners and key stakeholders can come together to support effective, person centred practice. The Alliance will facilitate timely and effective information sharing between agencies, promote collaborative problem solving and seek opportunities to strengthen.

The Executive group is responsible for setting and overseeing the strategic direction and priorities of the Alliance. The group will ensure that Alliance activities progress within the context of relevant policy and the current practice environment (e.g. DH EMR ROM, Living Longer Living Better and the CCCS).

IN 2014–15, THE EXECUTIVE WILL CHAMPION AND LEAD THE ALLIANCE BY FOCUSING ON 3 ACTION AREAS

Building capacity for quality, person centred services

Goal: The EMR HACC Alliance will provide its members with information, resources and opportunities for practical skill development to support effective, innovative and evidence based person centred service delivery.

Role of The Executive Group:

- Provide valuable and relevant information to support local HACC agencies respond to relevant policy and evidence about quality HACC service delivery
- Contribute to the development and oversight of the Alliance's operational workplan that addresses the key action areas identified by Alliance members
- Support a coordinated local planning approach (including endorsement and support for annual ASM and Diversity planning)
- Drive action and innovation by championing and leading change that supports effective service delivery across the HACC sector
- Identify strategies to share success and learnings from across the sector
- Oversee and support local projects that explore and promote effective models of practice (e.g. Consumer Feedback, OT in Council, Short Term Case Management, Access & support focus group)

Preparing for HACC transition

Goal: The EMR HACC Alliance will support local HACC agencies to understand and prepare for HACC transition

Role of The Executive Group:

- Ensure local HACC agencies are provided with accurate, up to date information (as available) about HACC transition and the impact on local service delivery
- Assist local HACC sector to identify and understand the key issues for consideration in preparation for HACC transition including changes to relevant policy, systems and service delivery models
- Create opportunities to contribute to and influence broader local, State and Federal planning initiatives and advocate for effective, evidence based policy and system development

Supporting local collaboration and partnerships

Goal: The EMR HACC Alliance will provide a platform to support ongoing collaboration and partnerships within and beyond the local HACC sector.

Role of The Executive Group:

- Ensure format and structure of Alliance initiatives continue to support local collaboration
- Scope current work environment to understand the role of HACC services and the interplay with other sectors / initiatives (e.g. Disability, Residential care, Acute, MH, AOD, housing)
- Create opportunities for interagency and intersectoral collaboration (at both strategic and operational levels) to enhance the continuity of care for local HACC eligible people
- Actively promote and celebrate the Alliance as a platform to support positive collaboration across the EMR