

**Purpose:**

- To explore and understand the impact of the changing environment on the role and function of the Alliance.

**Outcome:**

- Documentation and shared understanding of the key issues which have implications (challenges and opportunities) for the Alliance post July 2019.
  - Identification of emerging priority areas for change.
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1. Background (understanding the environment)

Key issues for the sector at this time include:

- Increased competition (and new service providers).
- Subsequent funding uncertainty and capacity of organisations to adapt to change.
- Workforce changes, including concerns about retention, recruitment and skills of workforce.
- Understanding policy changes and uncertainty in the funding and program environment.

For the Alliance, a key issue is the uncertainty around funded sector support post July 2019. Networks such as the Alliance are not a feature nationally, and the Commonwealth is indicating a preference for local networking and partnership activity (such as the Alliance) to be self-sustaining.

2. What might be the future purpose or value of the Alliance?

This discussion explored the past benefits of the Alliance, and the opportunities arising from the changes. It considered the results from the survey, and small groups looked at the opportunities and challenges associated with the various changes.

With consideration to current and future challenges, participants identified that they would like the Alliance to:

**Provide (and coordinate and interpret) information.** This is clearly a role that the Alliance does well and participants identified significant value in both the provision of written information and the capacity to tap into knowledge and expertise of others (including Government as outlined below). This was particularly for smaller agencies as it kept them linked in with other services and ideas without having to go to meetings. Ideas included creating a more “expert” type of focus within the Alliance, such that members identified as being experts in a particular area (could be service related or role related) and take a leadership role, and bringing others in to present on areas of

relevance. It was noted that the “information” role may be more important in the new “competitive” environment, with the Alliance providing a mechanism for the sharing of ideas in an appropriate/ sustainable way.

**Be a source of information about Government priorities and requirements:** For Alliance members, this has been a really important outcome of the Alliance. The opportunity for regular dialogue has led to enhanced understanding of Government directions and priorities. Workshop participants were clear that going forward this would remain important.

**Advocate for services and the service system:** Advocacy was a new role identified for the Alliance. The Alliance was seen as being able to analyse/ comment on issues in the service system and be of sufficient size to be a good advocate for change. It was seen as a potential opportunity arising if the Alliance was to become more self-sufficient.

**Network and collaborate around a “joined up” service system:** The changes in the service system, including for example separation of assessment, planning and service delivery functions means that improving understanding between different providers, knowing what services and supports are available and identifying gaps and issues in the system is likely to be important. It was felt that the Alliance could potentially provide a space in which the various components of the system could come together to understand each other’s strengths and limitations.

**Improve its alignment with other networks:** There was some thinking about how the Alliance could or should better align with other networks. This particularly included the Primary Health Network for whom healthy ageing is a priority area.

**Provide workforce support:** A range of diverse ideas were discussed in relation to how the Alliance could potentially contribute to supporting the workforce. The discussion arose from concerns about workers being isolated and difficulties in adapting to the new funding mechanisms. Ideas included the Alliance providing a mechanism for professional networking support for the increasing casualised/ non office based workforce; opportunities for the organisation and purchase of relevant training and harnessing the expertise/ skills of Alliance members to provide training (this latter idea was also raised in the survey results).

## 2. Who might be in an Alliance of the Future?

The Alliance members, or the number of organisations who are on the Alliance mailing list, has expanded from Commonwealth Home Care and Support Program (CHSP) agencies (previously known as Home and Community Care Services) and now includes other aged care service providers and other community service providers, including NDIS and private providers. However, Alliance forums are still dominated by the CHSP providers.

From the survey we know that many existing organisations are motivated to attend the Alliance because of the access to the skills, information and expertise and knowledge, networks and leadership it provides. Survey respondents also identified that they could offer expertise and experience, leadership and consumer engagement.

The workshop explored who should be involved in a future Alliance, giving consideration to what they might have to offer and what they might want or could benefit. A handful of providers – including RAS/ ACAS and the PCP were not discussed further, as they were already quite active and their ongoing membership was considered appropriate. The scope of the discussion was informed by partnership theory which recognises that people or organisations with quite diverse interests and motivations can come together successfully when there is a shared outcome or value. An underlying concern in the discussion was the impact of competition on the capacity and willingness of providers to share information into the future. Managing this was seen as important to the future of the Alliance.

Considerations of future members included:

- **Private providers:** Participants felt that private providers could and should play an important role in a future Alliance. As a significant part of the service sector they will be important to understanding and addressing service gaps and issues. They are likely to provide valuable insights and perspectives into the “changed” service system, and how to thrive within it, having been less encumbered by old practices. They will add to the proposed “advocacy” voice of the Alliance, as well as being able to contribute financially. There would be benefits for the service system as whole, and for clients, through improved local connections between agencies (particularly where agencies may be large and/or from out of area). However, there does need to be thinking about the future terms of reference to ensure that the Alliance retains diversity and representation.
- **Home Care Package providers:** The Alliance currently has active members who are home care package providers but only because they are also CHSP providers. Their inclusion in the Alliance will be important to provide a full picture of the aged care journey.
- **Primary Health Care Networks:** Participants identified a number of synergies and benefits from involving the PHN, including because PHNs have healthy ageing priorities and are interested in reducing preventable hospital admissions. However, the way in which the PHN would be included needed further consideration – including because of catchment differences, cross over with existing networks and different foci.
- **Residential Care providers:** There were mixed views as to whether inclusion of residential care providers would make the remit of the Alliance too broad. The purpose and scope of the Alliance possibly needs to be further defined in order to answer this. However, there was recognition that there is likely to be some shared issues and that the pathway from community into residential care was something that Alliance members could be interested in.
- **Representative bodies:** This included organisations such as COTA and Carers Victoria. The interest was twofold – to support a systemic consumer/carer voice but also as a mechanism to scaffold the advocacy agenda. It was unclear to what extent these bodies would be able to or would be willing to be involved regularly.
- **State and Commonwealth Governments:** Participants described the State and Commonwealth Governments as partners. Of most importance to participants was to keep the Alliance as a mechanism which enables Government to both receive and give information about the sector and its operations. However, the discussion raised questions as to what their membership in the Alliance would look like – could they be equal partners if they were not contributing resources and what leadership within the Alliance could be expected.
- **HACC PYP/ NDIS providers:** HACC PYP are historical Alliance members. There was recognition that many of the issues facing aged services are likely to be similar to those providing NDIS, while also recognising that many NDIS clients may never enter the aged care system. Participants suggested also finding out how many aged care providers were also providing NDIS to consider whether it was efficient to bring the two together under an Alliance structure.
- **Other community services:** This included services such as community health, housing, homelessness and family violence services. Links with these organisations provided specialist expertise and possible integrated care partnership possibilities – but that this was best tapped into through asking them to attend as guest speakers. An “online” membership (similar to what currently occurs) would keep them linked into the aged care issues.

### 3. Governance Arrangements

The workshop finished with an initial consideration of what an expanding membership and a changed orientation could mean for the current Governance arrangements.

It was noted that the current Alliance structure has the Eastern Sector Development Team (ESDT) providing secretariat support to organise the bi monthly EMR Alliance Forums, and other activities (eg: forums, workshops, projects and focus groups) as required. The executive function has not met since 2015. The Commonwealth Government is also expected to release a sector development and change management strategy which should give guidance to Alliances into the future.

Workshop participants identified the following as emerging priorities:

- To plan to replace the functions currently provided by the ESDT. This includes knowing what the current support functions do and the cost; and what sort of membership fee would be necessary.
- To review and/or further consider what networks already exist and how they might support and/or link with the Alliance. This includes to identify network gaps and to reduce duplication.
- To consider a more “networked” structure, including to support various parts of the workforce or along LGA lines.
- To think about how the Alliance can better support the workforce.
- To look at how different “members” might want to interact with the Alliance, for example, to consider “associate members” who might participate when meetings are of particular relevance.
- Ensure that new terms of reference reflect the roles and responsibilities of various stakeholders, and respond to the realities of the changed environment (eg: increased competition).

### 4. Conclusions and next steps

The Alliance is highly valued by current providers and there is a strong interest in it continuing. While a key challenge for the Alliance members is now to determine how it will ensure its sustainability into the future, there are indications that some aspects of the Alliance will also change.

The focus of the future Alliance will be on:

- Sharing and distributing information – including cultivating, acquiring and sharing expertise
- Networking and collaborating – finding opportunities to work together or to come together around common interests including advocacy, training and staff support.

The active membership is likely to grow, and consideration as to how to include more aged care providers with the aim of improving local networks and maximising access to resources and knowledge/ expertise.

Hopefully informed by the Commonwealth’s sector development and change strategy, workshop 2 will:

- Reflect on the outcomes from the first workshop, including any further thoughts from participants and the survey.
- Where possible confirm recommendations regarding purpose and membership (or identify actions to do so).
- Consider what type of structure is required to respond to the changes proposed (including to membership and its future purpose).
- Identify actions and key steps required to provide direction to the EMR Alliance members to ensure its future sustainability.