EMR Alliance

EMR Alliance Member Recommendations – 30 April 2019 Alliance Meeting

Short-term Priorities for the Alliance Workgroup (during 2019)	Considerations / Implementation Strategies
• Planning how to establish model post June 2020 • Establish 19/20 model of operation • To establish a purpose and a 'Terms of Reference' • What is working well for other Alliances? • Use the 12 months to continue to meet as an alliance, either before or after regional ESDT practice meetings • As per population, explore other alliances / links • Clinical and community streams need to be considered • Central point of communication due to diversity of information impacting the sector • Finding ways to retain the richness of information from experts and departments regarding sector reforms • Finding ways to retain the broader contextual insight in the sector, that organisations are losing as alliances and networks disband • Ideas sharing and connections being retained • Networking and information sharing • Training • Practice – focused training – wellness & reablement, diversity and case studies • Information sharing • Communication re: Royal Commission outcomes, aged care, disability, mental health • Continue network meetings in same form • To provide continuity and support during change • Sharing knowledge and resources • Education – new Aged Care Standards, NDIS transition, HACC-PYP, CHSP, HCP • Understanding why changes are occurring. E.g. Community Grants Hub • Networking – best practice sharing • Information sharing re: Commonwealth and State priorities • How we access the department information – especially to smaller organisations • Connections – how we establish best interest for all	• Network with other alliances, could possibly join / partner with them • Take advantage of diversity forums • Council sponsor by rotating hosting meeting venues – they may have access to room large enough to fit everyone • Terms of reference should be sources from member organisations – what do they want? Are organisations prepared to commit and how far? • Possible need for a more central meeting, bringing together all the fractured alliances across the state (regional based) • Advocacy Vs Information sharing? • Definitely to explore what other alliances / networks are doing in the state • Continue with workshops, webinars and online resources • Need to minimise administration costs • Utilise working group in-kind support • Venue – other free options may be available e.g. Wantirna Health Education Centre • Direct contact with key speakers from industry and government • Accessible information, online resources. E.g. YouTube, emails, webinars / forums • Sharing what is happening • Needs clear communication • No need for interpretation

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Long-term Priorities for the Alliance Workgroup (post 2019)	Considerations / Implementation Strategies

• Determine who will maintain website or move resources to another website. E.g. PCP / DoH
• PCP or PHN – can they support us in any way?
• To remain or continue to be an information conduit between organisations and the State / Commonwealth departments
• Advocacy role to continue
• Explore sponsors that may present and provide morning tea, to keep costs down
• Work in a PD element that people pay for and run meeting of the back of it
• Resources required beyond 2020 June?
• Communication, CHSP, HCP future
• CHSP / HACC-PYP funding future directions (community health too)
• Clarity around eligibility – NDIS vs HACC-PYP, CHSP vs care packages, NDIS vs CHSP
• Advocacy – stringer as a group, sector trends / shared experiences
• Create networking opportunities
• Awareness of new organisation / services, engagement opportunities / promotion
• The current EMR Alliance format disseminates information and creates clear pathways of information in multiple formats. To continue to realign a similar communication pathways to suppose sector change.
• Networking element is important to sector also
• Presentations from other sectors areas e.g. NDIS
• Nominations for Working Group members, changes periodically not same people all the time
• Is membership happy for private providers to be part of the Alliance?
• Continuation of updates from departments at State and Commonwealth levels, speakers from funding sources
• Educational side – service standards
• How to advocate in sector, whether big or small organisation
• How we work together to be a voice to inform strategy for both state and federal departments
• We still need a collaboration / information sharing opportunity – this is better also for clients and consumers
	• Reminder that we currently value from the Alliance:
	  ○ Sharing information
	  ○ Developing / maintaining relationships with other organisations, collation / dissemination point of information regarding what we are meant to do, clarity about intent of information
	  ○ Reminders of when tasks are due and how to complete
	  ○ Go to team when organisations have questions
	  ○ Communication between state and commonwealth is dispersed
	• What will HACC look like in the future? This will steer the direction of the Working Group.
	• Closer links to PHN and Disability Networks
	• Develop Communities of Practice (geographically or subject focused), needs support of some sort
	• How do we share / collaborate
	• Forum for government representatives to access
	• If we create a separate running group we need an inclusive group part of all agencies, larger groups may then dictate direction, as smaller groups do not always have ability to release staff